

## A General information

Please use block capitals

Name*:		Social Security Number/Identification Number*:	Company Registration Number*:	
SKAGEN account*:	Tax residency*:	E-mail*:	Telephone*:	

\*Mandatory fields

## B Please redeem units in:

Fund	Currency	Amount	or Units

## and subscribe in:

Fund	Transfer to %

Clients should note that reinvestment of units can have tax implications.

## C Purpose of the reinvestment and source of funds/assets NB: Selection required

### 1. What is the time horizon for your investment? (Only one of the options can be selected)

- Short-term (less than 1 year)  
  Medium-term (1 - 5 years)  
  Long-term (more than 5 years)

### 2. What amount do you expect to invest each year\*? (Only one of the options can be selected)

For private persons:

- Less than 10 000 kr/1.000 EUR  
  10 000-150 000 kr/1.000 - 15.000 EUR  
  150 000-1 000 000 kr/15.000 - 100.000 EUR  
 More than 1 000 000 kr/100.000 EUR

For entities:

- Less than 10 000 kr/1.000 EUR  
  10 000-150 000 kr/1.000-15.000 EUR  
  150 000-1 000 000 kr/15.000-100.000 EUR  
 1 000 000-5 000 000 kr/100.000-500.000 EUR  
  5 000 000-10 000 000 kr/500.000-1.000.000 EUR  
 More than 10 000 000 kr/1.000.000 EUR

\* Or equivalent value in your chosen investment currency

### 3. How frequently will you invest in our funds? (Only one of the options can be selected)

- Multiple times each month  
  Once a month  
  4 - 8 times per year  
  1 - 3 times per year  
  Less than once a year

### 4. Where do the assets that you are investing originate from? (Only one of the options can be selected)

For private persons:

- Previous savings  
  Salary/pension  
  Inheritance/gift  
  Sale of home or property  
 Other, please specify: \_\_\_\_\_

For entities:

- Operating profit  
  Sale of business/real estate  
  Premium  
  Return on previous investment  
 Other, please specify: \_\_\_\_\_

### 5. What is the purpose of your investment? (Only one of the options can be selected)

For private persons:

- Pension saving  
  Short-term saving  
  Saving on behalf of close family/others  
  Other long-term saving  
 Other, please specify: \_\_\_\_\_

For entities:

- Pension saving  
  Management of excess liquidity  
  Security trading is included in the company's operations  
 Foundation/charity management  
  Other, please specify: \_\_\_\_\_



## D

### Politically Exposed Person (PEP) NB: Selection required

**1. For private persons:** Are you or have you been entrusted with a prominent function, or are you an immediate family member or close associate of such a person\*?

**2. For entities:** Are persons who act on behalf of the company / given the right to dispose of the account, the beneficial owner (persons listed under point E), as well as close family members or known employees of these to be regarded as PEP?

No

Yes, please specify (both name and relation must be stated): \_\_\_\_\_

For more information about PEP, please refer to Art. 3 (9) AML4 Directive (EU) <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32015L0849&from=EN>

### FATCA status NB: Selection required

I hereby certify that I am not a U.S. citizen

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## E

### Information about beneficial owners

If you execute the transaction on behalf of a legal person please fill in the fields below if there are any natural persons who directly or indirectly, alone or together with close family, owns or controls more than 25% of the company:

Beneficial Owner No. 1			
Social Security Number*:	Last name*:	First name*:	
Address*:	Postal code & City*:	Ownership in %:	Voting rights in %:
Politically exposed person (PEP)*: <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	Citizenship*:	Double citizenship (if applicable):	
Place of birth*:	Date of birth*:	Sex*:	

### Information with respect to all countries of residence for tax purposes of the Beneficial Owner:

Country of Tax Residence\*: \_\_\_\_\_ Taxpayer Identification Number (TIN)/equivalent:  Country does not issue TIN/equivalent

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### Information with respect to U.S. citizenship

The Beneficial Owner is not a U.S. citizen

The Beneficial Owner is a U.S. citizen

\*Mandatory fields

Beneficial Owner No. 2			
Social Security Number*:	Last name*:	First name*:	
Address*:	Postal code & City*:	Ownership in %:	Voting rights in %:
Politically exposed person (PEP)*: <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	Citizenship*:	Double citizenship (if applicable):	
Place of birth*:	Date of birth*:	Sex*:	

### The art of common sense

Historical returns are no guarantee for future returns. Future returns will depend, inter alia, on market developments, the fund manager's skill, the fund's risk profile and management fees. The return may become negative as a result of negative price developments.

## E Information with respect to all countries of residence for tax purposes of the Beneficial Owner:

Country of Tax Residence\*: \_\_\_\_\_ Taxpayer Identification Number (TIN)/equivalent: \_\_\_\_\_  Country does not issue TIN/equivalent

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## Information with respect to U.S. citizenship

- The Beneficial Owner is not a U.S. citizen  
 The Beneficial Owner is a U.S. citizen

\*Mandatory fields

## F Personal Information

We process personal data in order to establish and manage your customer relationship with Storebrand Asset Management AS and determine the correct terms for your agreement. The personal information you have provided to Storebrand is necessary for us to be able to administer your customer relationship with us and fulfil the terms of the agreement. Your personal ID number is necessary for secure identification and correct reporting to public authorities. When we provide investment services, we are required to make audio recordings of all telephone conversations and document other customer communications, such as email and chat. We store the information as long as you are a customer with us. The information is deleted when we no longer have obligations under this agreement or other regulations. You can read more about your rights, such as the right to access, correct and delete information, in our privacy policy on [www.storebrand.no/en/security-and-privacy/data-protection](http://www.storebrand.no/en/security-and-privacy/data-protection). Storebrand Asset Management AS via its managing director is responsible for processing personal data. If you have questions about the processing of personal data, you can send an e-mail to Storebrand's data protection officer: [personvernombud@storebrand.no](mailto:personvernombud@storebrand.no).

Storebrand consists of various companies that provide services within savings, insurance and banking. Storebrand can use information about me across the companies, to provide me with the best possible customer service, customised product recommendations and offers. The information is shared only between the companies in Storebrand. Consent can be withdrawn on my customer profile on [skagenfondene.no](http://skagenfondene.no).

- Yes  No

## G Signing

Your client relationship is with Storebrand Asset Management AS. The undersigned hereby confirms that I have examined and accepted the contents of the fund's PRIIPs KID/UCITS KIID, Storebrand Asset Management AS' General Commercial Terms as well as the conditions set out in this form (3 pages). I hereby authorise Storebrand Asset Management AS to make the PRIIPs KID/UCITS KIID available to me on [www.skagenfunds.com](http://www.skagenfunds.com). The General Commercial Terms can be found here: [www.skagenfunds.com/globalassets/pdfs/general-commercial-terms/general-commercial-terms-english.pdf](http://www.skagenfunds.com/globalassets/pdfs/general-commercial-terms/general-commercial-terms-english.pdf).

Access to the institutional unit classes are subject to certain on-going conditions being met, ref. the Prospectus. Failure to fulfil the conditions will result in Storebrand Asset Management AS switching the holding to another unit class for which conditions are met.

By signing this form I/we confirm that the account holder/beneficial owner(s) is/are not resident in the United States.

**For entities:** For persons carrying out transactions on behalf of the entity, all fields below must be filled in. In addition a certified copy of valid identification for the person(s) signing this form must be attached (if not provided earlier).

Name*:	Social Security Number*:	
Place of birth*:	Date of birth (dd.mm.yyyy)*:	Sex*:
Address*:	Postal code & City*:	
Place & Date*:	Signature*:	

Name*:	Social Security Number*:	
Place of birth*:	Date of birth (dd.mm.yyyy)*:	Sex*:
Address*:	Postal code & City*:	
Place & Date*:	Signature*:	

\*Mandatory fields

Please return the form either by post to SKAGEN Funds, P.O. Box 160, N-4001 Stavanger, Norway, or by e-mail to [contact@skagenfunds.com](mailto:contact@skagenfunds.com)

### Internet portal "My Page"

As a client you may use the web portal My Page. The portal provides tailored information and reports on your holdings in SKAGEN Funds. You may also use the service to check the number of units registered with your account.

To access My Page you will need a user name and a password. Your user name is your email address registered with us. The first time you log on to the My Page portal, you must register as a new user in order to obtain a password. You register by clicking on the Register as user link. You will then order a one-time code/one-time password which will be sent to you immediately by email.

## Costs

There are no costs related to the subscription or redemption of units in SKAGEN Funds. For further cost information for the countries in which SKAGEN Funds are authorised to be marketed, please visit [www.skagenfunds.com](http://www.skagenfunds.com).