

MS TCW Unconstrained Plus Bond Fund

Application Form

IMPORTANT

- INVESTORS SHOULD ENSURE THAT THE ORIGINAL APPLICATION FORM IS RETURNED BY POST TO THE ADMINISTRATOR AT THE ADDRESS BELOW. FAILURE TO RETURN THE ORIGINAL WILL DELAY THE PAYMENT OF REDEMPTION PROCEEDS AND/OR DIVIDENDS.
- INVESTORS SHOULD ENSURE THAT BOTH THE SECTION HEADED “DECLARATION OF RESIDENCY OUTSIDE OF IRELAND” ON PAGE 19 AND THE SECTION HEADED “SIGNATURE” ON PAGE 21 HAVE BEEN SIGNED BEFORE RETURNING THIS TO THE ADMINISTRATOR.

ADMINISTRATOR

Northern Trust International Fund Administration Services (Ireland) Limited

Georges Court

54-62 Townsend Street

Dublin 2

Ireland

Telephone: +353 1 434 5090

Facsimile: +353 1 434 5286

Fundlogic_Ta_Queries@ntrs.com

For any KIID related queries, please contact fundlogic-ir@morganstanley.com

Please ensure that you have read the Prospectus and the Key Investor Information Document (the “KIID”) before completing this Application Form. The KIID is available at www.fundlogic.com

Defined terms used in this Application Form are those used in the Prospectus (unless the context otherwise requires).

Your personal information will be handled by the Administrator or its duly appointed delegates as Data Processor for the Fund in accordance with the Irish Data Protection Acts 1988 to 2003 (“Data Protection Legislation”) . Your information provided herein will be processed for the purposes of complying with Data Protection Legislation and this may include disclosure to the Irish Revenue Commissioners.

INITIAL SUBSCRIPTION FORM

MS TCW Unconstrained Plus Bond Fund (the “Sub-Fund”) FundLogic Alternatives plc (the “Fund”)

Please complete this form in blue or black ink using BLOCK CAPITALS. This application form, together with the money laundering verification requirements and the declaration of Irish Residence outside Ireland (the “**Subscription Form**”), constitutes your agreement to initially subscribe for shares in any of the sub-funds of FundLogic Alternatives plc (the “**Fund**”), namely MS TCW Unconstrained Plus Bond Fund (each a “**Sub-Fund**” and collectively, the “**Sub-Funds**”). You should post or fax your subscription (in which case the original must also be forwarded) to Northern Trust International Fund Administration Services (Ireland) Limited (the “**Administrator**”) at the address above, immediately thereafter.

Subsequent subscriptions following an initial subscription pursuant to a properly completed Subscription Form may be made by compiling and submitting a repeat application form (“**Additional Subscription Form**”) as attached hereto to the Administrator in writing or by facsimile.

Defined terms in this Subscription Form shall bear the same meaning as defined under the Fund’s prospectus dated **February 18th, 2014** and the Sub-Funds’ supplements dated February 18, 2014 as may be amended or supplemented from time to time (collectively the “**Prospectus**”), unless the content otherwise requires. Please ensure you read the Prospectus before completing this Subscription Form.

Failure to provide the original Subscription Form along with the documentation required for anti-money laundering purposes may result in the deduction of tax due to the Irish taxation requirements outlined in the anti-money laundering section and/or a delay in the acceptance and/or payment of a transfer/redemption request. Redemption payments will not be made on non-cleared/verified accounts.

FUND AND SETTLEMENT CURRENCY

THE SUBSCRIPTION FORM FOR THE SUB-FUND MUST BE RECEIVED BY **4 PM (IRISH TIME) 1 BUSINESS DAY PRIOR TO THE RELEVANT DEALING DAY** AND CLEARED FUNDS TO BE RECEIVED WITHIN **3 BUSINESS DAYS AFTER THE RELEVANT DEALING DAY**.

DEAL INSTRUCTION

PLEASE TICK (✓) THE CLASS OF SHARES IN WHICH THE INVESTMENT WILL BE MADE

- MS TCW Unconstrained Plus Bond Fund – Class A
- MS TCW Unconstrained Plus Bond Fund – Class I
- MS TCW Unconstrained Plus Bond Fund – Class B1
- MS TCW Unconstrained Plus Bond Fund – Class P Subscription Fee (in %)

PLEASE TICK (✓) THE CURRENCY IN WHICH THE INVESTMENT WILL BE MADE

- USD
- GBP
- EUR

PLEASE COMPLETE EITHER THE “MONETARY AMOUNT” OR THE “NO. OF SHARES” FIELD

N.B: Investors must subscribe for a class of shares in a Sub-Fund in the currency in which that share class is denominated. Redemption payments will also be made in the currency in which the relevant share class of a Sub-Fund is denominated.

Monetary Amount

Amount in Words

OR

Number of Shares

Please note that the original fully signed Subscription Form must be returned to the Administrator at the above address if this is your first investment in the Shares of the Fund. **No redemption proceeds will be paid and exchange or transfer requests will not be processed prior to receipt of this original form and supporting documentation.**

NAME(S) FOR REGISTRATION (BLOCK CAPITALS)

SHAREHOLDER 1	SHAREHOLDER 2
First Name & Family Name/Company Name <input type="text"/>	First Name & Family Name/Company Name <input type="text"/>
Street 1 <input type="text"/>	Street 1 <input type="text"/>
Street 2 <input type="text"/>	Street 2 <input type="text"/>
Town/Country/Postcode <input type="text"/>	Town/Country/Postcode <input type="text"/>
Contact Telephone Number <input type="text"/>	Contact Telephone Number <input type="text"/>
Contact Fax Number <input type="text"/>	Contact Fax Number <input type="text"/>
SHAREHOLDER 3	SHAREHOLDER 4
First Name & Family Name/Company Name <input type="text"/>	First Name & Family Name/Company Name <input type="text"/>
Street 1 <input type="text"/>	Street 1 <input type="text"/>
Street 2 <input type="text"/>	Street 2 <input type="text"/>
Town/Country/Postcode <input type="text"/>	Town/Country/Postcode <input type="text"/>
Contact Telephone Number <input type="text"/>	Contact Telephone Number <input type="text"/>
Contact Fax Number <input type="text"/>	Contact Fax Number <input type="text"/>
Mailing address (if different from the address of the first names holder) <input type="text"/>	

ADDITIONAL RECIPIENT OF STATEMENTS

PLEASE INSERT BELOW THE NAME AND CONTACT DETAILS OF AN ADDITIONAL PERSON OR ENTITY TO WHOM STATEMENTS OF YOUR HOLDINGS SHOULD BE SENT (IF APPLICABLE)

Name _____
Address _____
Fax no _____
Email _____

DEALING PROCEDURE

All application, redemption, transfer and exchange requests and instructions in relation to the shares in the relevant Sub-Funds must be received before the times specified in the Prospectus. Applications, redemptions, exchanges and transfer requests received after that time will generally be deemed to have been received for the next Dealing Day. **No redemption payment will be made until the original Subscription Form has been received from the investor and the Administrator is satisfied that all of the necessary anti-money laundering checks have been completed in full.**

By ticking the box opposite, I hereby consent to provision of contract notes, statements and other reports, by secured or encrypted electronic transmission, which may be issued from time to time by the Administrator in respect of my holdings in the Fund.	<input type="checkbox"/>
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BANKING DETAILS

BANK ACCOUNT DETAILS FOR SETTLEMENT OF REDEMPTION PROCEEDS (MANDATORY)

Name of Bank			
Account Name			
Address of Bank			
Account Number			
Sort Code			
IBAN			
SWIFT Code:		Reference Code:	

NO THIRD PARTY PAYMENTS WILL BE UNDERTAKEN

NOTES:

- (a) Please note bank charges may be deducted, see Prospectus for further details.

- (b) If subscribing for shares in more than one Sub-Fund investors must clearly mark the payment reference accounts for each particular Sub-Fund and the sub-account.
- (c) The Base Currency of the relevant Sub-Fund and the designated currency of any class of shares in Sub-Fund will be set out in the Prospectus and is also noted above. Applications for classes of shares in a Sub-Fund must be paid in the currencies in which those share classes are designated.
- (d) All Applicants should sign the necessary additional declarations on page 18.

METHOD OF PAYMENT

Currency cut-off times (Northern Trust) GMT:

Euro (EUR) - **12.30pm on Settlement Date**

US Dollars (USD) - **3pm on Settlement Date**

Sterling (GBP) - **2pm on Settlement Date**

Please pay monies in accordance with the deadlines outlined in the relevant supplement of the Prospectus for the Fund.

Please remit payment to the following bank account:

	FOR GBP SETTLEMENT MS TCW Unconstrained Plus Bond Fund	FOR EURO SETTLEMENT MS TCW Unconstrained Plus Bond Fund	FOR USD SETTLEMENT MS TCW Unconstrained Plus Bond Fund
To:	Barclays Bank	Societe Generale Paris (SG is TNT London's EUR correspondent & designated EUR CLS bank)	The Northern Trust International Banking Corporation
Address:	1 Churchill Place, London E14 5HP	8, Avenue des Olympiades 94727 Fontenay Sous Bois Cedex Paris, France	50 South LaSalle Street, Chicago, IL 60675, USA
ABA/Sort Code:	20-32-53	N/A	071000152;
Swift Code:	BARCGB22	SOGEFRPP	CNORUS44
A/C Name:	The Northern Trust Company AVFC (SWIFT BIC: BARCGB22)	The Northern Trust Company, London (SWIFT BIC: CNORGB22)	The Northern Trust Company AVFC
A/C Number:	13389774 (Account at Barclays Bank) IBAN: GB67BARC20325313389774	001011023670 IBAN FR7630003069900010110236721	5186061000
For further credit to account number:	17-15551 (FGV99)	17-15551 (FGV99)	17-15551 (FGV99)
For further credit to account name:	Northern Trust Fiduciary Services (Ireland) Limited as custodian to MS TCW Unconstrained Plus Bond Fund	Northern Trust Fiduciary Services (Ireland) Limited as custodian to MS TCW Unconstrained Plus Bond Fund	Northern Trust Fiduciary Services (Ireland) Limited as custodian to MS TCW Unconstrained Plus Bond Fund
Ref: Fund Name & client register no or agent no:			

MONIES MUST COME FROM THE ACCOUNT OF THE INVESTOR

Please specify your Ordering Institution details for subscriptions

Currency _____ Correspondent Bank _____

Swift/ABA _____ Account Number _____

DISTRIBUTION REQUIREMENTS

I/We would like our distribution re-invested Paid by Telegraphic Transfer

Please confirm if you would like your distribution paid to the account details already specified above
If not, please enter the banking details for the payment of distributions.

Name of Bank			
Account Name			
Address of Bank			
Account Number			
Sort Code			
IBAN Number			
Swift Code		Reference Code:	

NO THIRD PARTY PAYMENTS WILL BE UNDERTAKEN

AGENT REQUIREMENTS

To be completed by Financial Agents, Nominees and Intermediaries

Agent Details			
Contact Name			
Agent Name			
Address			
Contact Fax Number		Contact Telephone Number	
VAT Registration Number			
Regulator		Regulator Approval Number	
Agents Stamp			
Agency Number			
Commission Terms Agreed with the Fund Promoter:			

ANTI-MONEY LAUNDERING DOCUMENTARY REQUIREMENTS

MS TCW Unconstrained Plus Bond Fund
FundLogic Alternatives plc
Anti-Money Laundering Verification Requirements in accordance with
The Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010,
as amended

Guide to completing this form.

- **Part I** This section must be completed by **All** fund applicants and transferees
- **Part II** This section should be completed by any applicant which is a Recognised Regulated Entity; i.e. a bank, provider of financial services or nominee company acting on its own account and if authorised and regulated in Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Denmark, Finland, France, Germany, Greece, Hong Kong, Iceland, Ireland, Isle of Man, Italy, Japan, Luxembourg, Netherlands, Norway, Portugal, Singapore, South Africa, South Korea, Spain, Sweden, Switzerland, United Kingdom, United States.
- **Part III** This section is only applicable to **individual or joint account investors investing directly into the Sub-Fund**, i.e. not through an intermediary.
- **Part IV** This section is applicable to Recognised Regulated Entities, where the Recognised Regulated Entity is acting on behalf of investors and where the administrator is relying on the Recognised Regulated Entity to complete its customer due diligence.
- **Part V** This section is to be completed if an **unregulated Nominee Company** is acting as nominee for investors, the Nominee Company is owned by a Recognised Regulated Entity and the Nominee Company’s name appears on the shareholder register
- **Part VI** This section is applicable to **Politically Exposed Persons** investing into the Fund
- **Part VII** This section is applicable to **other Investors** investing directly into the Sub-Fund
- **In the case of joint account holders, the additional documentation is required for each applicant.**

Note: the Company or the Administrator may require further documentation to be provided upon written request.

PART I - ALL	
Full name(s) and full current permanent address/registered office of applicants(s)/transferee(s):	
Mr/Mrs/Miss/Ms/Company Name:	
Address/Registered Office:	
Date of Birth ¹ (if applicable):	
Country of Birth/Registration	

Full name where applicable of any beneficial owner of investor who owns more than 25% of company/Partnership/LLC/CIS/Trust/Public body:

1. _____ 2. _____
 3. _____ 4. _____

DECLARATION -I/We declare that the information contained in this form, including the section entitled “Representations and Warranties” at pages > to >, and any attached documentation is true and accurate to the best of my/our knowledge and belief.

Date: _____

Signatory Capacity if applicable
(i.e. Director/manager)

Signed: 1. _____

2. _____

3. _____

4. _____
joint holders, ALL holders must complete this declaration.

_____ In the case of

¹ Must be over 18 years of age.

PART II – Recognised Regulated Entities

Please tick the following box, if appropriate:

The applicant is Recognised Regulated Entity (as previously defined) acting on its own account.

YES

If answer is Yes, please supply the name of regulated entity and also the name of your regulator:

If you are acting on behalf of a third party you must complete PART IV

PART III – Individuals and Joint Account Holders

Please supply the following documents.

In the case of joint account holders, please supply the relevant documentation in respect of all holders.

- A copy photographic identity document and two copies of non-photographic identity documents.

PART IV – Intermediary acting on behalf of an investor and the administrator is relying on the Recognised Regulated Entity to complete its customer due diligence

As an intermediary/agent/nominee company authorised and regulated in Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Denmark, Finland, France, Germany, Greece, Hong Kong, Iceland, Ireland, Isle of Man, Italy, Japan, Luxembourg, Netherlands, Norway, Portugal, Singapore, South Africa, South Korea, Spain, Sweden, Switzerland, United Kingdom and the USA you must provide;

1. Standard reliance letter (Appendix 1)¹
2. Recognised Regulated Entity's Authorised Signatory List
3. Proof of regulatory status of the Recognised Regulated Entity

PART V – If Nominee Company is unregulated is acting as nominee for investors, the nominee company is owned by a Recognised Regulated Entity and the name of the Nominee Company appears on the Shareholder Register

If the Nominee Company is unregulated and is acting as intermediary or nominee for investors the following documents are required;

1. Standard reliance letter (Appendix 2)
2. Proof of regulatory status of Recognised Regulated Entity or
3. Documentation in accordance with the legal form of the Nominee Company

PART VI – Politically Exposed Persons

Please confirm whether you are a **Politically Exposed Person (PEP)**

YES:

NO:

A Politically Exposed Person is generally defined as:

¹ The standard reliance letter only needs to be provided where the administrator is relying on the Recognised Regulated Entity to complete its customer due diligence.

a current or former senior political figure that has been entrusted with a prominent public role or function (e.g., a senior official in the executive, legislative, military, administrative or judicial branches of government, or a member of a ruling royal family); or

- an immediate family member (e.g., a spouse, parent, sibling, child or in-law) of a current or former senior political figure; or
- close associate of a current or former senior political figure.

Individual - please provide

1. Certified copy of proof of Photo ID such as Passport or Drivers' License and
2. 2 Certified copies of proof of address verification document, i.e. utility bill / bank statement at current residential address dated within the last six months
3. Source of Funds
4. Source of Wealth

Corporation – Please Provide

1. Certified Constitutional Documents of the Company ie Certificate of Incorporation, Memorandum and Articles of Association, Directors and Members Register
2. Certified copy of proof of Photo ID such as Passport or Drivers' License for 2 Directors or 1 Director and 1 Authorised Signatory
3. 2 Certified copies of Proof of address verification document, i.e. utility bill / bank statement at current residential address dated within the last six months for either two Directors or one Director and one Authorised Signatory
4. Identify Beneficial Owners whom own more than 25% of the shared capital, profit or voting rights or otherwise exercise control over the management of the company. Where the beneficial owner is a corporate entity, the Administrator requires details of the ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc)

***Note:** The managers of the Administrator may require further documentation to be provided upon written request. Where providing identity verification for the beneficial owner(s) of the company we will require the following:

· One certified copy of photographic identity document, i.e. passport, drivers licence etc

· Two certified copies of proof of address verification document, i.e. utility bill / bank statement at current residential address dated within the last six months

· Source of Funds and Source of Wealth

5. Authorised Signatory List

Note: Proof of address options are as follows and must be dated within the last six months- (mobile telephone bills not acceptable): Bank/credit card statements, mortgage statements, mortgage bond statements, utility bills, household/motor insurance certificate, local authority documentation, municipality rates invoice, correspondence from the revenue, pay slip or salary advise (with address).

Note: In terms of certified documents, this means that there is an original signature on the document from a suitable person confirming the documents are a true copy of the original, and they will need to sign and date it, printing their name, occupation, address, telephone number and email address. Suitable persons include any of the following; police officer, practicing solicitors, embassy consular staff, financial institutions, medical professions, notaries public. The person certifying the documents shouldn't be related to you, living at the same address or in a relationship with you.

A. Source of Funds

Please provide details of source of funds (how the funds to pay for the investment have been accumulated):

Earnings from Employment/Self Employment	<input type="checkbox"/>	Inheritance or Gift	<input type="checkbox"/>
Investment Income	<input type="checkbox"/>	Matured Investment	<input type="checkbox"/>
Lump Sum Retirement	<input type="checkbox"/>	Court Award	<input type="checkbox"/>
Sale of Property	<input type="checkbox"/>	Other – please specify below	<input type="checkbox"/>
Other	<input type="text"/>		

B. Source of Wealth

Please provide a brief description of your source of wealth (how your overall wealth has been accumulated):

PART VII – OTHER INVESTORS (STANDARD CUSTOMER DUE DILIGENCE)

If you, as applicant or transferee, fall under one of the investor categories outlined below, please provide documents evidencing the requested information.

Listed Company

For a Listed Company in a Prescribed Country Proof of Listing on a recognised stock exchange in a Prescribed Country and Authorised Signatory List. Otherwise see 1- 10 below.

1. Proof of listing of the company.
2. Full name of the company.
3. Registered number of the company.
4. Registered office address of the company.
5. Principal business address of the company.
6. Details of Directors of the company.
7. Verify the identity of two Directors or one Director and one authorised signatory (one proof of ID and one proof of address).
8. Identify any beneficial owners who own more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the company. Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc).
9. Verification of identity of Company from:
 - Search of the relevant company registry; and/or
 - Copy of Certificate of incorporation or equivalent; and/or
 - Copy of Memorandum and Articles of Association or equivalent; and/or

- Copy of latest audited financial statements.
- 10. Authorised signatory list.

Private and Unlisted Company

1. Full name of the company.
2. Registered number of the company.
3. Registered office address of the company.
4. Principal business address of the company.
5. Details of directors of the company.
6. Verify the identity of two directors or one director and one authorised signatory (one proof of ID and one proof of address).
7. Identify any beneficial owners who own more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the company.
Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc).
8. Verification of identity from
 - Search of the relevant company registry; and/or
 - Copy of Certificate of incorporation or equivalent; and/or
 - Copy of Memorandum and Articles of Association or equivalent; and/or
 - Copy of audited financial statements.
9. Authorised signatory list.

Partnership

1. Full name of the partnership.
2. Registered office address and principal business address of the partnership.
3. Where not a Partnership Fund, identify all partners, verify the identity of two partners or one partner and one authorised signatory and identify any partners who own more than 25% of the partnership capital, profit or voting rights or otherwise exercise control over the management of the partnership; or
4. If a Partnership Fund, identify and verify the identity of the General Partner, identify all partners, verify the identity of two partners or one partner and one authorised signatory and identify any partners who own more than 25% of the partnership capital, profit or voting rights or otherwise exercise control over the management of the Partnership Fund.
Note: Where the beneficial owner is a corporate entity, Northern Trust requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc.).
5. Constitutional Document (e.g. Partnership Agreement).
6. Authorised signatory list.

Limited Liability Company

1. Full name of the LLC.
2. Registered office address of the LLC.
3. Principal business address of the LLC.
4. Details of Managing Members.
5. Verification of identity of two Managing Members or one Managing Member and one authorised signatory (in accordance with Part III above)...
6. Identify members who own more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the LLC.
Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc).

7. Constitutional Document (e.g. Certificate of formation).
8. Operating agreement.
9. Authorised signatory list.

Collective Investment Scheme

1. Full name of CIS.
2. Registered address of CIS.
3. Prospectus or equivalent.
4. Name and address of scheme promoter.
5. Name and address of scheme administrator.
6. Name and address of entity carrying out anti-money laundering checks upon the scheme investors and confirmation that entity is regulated for AML purposes.
7. Identify any investors who own more than 25% of the share capital.
8. Authorised signatory list.

Trust, Foundation or similar entity

1. Full name of trust, foundation or similar entity.
2. Registered address of trust, foundation or similar entity.
3. Legal form of the trust, foundation or similar entity.
4. Trust deed or equivalent or confirmation of the entity to an appropriate register.
5. Nature / purpose of the Trust, foundation or similar entity.
6. Details of all trustees
7. Verification of identity of two trustees or one trustee and one authorised signatory(one proof of ID and one proof of address)).
8. Identify any beneficial owners who own more at least 25% of the share capital or voting rights or otherwise exercises control over the trust.
Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc.).
9. Details of settler.
10. Authorised signatory list.

Pension Scheme

For an employee sponsored pension scheme in the EU proof of registration from the relevant tax authorities and an authorised signatory list. Otherwise items 1-6 below.

1. Full name of the pension scheme.
2. Registered office address of the pension scheme.
3. Authorised signatory list of the controllers of the pension scheme.
4. Confirmation of registration (as appropriate) from the relevant tax authorities or pension's board or items 5 and 6 below.
5. Verification of identity of two Trustees / Directors/Governors/Board Members or one Trustee/ Director/Governor/ Board Member and one authorised signatory (one proof of ID and one proof of address)
6. Constitutional/Formation Document (e.g. Trust Deed).

Charity

Extract from the relevant Charities Register e.g. UK Charities Commission or 1- 9 below.

1. Full name of the charity.
2. Nature/purpose including the nature of the funding of the charity.
3. Registered office address of the charity.
4. Principal business address of the charity.
5. Details of Trustees/Directors/ Governors/Board Members or equivalent.
6. Verification of identity of two Trustees / Directors/Governors/Board Members or one Trustee/ Director/Governor/ Board Member and one authorised signatory (one proof of ID and one proof of address)
7. Details of beneficiaries (where ascertainable).
8. Constitutional/Formation Document.
9. Authorised signatory list.

Club or Society

1. Full name of the club/society.
2. Registered office address of the club/society.
3. Nature/Purpose including the nature of funding of the club/society.
4. Confirmation of the legal status of the club/society.
5. Constitutional/Formation Document (e.g. Trust Deed) and / or copy of audited financial statements (if available).
6. List of officers of the club/society.
7. Verification of identity of two officers of the Club/Society or one officer and one authorised signatory (one proof of ID and one proof of address).
8. Authorised signatory list.

Government / Public Body

For a Government/Public Body in a Prescribed Country background from a reliable source (e.g. internet search) and Authorised Signatory List. Otherwise see 1- 9 below.

1. Full name of the government/public authority.
2. Nature and status the government/public authority.
3. Registered office address of the government/public authority.
4. Name of the home state authority and nature of its relationship with the government/public authority.
5. Ownership of the government/public authority.
6. Names of main public body officials.
7. Identify all persons who own or control over 25% of the entity's share capital, profit or voting rights or otherwise exercises control over the management of the entity.
Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc).
8. Authorised signatory list.
9. Appropriate background information on the entity (e.g. via internet search).

School, College or University

1. Full name of school, college or university.
2. Registered office address school, college or university.
3. Authorised signatory list.
4. Verification of identity of school, college or university from relevant registers and/or from obtaining appropriate background information (e.g. via internet search).
5. Verification of identity of two officials or one official and one authorised signatory or 6 and 7 below.
6. Confirmation of ownership of the entity. In particular, confirmation of public ownership or independent ownership. Where independently owned, identify all persons who own or control over 25% of the entity's share capital, profit or voting rights.
7. Names of main officials of school, college or university.

PART VIII – RETURN OF VALUES (INVESTMENT UNDERTAKINGS) REGULATIONS 2013

The Fund must collect additional information in order to satisfy Return of Values (Investment Undertakings) Regulations 2013 (S.I. 245 of 2013). Therefore any individual, company or any unincorporated body of persons which are an Irish resident or ordinarily Irish resident must provide the following additional information:

Tax Identification Number (TIN) / PPS Number	
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Any one of the following additional documents is required to verify the TIN or PPS Number (either a copy or the original is sufficient)

- P60
- P45
- P21 Balancing Statement
- Payslip (where employer is identified by name or tax number)
- Drug Payment Scheme Card
- European Health Insurance Card
- Tax Assessment
- Tax Return Form
- PAYE Notice of Tax Credits
- Child Benefit Award Letter /Book
- Pension Book
- Social Services Card
- Public Services Card

In addition, any printed documentation issued by the Revenue Commissioners or by the Department of Social Protection which contain your name, address and tax reference number will also be acceptable. In the case of joint account holders, the additional documentation is required for each applicant.

Your personal information will be handled by the Administrator or it's duly appointed delegates as Data Processor for the Fund in accordance with the Data Protection Acts 1988 to 2003. Your information provided herein will be processed for the purposes of complying with the Return of Values (Investment Undertakings) Regulations 2013 and this may include disclosure to the Irish Revenue Commissioners.

REPRESENTATIONS AND WARRANTIES

1. I/We confirm that I am/we are 18 years of age or over.
2. I/We, having received and considered a copy of the current Prospectus, any relevant supplements thereto and the most recent annual and/or semi-annual report of the Fund (if any), hereby confirm and declare that this application is based solely on the information contained in such documentation together with the Key Investor Information Document, and is made pursuant to the terms of this Application Form. In addition, I/We confirm that I/We have received and read the information contained in this form and confirm that a copy of the Key Investor Information Document has been supplied to me/us in good time prior to completing this form. I/We confirm that I/We have read and understood the Key Investor Information Document and I/We hereby confirm that for any subsequent investments for Shares in the Fund I/we will obtain the latest version of the appropriate Key Investor Information Document prior to each subscription. I/We hereby acknowledge and agree that the updated KIID for each Share Class is available at www.fundlogic.com and consent to its receipt in that form for subsequent applications for any Share Class in the Fund. I/We understand that a copy of the KIID is available in paper form, free of charge, upon request. I/We understand that the website location for the KIID will also be notified to me/us by an email sent to the email address specified by me/us in this application form. I further confirm that I/we will read and review the most up-to-date version of the relevant KIID prior to making any subsequent application for Shares in the Fund. I/We request and authorise [FundLogic Alternatives Plc](#) to act in accordance with my/our instructions.
3. I/We, having received and considered a copy of the current Prospectus, the memorandum and articles of association of the Fund (as may be amended from time to time) (the “M&A”), the material contracts referred to in the Prospectus and the most recent annual and/or semi-annual report of the Fund (if any), hereby confirm and declare that this application is based solely on the information contained in such documentation and is made pursuant to the terms of this Subscription Form.
4. I/We agree that the issue and allotment to me/us of a class of shares and any subsequent transaction is subject to the provisions of the Prospectus, that subscription for shares and any subsequent transaction will be governed and construed in accordance with Irish law and I/we confirm that by subscribing for shares, I/we are not relying on any information or representation other than such as may be contained in the Prospectus, the M&A, material contracts referred to in the Prospectus and the most recent annual or semi annual report (if available) thereto.
5. I/We agree to notify the Fund, the Administrator or the Distributor immediately if I/we become aware that any of the representations is no longer accurate and complete in all respects and agree immediately to take such action as the Directors may direct, including where appropriate, the redemption of my/our holding in its entirety. I/We agree to indemnify each of the Directors, the Fund, the Administrator and the Distributor and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any breach of any of the representations, warranties or declarations given by me/us in this Subscription Form.
6. I/We have such knowledge and experience in business and financial matters or have obtained advice from a professional adviser such that I am/we are capable of evaluating the merits, and the risks, of an investment by me/us in the Fund.
7. I/We understand that the tax disclosure set forth in the Prospects is of a general nature and may not cover the jurisdiction in which I am /we are subject to taxation and that the tax consequences of my/our purchase of shares in a Sub-Fund depend on my/our individual circumstances.
8. I/We acknowledge the right of the Fund at any time to require the compulsory redemption of a class of shares in a Sub-Fund in the circumstances provided for in the Prospectus.
9. Please **tick** (✓) as appropriate:-
 - (a) I/We confirm that I/we are not prohibited by any applicable laws or regulations to subscribe to the Fund;
 - (b) I/We understand that the Directors reserve the right to reject in whole or in part any transaction in shares and that monies received by the Fund for a rejected subscription will be returned without interest and at my/our risk. The Fund, the Directors, the Distributor, and the Administrator shall be held harmless and indemnified against any loss arising from the rejection of an application.
 - (c) I/We hereby certify that the shares are not being acquired for the benefit of, directly or indirectly, any U.S. Person nor in violation of any applicable law, and that I/we will not, subject to the conditions set forth in the Prospectus, sell or offer to sell or transfer shares in the United States or to or for the benefit of a U.S. Person.

In particular: (a) I/we understand that the Fund has not been and will not be registered under the United States Investment Company Act of 1940, as amended, that the shares have not been registered and will not be registered under the United States Securities Act of 1933, as amended, and that the shares have not been qualified under the securities laws of any state of the United States and may not be offered, sold or transferred in the United States or to or for the benefit of, directly or indirectly, any U.S. Person; (b) I am not/none of us is a U.S. Person; and (c) I am not/none of us is acquiring the shares for the account or benefit, directly or indirectly, of any U.S. Person or with a view to their offer, sale or transfer within the United States or to or for the account or benefit, directly or indirectly, of any U.S. Person.

10. I/We will hold shares on behalf of a U.S. Taxpayer (as defined below):

Yes No (please tick the appropriate box)

If the "yes" box is ticked, then I/we understand the U.S. tax consequences of such an investment. I/We agree to provide the Fund with such additional tax information as it may from time to time request.

"U.S. Taxpayer" is defined to include a U.S. citizen or resident alien of the United States (as defined for United States federal income tax purposes); any entity treated as a partnership or corporation for U.S. tax purposes that is created or organised in, or under the laws of, the United States or any state thereof (including the District of Columbia); any other partnership that is treated as a U.S. Taxpayer under U.S. Treasury Department regulations; any estate, the income of which is subject to U.S. income taxation regardless of source; and any trust over whose administration a court within the United States has primary supervision and all substantial decisions of which are under the control of one or more U.S. fiduciaries. Persons who have lost their U.S. citizenship and who live outside the United States may nonetheless, in some circumstances, be treated as U.S. Taxpayers.

An investor may be a "U.S. Taxpayer" but not a "U.S. Person". For example, an individual who is a U.S. citizen residing outside of the United States is not a "U.S. Person" but is a "U.S. Taxpayer".

11. If I am/we are a commodity pool, my/our investment is directed by an entity which (i) is not required to be registered in any capacity with the CFTC or to be a member of the National Futures Association ("NFA"), (ii) is exempt from registration or (iii) is duly registered with the CFTC in an appropriate capacity or capacities and is a member in good standing of the NFA.
12. I/We, if not a natural person, am/are duly organised, validly existing and in good standing under the laws of the jurisdiction in which I am/we are organised and I/we have the power and authority to enter into and perform my/our obligations under this Subscription Form.
13. I am/we are able to bear the economic risk of an investment in the Shares, including, without limitation, the risk of loss of all or a part of my/our investment. I/we do not have an overall commitment to investments which are not readily marketable that is disproportionate to my/our net worth, and my/our investment in the Shares will not cause such overall commitment to be excessive.
14. The Administrator and the Fund are each hereby authorised and instructed to accept and execute any instructions in respect of the Shares to which this application relates given by me/us in written form or by facsimile. If the instructions are given by me/us by facsimile I/we undertake to confirm them in writing immediately. I/We hereby agree to indemnify each of the Administrator and the Fund (on its own behalf and as agent of the Fund) and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any of them acting upon facsimile instructions. The Administrator and the Fund may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.
15. I/We acknowledge that due to anti-money laundering requirements operating within their respective jurisdictions the Administrator, the Fund and any distributor of the Fund (as the case may be) may require further identification of the applicant(s) before the application can be processed and the Administrator, the Fund and any distributor of the Fund (on its own behalf and as agent of the Fund) shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information has been required by the parties referred to and has not been provided by me/us or has been provided in incomplete form.
16. I/We request that the Shares issued pursuant to this application are registered in the name(s) and address set out below.
17. I/We hereby accept such lesser number of Shares, if any, than may be specified above in respect of which this application may be accepted.
18. (In respect of joint applicants only) we direct that on the death of one of us the Shares for which we hereby apply be held in the name of and to the order of the survivor or survivors of us or the executor or administrator of the last of such survivor or survivors.
19. I/We consent to personal information obtained in relation to me/us being handled by the Administrator, the Fund, the Custodian, the Investment Manager, the Distributor and their delegates, agents or affiliates in accordance with the Data Protection Acts 1988 to 2003. Information in relation to me/us will be held, used, disclosed and processed for the purposes of (a) managing and administering my/our holdings in the Fund and any related account on an ongoing basis; (b) for any other specific purposes where I have given specific consent to do so; (c) to carry out statistical analysis and market research (d) to comply with any applicable legal or regulatory obligations including legal obligations under company law and anti-money laundering legislation; (e) and for disclosure and transfer whether in Ireland or elsewhere (including companies situated in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland) to third parties including my/our financial adviser (where appropriate), regulatory bodies, auditors, technology providers or to the Fund and its delegates and its or their duly appointed agents and any of their respective related, associated or affiliated companies for the purposes specified above; (e) For other legitimate business interests of the Fund. I/We hereby acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. I/We understand that the Fund is a data controller and will hold any personal information provided by me/us in confidence and in accordance with the Data Protection Act 1988 as amended by the Data Protection (Amendment) Act 2003. I/We consent to the recording of telephone calls that I/we make to and receive from the Administrator, the Fund, the Custodian or the Investment Manager, the Distributor and their delegates or duly appointed agents and any of their respective related, associated or affiliated

companies for record keeping, security and/or training purposes. I/We consent to the Fund, the Investment Manager, the Distributor and their delegates, agents sending information about other investment services to me/us by letter, telephone or other reasonable means of communication. I/We understand that I/we have a right not to receive such information.

20. I/We hereby authorise the Fund and the Administrator to retain all documentation provided by me/us in relation to my/our investment in the Fund for such period of time as may be required by Irish law, but for not less than five years after the period of investment has ended.
21. I/We shall provide the Fund, the Manager or the Administrator with any additional information which it may reasonably request in connection with tax and or/FATCA regulations/reporting requirements and / or regulations / reporting requirements under the OECD Common Reporting Standards (“CRS”) in order to substantiate any representations made by me/us or otherwise and I/we authorise the Fund or its agents to disclose such information relating to this application to such persons as they consider appropriate.
22. I/we shall supply the Fund with executed copies of relevant documents upon request (such as W-8BEN, W-8BEN-E, W-8IMY, W-8ECI, W-8EXP, or W-9, or a self-certification document).
23. I/We agree to provide to the Fund, the Manager and the Administrator at such times as each of them may request such declarations, affidavits, certificates or documents as each of them may reasonably require (the “**Tax Information**”) in connection with this investment (including for the purposes of tax and/or FATCA regulations and/or CRS or any other reporting requirements). Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the Fund, the Manager and the Administrator immediately of any such change and further agree to request the redemption of Shares/Units in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the Fund.
24. I/We acknowledge that the Fund may report certain information to the Irish Revenue Commissioners and that such information may be shared with the US Internal Revenue Service, jurisdictions who have implemented the CRS regime or other jurisdictions pursuant to any other exchange of information or tax reporting regime.
25. In addition to any information required to the Tax Information, I/We agree to promptly provide, and periodically update, at any times requested by the Manager or the Administrator with any information (or verification thereof) the Manager or the Administrator deems necessary to comply with any requirement imposed on the Fund including pursuant to the following:

by Sections 1471-1474 of the U.S. Internal Revenue Code of 1986, as amended (the “Code”), and any Treasury Regulations, forms, instructions, or other guidance issued pursuant thereto in order to reduce or eliminate FATCA withholding taxes. The information required to be provided by the preceding sentence may include, but shall not be limited to, (A) information the Manager or the Administrator deems necessary to determine whether the Unitholder is a “foreign financial institution” (“FFI”) as defined in Code § 1471(d)(4) or a “non-financial foreign entity” (“NFFE”) as defined in Code § 1472(d), (B) if I/We am/are an FFI, any certification, statement or other information the Manager or the Administrator deems necessary to determine whether I/we meet the requirements of Code § 1471(b) (including entering into an agreement with the IRS pursuant to Code § 1471(b) (an “FFI Agreement”) and complying with the terms thereof or, if the FFI is in a jurisdiction that has signed an intergovernmental agreement (“IGA”) with the United States, complying with the terms of the IGA and any local laws or regulations implementing its terms) or is otherwise exempt from withholding required under Code § 1471, (C) if I/We am/are an FFI, including an FFI in a jurisdiction that has signed an IGA, a Global Intermediary Identification Number (“GIIN”) assigned by the IRS; and (D) if I/We am/are an NFFE, any certification, statement or other information the Manager or the Administrator deems necessary to determine whether the Unitholder meets the requirements of Code § 1472(b) (which information may be given to the U.S. Internal Revenue Service (“IRS”) pursuant to Code § 1472(b)(3)) or is otherwise exempt from withholding required under Code § 1472.
26. In addition to the Tax Information, I/We agree to promptly provide, at any times requested by the Manager or the Administrator, any information (or verification thereof) the Manager or the Administrator deems necessary for the Fund to comply with the terms of the IGA and any Irish laws, regulations or other guidance implementing the IGA, and any information required to comply with the terms of that agreement on an annual or more frequent basis. I/We agree to waive any provision of foreign law that would, absent such a waiver, prevent compliance with such requests and acknowledges that, if it fails to provide such waiver, it may be required by the Manager or the Administrator to withdraw from the Fund if necessary to comply with FATCA and the IGA.
27. By providing the Tax Information, I/We represent and warrant the completeness and accuracy of such information (as at the date of submission) and authorise the Fund, the Manager and the Administrator to act upon such information in good faith, including, but not limited to, disclosing or submitting such information to the Irish tax authorities. The Fund shall have no obligation to carry out any investigation with respect to the truth, accuracy or completeness of the Tax Information provided by us and I/We will, on demand, hold the Fund harmless from any liability resulting from the my/our failure to provide complete and accurate Tax Information.
28. I/We hereby acknowledge that if I/we fail to provide the Tax Information on a timely basis, I/We may be subject to 30% U.S. withholding tax on the investor’s share of “withholdable payments” (as defined for purposes of FATCA) received by the Fund.
29. I/We hereby acknowledge that if I/we fail to provide the Tax Information and such failure results in the Fund being unable to comply with the IGA, the Manager or the Administrator may exercise its right to completely redeem an applicant (at any time upon any or no notice). I/We further acknowledge and agree to indemnify the Fund and its other investors for any losses resulting from our failure to meet its obligations under this Section, including any U.S. withholding tax imposed on the Fund.
30. The Fund, or the Administrator on the Fund’s behalf, may disclose personal information to the Custodian/Depositary and/or the Investment Manager and/or third parties where necessary or for legitimate business interests. This may include disclosure to third

parties such as auditors and the Central Bank of Ireland or agents of the Administrator who process the personal information for anti-money laundering purposes or for compliance with foreign regulatory requirements. The Fund, or the Administrator on the Fund's behalf, may and will hold all or part of the personal information in relation to your unit/shareholding in accordance with legal and regulatory requirements even after you have fully redeemed from the Fund

31. For Hong Kong residents only:

I/We hereby confirm that

- (i) I/We have read and understood the Prospectus (in particular the risk factors),
- (ii) I/We acknowledge that no regulatory authority in Hong Kong has authorised the Prospectus or subscription agreement,
- (iii) I/We have relied solely on its own independent analysis and understand that no representation is made by the Fund, its affiliates or advisors on the accuracy or completeness of the Prospectus and subscription agreement,
- (iv) I/We have knowledge and experience of financial and business matters to evaluate the merits and risks of the investment, and have access to all information I/We consider necessary to make a proper evaluation of the investment,
- (v) I/We have had an opportunity to obtain professional advice about the investment,
- (vi) I/We are not prohibited from receiving the Prospectus and subscription agreement by virtue of selling restrictions in the Prospectus relating to Hong Kong residents,
- (vii) I/We are a "professional investor" within the Securities and Futures Ordinance (Cap. 571) of Hong Kong.

32. For South Korean residents only:

- a. I/We are subscribing as a result of an unsolicited request made by the Distributor;
- b. I/We have complied or will comply with all local regulations relating to foreign investments by South Korean investors;
- c. I/We acknowledge that interests in the Fund are not registered in Korea and cannot be offered or sold to South Korean residents except in accordance with local law and if the purchaser complies with any applicable restrictions including restrictions on foreign investments.

FATCA AND CRS SELF-CERTIFICATION

Entity Self-Certification for FATCA and CRS

Instructions for completion

We are obliged under Section 891E and Section 891F of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please speak to a tax adviser or local tax authority.

For further information on FATCA or CRS please refer to Irish Revenue website at

<http://www.revenue.ie/en/business/aeoi/index.html> or the following link:

<http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If any of the information below about the investor's tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.

(Mandatory fields are marked with an *)

Investors that are individuals should not complete this form and should complete the form entitled "Individual Self-Certification for FATCA and CRS"

Section 1: Investor Identification

Investor Name*: _____ (the "Entity")

Country of Incorporation or Organisation: _____

Current Registered address*:

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Please tick either (a), (b) or (c) below and complete as appropriate.

a) 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: _____

Or

b) The Entity is **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

Or

c) The Entity is a US person but **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

Section 3: Entity's FATCA Classification* (the information provided in this section is for FATCA, please note your classification may differ from your CRS classification in Section 5):

3.1 Financial Institutions under FATCA:

If the Entity is a *Financial Institution*, please tick one of the below categories and provide the Entity's GIIN at 3.2

I.	<i>Irish Financial Institution or a Partner Jurisdiction Financial Institution</i>	
II.	<i>Registered Deemed Compliant Foreign Financial Institution</i>	
III.	<i>Participating Foreign Financial Institution</i>	

3.2 Please provide the Entity's *Global Intermediary Identification number (GIIN)* _____

3.3 If the Entity is a *Financial Institution* but unable to provide a *GIIN*, please tick one of the below reasons:

I.	The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i> Please provide the sponsor's name and sponsor's <i>GIIN</i> : Sponsor's Name: _____ Sponsor's <i>GIIN</i> : _____	
II.	<i>Exempt Beneficial Owner</i>	
III.	<i>Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)</i>	
IV.	<i>Non-Participating Foreign Financial Institution</i>	
V.	<i>Excepted Foreign Financial Institution</i>	

3.4 Non-Financial Institutions under FATCA:

If the Entity is not a *Financial Institution*, please tick one of the below categories:

I.	<i>Active Non-Financial Foreign Entity</i>	
II.	<i>Passive Non-Financial Foreign Entity</i> <i>(If this box is ticked, please include self-certification forms for each of your Controlling Persons)</i>	
III.	<i>Excepted Non-Financial Foreign Entity</i>	

Section 4: CRS Declaration of Tax Residency (Please note that you may choose more than one country)

Please indicate the Entity’s country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers (“TIN”).

NOTE: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a (TIN).

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

Country of Tax Residency	Tax ID Number

Section 5: Entity’s CRS Classification (The information provided in this section is for CRS. Please note that an Entity’s classification for CRS may differ from its FATCA classification at Section 3.

For more information please see the CRS Standard and associated commentary. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

5.1 Financial Institutions under CRS:

If the Entity is a *Financial Institution*, please tick one of the below categories:

I.	<i>Financial Institution under CRS (other than II below)</i>	
II.	<i>An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete a separate individual self-certification forms for each of your Controlling Persons **)</i>	

5.2 Non Financial Institutions under CRS:

If the Entity is a *Non Financial Institution*, please tick one of the below categories:

I.	<i>Active Non-Financial Entity</i> – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation	
II.	<i>Active Non-Financial Entity</i> – a Government Entity or Central Bank	
III.	<i>Active Non-Financial Entity</i> – an International Organisation	
IV.	<i>Active Non-Financial Entity</i> – other than (I)-(III) (for example a start-up NFE or a non-profit NFE)	
V.	<i>Passive Non-Financial Entity</i> (If this box is ticked, please complete a separate individual self-certification form for each of your Controlling Person(s))	

Information in relation to Controlling Person(s)

NB: Please note that each Controlling Person must complete a Separate Individual Self-Certification form.

If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

Section 6: Declarations and Undertakings

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I acknowledge that the information contained in this form and information regarding the Account Holder 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 Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I/We undertake to advise the recipient promptly and provide an updated Self-Certification where any change in circumstance occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

Date: (dd/mm/yyyy)* _____ 24

Individual (Controlling Person's) Self-Certification for FATCA and CRS

Instructions for completion

We are obliged under Section 891E and Section 891F of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please speak to a tax adviser or local tax authority.

For further information on FATCA or CRS please refer to Irish Revenue website at

<http://www.revenue.ie/en/business/aeoi/index.html> or the following link to the OECD CRS Information Portal at:
<http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If any of the information below about the investor's tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.

Please note that where there are joint or multiple account holders each investor is required to complete a separate Self-Certification form.

Sections 1, 2, 3 and 5 must be completed by all investors.

Section 4 should only be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity.

For further guidance see. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

*(Mandatory fields are marked with an *)*

Section 1: Investor Identification

Investor Name*: _____

Current Residential Address*:

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Place Of Birth*

Town or City of Birth*: _____ Country of Birth*: _____

Date of Birth*: _____

Section 2: FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes*:

Please tick either (a) or (b) and complete as appropriate.

- (a) I confirm that [I am]/[the investor is] a U.S. citizen and/or resident in the U.S. for tax purposes and [my]/[its] U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

OR

- (b) I confirm that [I am not]/[the investor is not] a U.S. citizen or resident in the U.S. for tax purposes.

Section 3: CRS Declaration of Tax Residency (please note you may chose more than one country)*

Please indicate your/ the investor's country of tax residence (if resident in more than one country please detail all countries of tax residence and associated taxpayer identification numbers ("TIN"). Please see the CRS Portal for more information on Tax Residency.

Country of Tax Residency	Tax ID Number

NOTE: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a TIN. For further information/assistance on TIN obligations under CRS please see OECD CRS Information Portal.

Section 4 – Type of Controlling Person

(ONLY to be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution)

For joint or multiple Controlling Persons please complete a separate Self-Certification form for each Controlling Person.

<i>Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.</i>	Please Tick	Entity Name
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		
Controlling Person of a legal person – senior managing official		
Controlling Person of a trust - settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		
Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) – protector-equivalent		
Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent		
Controlling Person of a legal arrangement (non-trust) – other-equivalent		

Section 5: Declaration and Undertakings:

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 Account Holder 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 Account Holder 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.

Authorised Signature*: _____

Print Name*: _____

Date: (dd/mm/yyyy)*: _____

Capacity*: _____

DECLARATION OF RESIDENCE OUTSIDE THE REPUBLIC OF IRELAND

Applicants resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration which is in format authorised by them, in order to receive payment without deduction of tax. It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of shares. Terms used in this declaration are defined in the Prospectus.

Declaration on own behalf

I/we* declare that I am/we are* applying for the shares on my own/our own behalf/on behalf of a company* and that I am/we are/the company* is entitled to the shares in respect of which this declaration is made and that

- I am/we are/the company is* not currently resident or ordinarily resident in Ireland, and
- should I/we/the company* become resident in Ireland I will/we will* so inform you, in writing, accordingly.

***Delete as appropriate (mandatory)**

Declaration as Intermediary

I/we* declare that I am/we are* applying for shares on behalf of persons:

- who will be beneficially entitled to the shares; and,
- who, to the best of my/our* knowledge and belief, are neither resident nor ordinarily resident in Ireland.

I/we* also declare that:

- unless I/we* specifically notify you to the contrary at the time of application, all applications for shares made by me/us* from the date of this application will be made on behalf of such persons; and,
- I/we* will inform you in writing if I/we* become aware that any person, on whose behalf I/we* holds shares, becomes resident in Ireland.

***Delete as appropriate (mandatory)**

Name and address of applicant: _____

Signature of applicant or authorised signatory : _____ (declarant)

Capacity of authorised signatory (if applicable): _____ Date: _____

Joint applicants :

Names _____ Signatures _____

IMPORTANT NOTES

1. Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.
2. To be valid, the Subscription Form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant. Where there is more than one applicant, each person must sign. If the applicant is a company, it must be signed by the company secretary or another authorised officer.
3. If the Subscription Form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature.

¹DECLARATION OF RESIDENCE WITHIN THE REPUBLIC OF IRELAND

Declaration referred to in Section 739D(6) Taxes Consolidation Act, 1997

- I declare that the information contained in this declaration is true and correct.
- I also declare that I am applying for the shares on behalf of the applicant named below who is entitled to the shares in respect of which this declaration is made and is a person referred to in Section 739D (6) of the Taxes Consolidation Act, 1997, being a person who is: (please tick as appropriate).
 - A pension scheme
 - A company carrying on life business within the meaning of section 706 TCA 1997
 - An investment undertaking
 - A special investment scheme
 - A unit trust to which section 731(5) (a) TCA 1997 applies;
 - A charity being a person referred to in section 739D(6)(f)(i) TCA 1997;
 - A qualifying management company
 - A specified company
 - Entitled to exemption from income tax and capital gains tax by virtue of sections 784A(2), and 787I of the TCA 1997, (see further requirements for Qualifying Fund Manager below).
 - A credit union to which Section 2 of the Credit Union Act, 1997 applies.

Additional requirement where the declaration is completed on behalf of a pension scheme, a company carrying on life business within the meaning of section 706 TCA 1997, an investment undertaking, a special investment scheme, a unit trust to which section 731(5) (a) TCA applies, a qualifying management company or a credit union to which Section 2 of the Credit Union Act 1997 applies

- I undertake that, in the event that the shares cease to be assets of the *pension scheme/company carrying on life business within the meaning of section 706 TCA 1997/investment undertaking/special investment scheme/unit trust to which section 731(5) (a) TCA applies/qualifying management company/credit union to which Section 2 of the Credit Union Act 1997 applies, including a case where the shares are transferred to another such entity, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly. (*Delete as appropriate).

Additional requirements where the declaration is completed on behalf of a Charity

- I also declare that at the time of making this declaration, the shares in respect of which this declaration is made are held for charitable purposes only and;
- Form part of the assets of a body of persons or trust related by the Revenue Commissioners as a body or trust established for charitable purposes only, or are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Revenue Commissioners
- I undertake that, in the event that the person referred to in paragraph (7) (d) of Schedule 2B TCA 1997 ceases to be a person referred to in Section 739D(6)(f)(i) TCA 1997, I will by written notice, bring this fact to the attention of the investment undertaking accordingly.

Additional requirements where the declaration is completed by a Qualifying Fund Manager

I also declare that at the time this declaration is made, the share in respect of which this declaration is made;

- Are assets of an *approved retirement fund/an approved minimum retirement fund, and
- Are managed by the declarant for the individual named below who is beneficially entitled to the shares.

I undertake that, if the shares cease to be assets of the *approved retirement fund/the approved minimum retirement fund, including a case where the shares are transferred to another such fund, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly. (* Delete as appropriate).

Additional requirements where the declaration is completed by an Intermediary

I/we* declare that I am/we are* applying for shares/units on behalf of persons who

- to the best of my/our* knowledge and belief, have beneficial entitlement to each of the units in respect of which this declaration is made; and
- is a person referred to in section 739D(6) TCA 1997

I/we* also declare that

- unless I/we* specifically notify you to the contrary at the time of application, all applications for shares/units made by me/us* from the date of this application will be made on behalf of persons referred to in section 739D(6) TCA 1997; and
- I/we* will inform you in writing if I/we* become aware that any person ceases to be a person referred to in section 739D(6) TCA 1997. * **Delete as appropriate**

Name of Applicant: _____

²Irish Tax Reference Number of Applicant: _____

³Authorised Signatory: _____

Capacity in which declaration is made: _____ **Date:** _____

IMPORTANT NOTES

¹This is a form authorised by the Revenue Commissioners, which may be subject to inspection. It is an offence to make a false declaration.

²Tax reference number in relation to a person, has the meaning assigned to it by Section 885 TCA 1997 in relation to a “specified person” within the meaning of that section. In the case of a charity, quote the Charity Exemption Number (CHY) as issued by Revenue. In the case of a qualifying fund manager, quote the tax reference number of the beneficial owner of the shares.

³In the case of (i) an exempt pension scheme, the administrator must sign the declaration (ii) a retirement annuity contract to which Section 784 or 785 applies, the person carrying on the business of granting annuities must sign the declaration (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other authorised officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA 1997. In the case of a company, the declaration must be signed by the company secretary or other authorised officer. In the case of a unit trust it must be signed by the trustees. In any other case, it must be signed by an authorised officer of the entity concerned or a person who holds a power of attorney from the entity. If the latter, a copy of the power of attorney should be furnished in support of this declaration.

SIGNATURE

I / We declare that the information contained in this form and any attached documentation is true and accurate to the best of my/our knowledge and belief.

Date: _____	
Signed:	Signatory Capacity if applicable (i.e. Director/manager)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

In the case of joint holders, ALL holders must complete this declaration.

**APPENDIX: REBATE REQUIREMENTS
(FOR OFFICE USE ONLY)**

Apply Rebate on this fund

- Management Fee
- Investor Fee rebate
- Frequency of rebate
- Paid or Re-invested
- Side letter received
- Date

ADDITIONAL SUBSCRIPTION FORM

MS TCW Unconstrained Plus Bond Fund (the “Sub-Fund”)

FundLogic Alternatives plc (the “Fund”)

Please complete this form in blue or black ink using BLOCK CAPITALS.

FundLogic Alternatives Plc
C/o Northern Trust International Fund Administration Services (Ireland) Limited
Georges Court
54-62 Townsend Street
Dublin 2 - Ireland

Phone: +353 1 434 5090
Fax: +353 1 434 5286

THE SUBSCRIPTION FORM FOR THE SUB-FUND MUST BE RECEIVED BY 4 PM (IRISH TIME) 1 BUSINESS DAY PRIOR TO THE RELEVANT DEALING DAY AND CLEARED FUNDS TO BE RECEIVED WITHIN 3 BUSINESS DAYS AFTER THE RELEVANT DEALING DAY.

REGISTERED INFORMATION

Registered Account Name

Account Number

Your Company Contact

Name:

Phone No:

Fax No:

E-Mail Address:

DEAL INSTRUCTIONS

PLEASE TICK (✓) THE CLASS OF SHARES IN WHICH THE INVESTMENT WILL BE MADE

- MS TCW Unconstrained Plus Bond Fund – Class A
- MS TCW Unconstrained Plus Bond Fund – Class I
- MS TCW Unconstrained Plus Bond Fund – Class B1
- MS TCW Unconstrained Plus Bond Fund – Class P

Subscription Fee (in %)

PLEASE TICK (✓) THE CURRENCY IN WHICH THE INVESTMENT WILL BE MADE

- EUR
- GBP
- USD

PLEASE COMPLETE EITHER THE “MONETARY AMOUNT” OR THE “NO. OF SHARES” FIELD

N.B: Investors must subscribe for a class of shares in a Sub-Fund in the currency in which that share class is denominated. Redemption payments will also be made in the currency in which the relevant share class of a Sub-Fund is denominated.

Monetary Amount

Amount in Words

OR

Number of Shares

ORIGINATING ACCOUNT DETAILS

Bank Name

Bank Address

Sort Code ABA

Account Name

Account Number

Payment Reference

Please note:

- Monies must originate from the account of the investor. Failure to complete these details accurately and in accordance with the original signed Subscription Form and forward monies within the settlement time scale will result in the loss of good value and an interest claim from the Fund
- I/We confirm that I/we have the authority to make this investment.
- I/We hereby agree to indemnify and hold harmless the Fund, the Administrator, and the Distributor and their respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Administrator. The Fund, the Administrator, or the Distributor will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed to be genuine.
- I/We confirm that I/We have received read and understood the information contained in this form and confirm that a copy of the Key Investor Information Document has been supplied to me/us in relation to this Sub-Fund or Share Class in good time prior to the completion of this form.
- I/We confirm that I/We have read and understood the Key Investor Information Document and I/We hereby confirm that for any subsequent investments for Shares in the Fund I/we will obtain the latest version of the appropriate Key Investor Information Document prior to each subscription.
- I/We also acknowledge and agree that the updated KIID for each Share Class is available at www.fundlogic.com and consent to its receipt in that form for subsequent applications for any Share Class in the Fund. I/We understand that a copy of the KIID is available in paper form, free of charge, upon request. I/We understand that the website location for the KIID has been notified to me/us by email. I/we will read and

review the most up-to-date version of the relevant KIID prior to making any subsequent application for Shares in the Fund.

Authorised Signatories

Print Name

Signatory 1

Signatory 2

Signatory 3

Date

The undersigned acknowledges and agrees: (i) that the undersigned is making the additional subscription on the terms and conditions contained in the Subscription Form, dated _____, previously executed by the undersigned and accepted by the Fund; (ii) that the representations and covenants of the undersigned contained in the Subscription Form and the anti-money laundering supplement thereto are true and correct in all material respects as of the date set forth below; (iii) that the information provided on the investor profile form in the Subscription Form is correct as of the date set forth below; and (iv) that the background information provided to the Administrator is true and correct in all material respects as of the date set forth below.

THE UNDERSIGNED AGREES TO NOTIFY THE ADMINISTRATOR, THE DISTRIBUTOR OR THE FUND PROMPTLY IN WRITING SHOULD THERE BE ANY CHANGE IN ANY OF THE FOREGOING INFORMATION.

REDEMPTION FORM

MS TCW Unconstrained Plus Bond Fund (the “Sub-Fund”)

FundLogic Alternatives plc (the “Fund”)

Please complete this form in blue or black ink using BLOCK CAPITALS

FundLogic Alternatives Plc
C/o Northern Trust International Fund Administration Services (Ireland) Limited
Georges Court
54-62 Townsend Street
Dublin 2 - Ireland

Phone: +353 1 434 5090
Fax: +353 1 434 5286

THE REDEMPTION FORM FOR THE SUB-FUND MUST BE RECEIVED BY 4 PM (IRISH TIME) 1 BUSINESS DAY PRIOR TO THE RELEVANT DEALING DAY AND CLEARED FUNDS TO BE RECEIVED WITHIN 3 BUSINESS DAYS AFTER THE RELEVANT DEALING DAY.

REGISTERED INFORMATION

Registered Account Name

Account Number

Your Company contact

Name:

Phone No:

Fax No:

E-mail Address:

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DEAL INSTRUCTIONS

PLEASE TICK (✓) THE CLASS OF SHARES IN WHICH THE INVESTMENT WILL BE MADE

- MS TCW Unconstrained Plus Bond Fund – Class A
- MS TCW Unconstrained Plus Bond Fund – Class I
- MS TCW Unconstrained Plus Bond Fund – Class B1
- MS TCW Unconstrained Plus Bond Fund – Class P

PLEASE TICK (✓) THE CURRENCY IN WHICH THE INVESTMENT WILL BE MADE

- EUR
- GBP
- USD

PLEASE COMPLETE EITHER THE “MONETARY AMOUNT” OR THE “NO. OF SHARES” FIELD

N.B: Investors must subscribe for a class of shares in a Sub-Fund in the currency in which that share class is denominated. Redemption payments will also be made in the currency in which the relevant share class of a Sub-Fund is denominated.

Monetary Amount

Amount in Words

OR

Number of Shares

BANK ACCOUNT DETAILS (Where the below bank account instructions differ from those held on file by the Administrator, an original, signed copy of the new instructions must be received by the Administrator in advance of the remittance of redemption proceeds).

Bank Name

Bank Address

Sort Code ABA

Account Name

Account Number

IBAN Number

Correspondent Bank & Swift Code
Name:
Swift Code:

F.F.C to

Account Name

Account Number

Please note:

- Failure to complete these details accurately and in accordance with the original signed Subscription Form will result in the loss of good value and an interest claim from the Fund.
- I/We confirm that I/we have the authority to make this redemption request.
- I/We hereby agree to indemnify and hold harmless the Fund, Administrator, or the Distributor and their respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by

me/us to the Administrator. The Fund, Administrator or the Distributor will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed to be genuine.

- I/We confirm that I/We have received ,read and understood the information contained in this form and confirm that a copy of the Key Investor Information Document has been supplied to me/us in relation to this Sub-Fund or Share Class in good time prior to the completion of this form.
- I/We confirm that I/We have read and understood the Key Investor Information Document and I/We hereby confirm that for any subsequent investments for Shares in the Fund I/we will obtain the latest version of the appropriate Key Investor Information Document prior to each subscription.
- I/We also acknowledge and agree that the updated KIID for each Share Class is available at www.fundlogic.com and consent to its receipt in that form for subsequent applications for any Share Class in the Fund. I/We understand that a copy of the KIID is available in paper form, free of charge, upon request. I/We understand that the website location for the KIID has been notified to me/us by email. I/we will read and review the most up-to-date version of the relevant KIID prior to making any subsequent application for Shares in the Fund.

Authorised Signatories

Print Name

Signatory 1

Signatory 2

Signatory 3

Date

Note: Redemption proceeds shall be paid to the same account from which the shareholder's investment in the Sub-Fund was originally remitted. No third party payments are permitted. Redemption proceeds will be remitted by electronic transfer net of handling charges and fees to the registered shareholder. Redemption proceeds will be retained or delayed until such time as the Administrator has received the original Subscription Form and all original anti money laundering documentation.

Appendix 1

LETTER OF UNDERTAKING TO BE COMPLETED BY FINANCIAL AGENTS, NOMINEES AND INTERMEDIARIES

[On Company Letterhead of Regulated Entity]

[Date]

MS TCW Unconstrained Plus Bond Fund

Northern Trust International Fund Administration
Services (Ireland) Limited
Georges Court
54-62 Townsend Street
Dublin 2
Ireland

**Re: Investors in MS TCW Unconstrained Plus Bond Fund
Customer Due Diligence: Anti-Money Laundering/Counter Terrorist Financing**

Dear Sirs,

We confirm that we are a provider of financial services regulated within [country / state] by [name of regulator] and are required to undertake appropriate measures to ensure compliance with Anti-Money Laundering ('AML') and Counter Terrorist Financing ('CTF') legislation, regulations and authoritative guidance set by [state applicable AML/CTF legislation]. Our registration or licence number is [state registration or licence number].

We confirm that we have appropriate measures in place under [state applicable AML/CTF legislation] to ensure compliance with AML and CTF regulations. We acknowledge that we are being relied upon by **MS TCW Unconstrained Plus Bond Fund** and Northern Trust International Fund Administration Services (Ireland) Limited ('Northern Trust') as Transfer Agent appointed by **MS TCW Unconstrained Plus Bond Fund** for the purposes of meeting the aforementioned Customer Due Diligence ('CDD') obligations in relation to investors in **MS TCW Unconstrained Plus Bond Fund** and have not relied on another third party in meeting our CDD obligations.

On an ongoing basis, we will continue to satisfy ourselves, and will confirm to you on request, that we have proper internal controls, policies and procedures in place to combat money laundering and have adopted measures to prevent and detect the commission of the offence of financing terrorism. We confirm that all such controls, policies and procedures are current and kept up to date and that we shall provide you with access to these internal controls, policies and procedures as required. We also confirm that pursuant to the AML/CTF regulations, we shall (i) keep records evidencing the procedures applied and information obtained in relation to each investor; and (ii) keep records evidencing the history of services and transactions carried out in relation to each investor and shall provide you with these records as required.

In ensuring compliance with AML and CTF regulations:

- We hereby confirm our identification of beneficial owners and verification of the beneficial

owners' identities (to the extent warranted by risk of money laundering and the financing of terrorism) such that we can be reasonably satisfied that we know who the beneficial owners are as well as the ownership and control structures.

- We undertake to retain documents and information sourced for the purposes of identification and verification of investors in **MS TCW Unconstrained Plus Bond Fund** and beneficial owners and understanding the purpose and intended nature of the investment by investors in **MS TCW Unconstrained Plus Bond Fund**.
- We undertake to provide copies of such documentation and information to either **MS TCW Unconstrained Plus Bond Fund** or Northern Trust upon request.
- We undertake to retain such documents and information for a period of at least five years after (i) the date on which the Company's relationship with the investor has ended or (ii) the date of the last transaction (if any) with the investor, whichever is the later.
- We undertake that prior to the destruction of such documents and information, we will ensure that the relevant documents and information are provided to you, where there is a continuing relationship between investors and **MS TCW Unconstrained Plus Bond Fund**.
- To the extent an investor introduced by us is a non-US bank, pursuant to the USA Patriot Act, as amended, we will obtain proof from such investor that it is not a shell bank within the meaning of the USA Patriot Act, as amended.
- Where an investor is an individual does not present to us for verification in person ('non face to face') we shall address the additional risk presented by this scenario in accordance with the AML/CTF Regulations and our internal controls, policies and procedures in place to combat money laundering and to prevent and detect the commission of the offence of financing terrorism.

We hereby undertake, to the extent permitted by law, to notify you immediately of any concerns that we may have in connection with the above referenced investors in the context of AML and CTF regulations or in the event of any suspicious circumstances relating to such investors, which may come to our attention.

We also confirm that we have taken measures to ensure that investors are neither individuals nor institutions against whom sanctions have been imposed by OFAC, the EU or the United Nations. We undertake to notify you immediately of our identification of any investor as a non-Irish Politically Exposed Person or our identification of any investor as a Specially Designated National in order for you to complete Enhanced CDD appropriate to your legislation.

In particular we hereby undertake to notify the Company or Northern Trust immediately where:

- We are unable to sufficiently identify or verify the investor or identify or verify the beneficial owner(s) of the investor (to the extent warranted by risk of money laundering and the financing of terrorism);
- We suspect that an investor or beneficial owner(s) of the investor is or was involved in money laundering or terrorist financing; or
- We become aware that the investor or beneficial owner(s) of the investor are individuals or institutions against whom sanctions have been imposed by the EU, the United Nations or the Office of Foreign Asset Control (OFAC).

Yours faithfully,

For and on behalf of
[Regulated Entity]
[Capacity of signatory i.e. Director/Manager]

Appendix 2

[On Company Letterhead of Regulated Entity]

[Date]

MS TCW Unconstrained Plus Bond Fund

Northern Trust International Fund Administration
Services (Ireland) Limited
Georges Court
54-62 Townsend Street
Dublin 2
Ireland

Re: Investors in **MS TCW Unconstrained Plus Bond Fund**
Customer Due Diligence: Anti-Money Laundering/Counter Terrorist Financing

Dear Sirs,

We confirm that **[Insert Name of Subsidiary/ Nominee Company]** is a wholly owned subsidiary of **[Insert Name of Parent Company]**. We confirm that **[Insert Name of Parent Company]** is a provider of financial services regulated within **[country / state]** by **[name of regulator]** and is required to undertake appropriate measures to ensure compliance with Anti-Money Laundering ('AML') and Counter Terrorist Financing ('CTF') legislation, regulations and authoritative guidance set by **[state applicable AML/CTF legislation]**. Our registration or licence number is **[state registration or licence number]**.

We confirm that we have appropriate measures in place under **[state applicable AML/CTF legislation]** to ensure compliance with AML and CTF regulations. We acknowledge that we are being relied upon by **[Insert Name of Fund or Manager]** and Northern Trust International Fund Administration Services (Ireland) Limited ('Northern Trust') as Transfer Agent appointed by **[Insert Name of Fund or Manager]** for the purposes of meeting the aforementioned Customer Due Diligence ('CDD') obligations in relation to **[Insert Name of Subsidiary/ Nominee Company]** and have not relied on another third party in meeting our CDD obligations.

On an ongoing basis, we will continue to satisfy ourselves, and will confirm to you on request, that we and **[Insert Name of Subsidiary/ Nominee Company]** have proper internal controls, policies and procedures in place to combat money laundering and have adopted measures to prevent and detect the commission of the offence of financing terrorism. We confirm that all such controls, policies and procedures are current and kept up to date and that we shall provide you with access to these internal controls, policies and procedures as required. We also confirm that pursuant to the AML/CTF regulations, we shall (i) keep records evidencing the procedures applied and information obtained in relation to each investor; and (ii) keep records evidencing the history of services and transactions carried out in relation to each investor and shall provide you with these records as required.

In ensuring compliance with AML and CTF regulations:

- We and **[Insert Name of Subsidiary/ Nominee Company]** hereby confirm our identification of beneficial owners and verification of the beneficial owners' identities (to the extent warranted by risk of money laundering and the financing of terrorism) such that we can be reasonably satisfied that we know who the beneficial owners are as well as the ownership and control structures.
- We and **[Insert Name of Subsidiary/ Nominee Company]** undertake to retain documents and information sourced for the purposes of identification and verification of beneficial owners and understanding the purpose and intended nature of investment on behalf of beneficial owners.
- We and **[Insert Name of Subsidiary/ Nominee Company]** undertake to provide copies of such documentation and information to either **[Insert Name of Fund or Manager]** or Northern Trust upon request.
- We and **[Insert Name of Subsidiary/ Nominee Company]** undertake to retain such documents and information for a period of at least five years after (i) the date on which the Company's relationship with the investor has ended or (ii) the date of the last transaction (if any) with the investor, whichever is the later.
- We and **[Insert Name of Subsidiary/ Nominee Company]** undertake that prior to the destruction of such documents and information, we will ensure that the relevant documents and information are provided to you, where there is a continuing relationship between **[Insert Name of Subsidiary Company]** and **[Insert Name of Fund or Manager]**.
- To the extent an investor introduced by **[Insert Name of Subsidiary/ Nominee Company]** is a non-US bank, pursuant to the USA Patriot Act, as amended, we will obtain proof from such investor that it is not a shell bank within the meaning of the USA Patriot Act, as amended.
- Where an investor is an individual does not present to us for verification in person ('non face to face') we shall address the additional risk presented by this scenario in accordance with the AML/CTF Regulations and our internal controls, policies and procedures in place to combat money laundering and to prevent and detect the commission of the offence of financing terrorism.

We and **[Insert Name of Subsidiary/ Nominee Company]** hereby undertake, to the extent permitted by law, to notify you immediately of any concerns that we may have in connection with the above referenced beneficial owners in the context of AML and CTF regulations or in the event of any suspicious circumstances relating to such beneficial owners, which may come to our attention.

We and **[Insert Name of Subsidiary/ Nominee Company]** also confirm that we have taken measures to ensure that beneficial owners are neither individuals nor institutions against whom sanctions have been imposed by OFAC, the EU or the United Nations. We and **[Insert Name of Subsidiary/ Nominee Company]** undertake to notify you immediately of our identification of any beneficial owner as a domestic or non-domestic Politically Exposed Person or our identification of any beneficial owner as a Specially Designated National in order for you to complete Enhanced CDD appropriate to your legislation.

In particular we hereby undertake to notify the Company or Northern Trust immediately where:

- We are unable to sufficiently identify or verify the investor or identify or verify the beneficial owner(s) of the investor (to the extent warranted by risk of money laundering and the financing of terrorism);
- We suspect that an investor or beneficial owner(s) of the investor is or was involved in money laundering or terrorist financing; or
- We become aware that the investor or beneficial owner(s) of the investor are individuals or institutions against whom sanctions have been imposed by the EU, the United Nations or the Office of Foreign Asset Control (OFAC).

Yours faithfully,

For and on behalf of
[Regulated Entity]

[Capacity of signatory i.e. Director/Manager]