TAM GLOBAL MULTI-ASSET FUND APPLICATION FORM

This application form is to be completed for the TAM Global Balanced ICAV. Please complete all details correctly and in full or else your application may have to be returned.

CLIENT NAME/S:

INVESTMENT PROPOSAL NUMBER:

The "fund of funds" portfolio will be opened in accordance with the details provided on the above proposal number. If fees, currency or investment product differ from this proposal then a new one must be requested from portfoliorequest@tameurope.com.

SECTION I: TO BE COMPLETED BY THE CLIENT/S FOR ALL APPLICATION TYPES

	APPLICANT I (UNDERLYING CLIENT)	APPLICANT 2 (JOINT APPLICATIONS ONLY)
Title:		
First Name:		
Surname:		
Address:		
Post Code:		
Country:		
Nationality:		
DOB:		
National Insurance/Identity Number:		
Long Passport Number:		
Passport Expiry Date:		
Email Address:		
Source of funds:		
Percentage of overall wealth:		

CLIENT BANK DETAILS

Account Name:	Bank Name:	
Sort Code:	Account Number:	
IBAN:		



CLIENT DECLARATION

Your proposal in conjunction with our terms of business is the "Principal Agreement" between the Customer (you) and TAM Europe Asset Management AV, SA (TEAM). By signing below, you confirm you have read and accept the full content of the terms of business. Our terms of business may change from time to time and they along with any updates can be accessed on our web site at www.tameurope.com or in your secure log in area which is accessible 24 hours a day.

You acknowledge that:

- 1. The information provided in this agreement is true and complete to the best of your knowledge and that it is your responsibility to notify TEAM of any changes in your circumstances.
- 2. The risk profile shown in this document is to be applied to any account set up as a result of this application and that all funds transmitted to TEAM are to be managed in the investment portfolio(s) in accordance with that risk profile.
- 3. The suitability assessment has been and will continue to be conducted by your Financial Adviser. On that basis you agree that TEAM can solely rely on the risk profile instructed by you as an accurate representation of your investment objectives and that TEAM will use its discretion when managing the investments in that portfolio.
- 4. In order to comply with anti-money laundering regulations from the implementation of all applicable Money Laundering Directives, TEAM may be required to carry out an electronic check of your identity and you authorise TEAM to do so.
- 5. You agree to all portfolio statements, valuations and contract notes being provided electronically via access to your TEAM web account and you accept responsibility for reading and where applicable printing out any information where it is required. You confirm that you will log in to your online portal to review your statements no less than once per quarter. You understand that you will receive custody statements and valuations on a quarterly basis.
- 6. Your financial adviser, trust or life company has your authority to instruct TEAM on your behalf in respect of maintenance and alterations to the portfolio and that TEAM may rely on these instructions as if they are directly from you.
- 7. Having read the schedule of costs & charges contained within your proposal you accept that the charges and deductions as outlined in the charges section will be levied from your portfolio. Over time, especially in a low-return environment, regular capital withdrawals, drawdowns, the cost of independent advice and external wrapper fees from the use of Life Bonds or Trusts (if applicable), together with our own service charges, are likely to have a significant negative impact on the value of your capital and the return on your investment. All such charges can be viewed in your online account 24/7 and through your annual MiFID statement.

Signature instructions

To electronically sign the declaration, please follow these steps:

- a) Create an electronic signature image by using our online signpad <u>here</u>
- b) Save the image to your device
- c) Click on the signature box below
- d) Browse and upload your new electronic signature image
- e) Save the form

	APPLICANT I (UNDERLYING CLIENT)	APPLICANT 2 (JOINT APPLICATIONS ONLY)
Full Name:		
Signature:		
Date:		

We do not disclose your information to any third parties or bodies with which we are not associated or that do not provide services to you as part of this agreement unless we have your permission to do so or are required to do so by law. Where we have your consent, you agree that we and our associated third parties may contact you with products and services which may be of interest.



By ticking this box you give your consent to TEAM and its third party service providers contacting you with products and services which may be of interest, by email, phone, fax or post.

SECTION 2: TO BE COMPLETED BY THE ADVISER FOR ALL APPLICATION TYPES

ADVISER DECLARATION

By signing below you confirm that:

- 1. You are authorised and regulated by the appropriate authority to undertake advisory work for clients. You undertake to inform TEAM of changes that may occur to affect your regulatory permissions.
- 2. You acknowledge and understand that TEAM is entitled to rely upon the information about the client transmitted to TEAM by you (the firm) and any recommendations provided to the client by you in respect of the service or transaction. You acknowledge that you remain responsible for the completeness and accuracy of any information you provide to TEAM about the client and the appropriateness of any advice or recommendations provided by you to the client.
- 3. You confirm that you have carried out an assessment on the suitability of the TEAM Discretionary Management Service for the client in accordance with the applicable requirements. You have assessed the client's attitude to, and capacity for risk. Taking this, alongside the client's personal circumstances and investment objectives into consideration, you consider the specified risk profile to be appropriate for their circumstances.
- 4. You understand that TEAM will not carry out any assessment as to whether its discretionary investment management service, the merits of any particular type of portfolio it offers, or any assessment of the chosen risk profile is suitable or appropriate for the client.
- 5. Where you are to be paid an ongoing fee from the portfolio, you will undertake a periodic review of your client's circumstances and investments to ensure that the service and portfolio remain suitable for them; and that the risk profile continues to match their circumstances. You undertake to notify TEAM of any changes that may occur which may require changes to be made to the portfolio.
- 6. You confirm that you will comply with MiFID in providing full clarity of all ex-ante and ex-post costs and charges that relate to the proposal quoted above. You confirm that you have outlined to the client the aggregate fees and the impact on performance return in a low-return environment.
- 7. You have undertaken anti money laundering (AML) and due diligence on the client(s) and the source of funds to the standards required by European Money Laundering Regulations and the Money Laundering Directives. You confirm that all documents are current and that any statements/ bills used to evidence identity were no more than three months old. Please note TEAM will not accept mobile phone bills as proof of address, or the use of the same document for both proof of identity and proof of address.
- 8. As required by the Money Laundering Directives, you confirm that you will enclose certified true copies of the identification documents used to verify the client/clients' identity/ies with this application form, where required.

Please confirm which certified documents you have obtained:

Passport			Bank/credi	t card stater	nent
Photocard driver	s license	<u>and</u>	Home visit	:	
Other photo ID			Other		

NB: All documents must be current and any statements/bills must be no more than three months old.

- 9. You have provided the above applicant(s) with all the required information and documents to allow them to make a fully informed decision.
- 10. You will ensure the client reviews their statements and valuations through their online portal at least once per quarter.
- 11. The applicant has provided you with authority in respect of any instructions given by you in relation to the operation of this portfolio and your agreement with the client.

ADVISER DETAILS

Full Name:	
Company:	
Signature:	Date:

Signature instructions

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- d) Browse and upload your new electronic signature image
- e) Save the form

FINAL STEP AND PAYMENT OPTIONS

Please email your completed application form to: admin@tameuropecom.

Once your application has been approved, our admin team will be in touch with your new unique account number. You can then transfer us your funds for your new investment portfolio. Please use your new account number as your payment reference when making the transfer. Please do not transfer your funds until you have received notification that your account has been opened and you have received your account number.

BANK DETAILS FOR EUR PAYMENTS

Bank Name:	NatWest Bank
Bank Address:	I Princes Street
	London
	EC2R 8PA
Account Name:	TAM Asset Management EURO Client
Account Number:	550-01-10336494
Swift:	(NWBKGB2L)
IBAN:	GB05NWBK60721410336494
Payment Reference:	Your unique account number

BANK DETAILS FOR GBP PAYMENTS

BANK DETAILS FOR USD PAYMENTS

Bank Name:	Chase Manhattan Bank - NY
Account Name:	NatWest Bank, London
Account Number:	140-01-10336478
Sort Code:	60-00-04
Swift:	(CHASUS33)
IBAN:	GB94NWBK60730110336478
Fav:	TAM Asset Management USD Client
Payment Reference:	Your unique account number

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ÉUROPE ASSET MANAGEMENT