

Aviva Investors Investment Solutions

Société d'Investissement à Capital Variable (SICAV)



1. Account Holder *Print clearly in BLOCK LETTERS using dark ink.*

| | |
|----------------------------------------------|--------------------------|
| Entity Name | |
| Date of Incorporation/Inception (DD/MM/YYYY) | Country of Incorporation |
| Name of Register | Registration Number |

ENTITY TYPE

| | | |
|-----------------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Bank/Financial Institution | <input type="checkbox"/> Pension Vehicle | <input type="checkbox"/> Institutional/Other |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Foundation/Charity/NGO | <i>Specify below.</i> |
| <input type="checkbox"/> Public Sector Organisation | <input type="checkbox"/> Trust/Legal Arrangement | Type of Institution or Other Entity |
| <input type="checkbox"/> Investment Fund | | |

REGISTERED ADDRESS *Cannot be a post box or "in care of" address.*

| | |
|---------------|---------|
| Address | |
| City/Postcode | Country |

MAILING ADDRESS Same as registered address

| | |
|---------------|---------|
| Address | |
| City/Postcode | Country |

CONTACT PERSON

| | |
|---------------------------------------------------|-------------------------------------------------|
| Company name | |
| Name | |
| E-mail | Position |
| Phone ▶ <i>with local and international codes</i> | Fax ▶ <i>with local and international codes</i> |

ACCOUNT LABEL *Provide a designation for the account to be known as.*

| |
|-----------------------------------------------|
| Designation ▶ <i>letters and numbers only</i> |
|-----------------------------------------------|

ORIGIN OF MONIES BEING INVESTED

Funds used for subscription are coming from:

| | |
|--------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Transfer from existing fund manager | <input type="checkbox"/> Other <i>Specify below.</i> |
| <input type="checkbox"/> Cash | |

Useful to Know

You must complete all sections or we will not be able to open your account.

Provide all information and attachments as indicated, read all terms, then date and sign.

We will notify you when your account is operational and, if you submitted your initial investment with your application, when that investment transaction has been processed.

We may ask for additional information and documentation. Your account might not be opened (nor will you be able to receive distributions or redemption proceeds) until we have your original application and all other material we consider necessary.

You must notify us within 7 days of any change to any representations made on this application.

Questions?

Phone: +352 2605 9328

Fax: +352 2460 9918

Email: csaviva@rbc.com

PREFERENCES

Preferred statement currency:

Share class currency *Default.* Other *Specify below.*

Preferred method of receiving communications:

Email *Complete "Email instructions" below.* SWIFT *Provide code.* Fax *Provide number.*

SWIFT Code or Fax Number

Email instructions:

Send the following by email:

Account statements Other *Specify below.*

Contract notes

Trailer fee statements

Email to:

Above-named contact person only

Above-named contact person and recipients named below *No more than 4 persons total.*

Recipients named below *No more than 4 persons.*

| | |
|------|-------|
| Name | Email |
| | |
| Name | Email |
| | |
| Name | Email |
| | |
| Name | Email |
| | |

EXPECTED FREQUENCY OF TRADING *Required information.*

Single transaction Monthly Annually

Daily Quarterly Ad hoc

Weekly Semi-annually

EXPECTED INVESTMENT AMOUNT *Required information. For investments in other currency, indicate equivalent in EUR.*

Financial institutions acting on behalf of a third party:

Less than EUR 1 million annually Less than EUR 1 million per transaction Not yet known

More than EUR 1 million annually More than EUR 1 million per transaction

Banks/financial institutions, corporations, public sector organisations, investment funds, pension vehicles, foundations/charities/NGOs, or trusts/legal arrangements investing on their own behalf:

Less than EUR 1 million per transaction EUR 10 - 50 million per transaction

EUR 1 - 10 million per transaction More than EUR 50 million per transaction

Other types of investors investing on their own behalf:

Less than EUR 1 million per transaction EUR 1 - 10 million per transaction More than EUR 10 million per transaction

2. Beneficial Owner(s)

INVESTOR STATUS OF THE BENEFICIAL OWNER(S) *Required information.*

The beneficial owner(s) is/are **not** a US or Canadian person, as defined in the prospectus The beneficial owner(s) is/are a Canadian person, and qualifies(y) as both an accredited investor and a permitted client

ACCOUNT HOLDER OWNERSHIP STATUS

The account holder is:

Investing on its own behalf and is:

A listed entity *Provide exchange information below, then proceed to section 3.*

| |
|---------------------------------|
| Stock Exchange Name and Country |
|---------------------------------|

Not a listed entity

A distributor investing:

For undisclosed beneficial owners through an omnibus account a custody account

On behalf of one or more third party beneficial owner(s) *Specify below.*

| | |
|--------------------------|--------------------------------------------------------------|
| Name of beneficial owner | Type of Investor (individual, corporate, pension fund, etc.) |
| Name of beneficial owner | Type of Investor (individual, corporate, pension fund, etc.) |
| Name of beneficial owner | Type of Investor (individual, corporate, pension fund, etc.) |

ULTIMATE BENEFICIAL OWNER(S) *Provide details of all owners or controllers or, if none, senior managing officials, as defined below. If more than four individuals, provide additional data in an attachment. Include parties to a trust, such as trustee(s), settlor(s), beneficiary(ies) and protector(s).*

25%+ Beneficial Owner/Controller *A natural person who, directly or indirectly, ultimately owns or controls more than 25% of shareholdings or voting share capital.*

Other Controller *A natural person exercising ultimate effective control over the entity through other means.*

Senior Managing Official *A natural person exercising control over the daily business of the entity through a senior management position, such as Director, Chief Executive Officer (CEO), Chief Financial Officer (CFO), Managing or Executive Director, or President or Chairman.*

| | | | |
|--------------------|-----------------------------|------------|-------------------------------------------|
| Full Name | Government-issued ID number | Type of ID | Date of Birth (DD/MM/YYYY) |
| Nationality(ies) | City and Country of Birth | | |
| Registered Address | | | Role <i>Senior Managing Official only</i> |

25%+ Beneficial Owner/Controller Other Controller Senior Managing Official

| | | | |
|--------------------|-----------------------------|------------|-------------------------------------------|
| Full Name | Government-issued ID number | Type of ID | Date of Birth (DD/MM/YYYY) |
| Nationality(ies) | City and Country of Birth | | |
| Registered Address | | | Role <i>Senior Managing Official only</i> |

25%+ Beneficial Owner/Controller Other Controller Senior Managing Official

| | | | |
|--------------------|-----------------------------|------------|-------------------------------------------|
| Full Name | Government-issued ID number | Type of ID | Date of Birth (DD/MM/YYYY) |
| Nationality(ies) | City and Country of Birth | | |
| Registered Address | | | Role <i>Senior Managing Official only</i> |

25%+ Beneficial Owner/Controller Other Controller Senior Managing Official

| | | | |
|--------------------|-----------------------------|------------|-------------------------------------------|
| Full Name | Government-issued ID number | Type of ID | Date of Birth (DD/MM/YYYY) |
| Nationality(ies) | City and Country of Birth | | |
| Registered Address | | | Role <i>Senior Managing Official only</i> |

3. Tax Status of Account Holder Required information. See also tax status representations in Section 7.

TAX RESIDENCY *Indicate all countries in which the account holder is a resident for tax purposes, plus the associated Tax Identification Numbers.*

| | |
|-------------------------------|-----------------------------------------------------------------------------------------------------|
| Main Country of Tax Residency | Tax ID Number <input type="checkbox"/> Not applicable ▶ <i>provide reason</i> |
| Other Countries | Tax ID Number(s) of Other Countries <input type="checkbox"/> Not applicable ▶ <i>provide reason</i> |

FATCA CLASSIFICATION

Financial Institution (FI) with a Global Intermediary ID Number (GIIN) *Provide GIIN and indicate category below.*

| |
|------|
| GIIN |
|------|

- | | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Registered Deemed Compliant FI <i>Includes Reporting Model 1 Financial Institutions.</i> | <input type="checkbox"/> Participating Foreign FI <i>Includes Reporting Model 2 Financial Institutions.</i> |
| | <input type="checkbox"/> Sponsored Investment Entity or Controlled Foreign Corporation |

Financial Institution (FI) without a GIIN

Entity is not able to, or does not need to, provide a GIIN because it is:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Waiting to receive a GIIN for which it has applied <i>Indicate entity's category in "Financial Institution (FI) with a Global Intermediary ID Number (GIIN)" above.</i> | <input type="checkbox"/> A Certified Deemed Compliant FI or Non-Reporting FI |
| <input type="checkbox"/> An Excepted Foreign FI | <input type="checkbox"/> A Non-Participating FI |

Non-Financial Foreign Entity (NFFE)

| |
|-----------------------|
| Direct Reporting NFFE |
| GIIN |

- | | |
|--------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Exempt Beneficial Owner | <input type="checkbox"/> Active NFFE |
| | <input type="checkbox"/> Excepted NFFE |
| | <input type="checkbox"/> Passive NFFE |

CRS CLASSIFICATION

Financial Institution (FI)

- | | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Reporting FI that is not an Investment Entity | |
| <input type="checkbox"/> Non-Reporting FI <i>Indicate type.</i> | |
| <input type="checkbox"/> Governmental Entity | <input type="checkbox"/> Pension Fund of Governmental Entity |
| <input type="checkbox"/> International Organization | <input type="checkbox"/> Qualified Credit Card Issuer |
| <input type="checkbox"/> Central Bank | <input type="checkbox"/> Exempt Collective Investment Vehicle |
| <input type="checkbox"/> Broad Participating Retirement Fund | <input type="checkbox"/> Trust whose trustee is a Reportable FI and reports all information required under CRS |
| <input type="checkbox"/> Narrow Participating Retirement Fund | |
| <input type="checkbox"/> Financial Institution resident in a Non-Participating Jurisdiction <i>Indicate type.</i> | |
| <input type="checkbox"/> Investment Entity managed by another FI <i>Provide details of each Controlling Person in Section 4.</i> | <input type="checkbox"/> Other, including a Depository Institution, Custodial Institution or Specified Insurance Company |
| <input type="checkbox"/> Other Investment Entity | |

Non-Financial Entity (NFE) — Active

- | | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Corporation that is regularly traded or an affiliate of such a corporation | <input type="checkbox"/> International Organisation |
| <input type="checkbox"/> Governmental Entity or Central Bank | <input type="checkbox"/> Other |

Non-Financial Entity (NFE) — Passive

- Passive NFE *Provide details of each Controlling Person in Section 4.*

4. CRS Controlling Person(s) Complete this section only if you ticked "Investment Entity managed by another FI" or "Passive NFE" in the CRS section above. CRS "Controlling Person(s)" means any natural person who, directly or indirectly, owns or controls more than 25% of the account holder or, if there is no such individual, the individual who is a senior managing (or controlling) official. This includes joint shareholders, minor holders and legal representatives. If there are more than four controlling persons, provide complete data in an attachment.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------|
| Full Name ▶ if listed in section 2 provide name and tax info only <input type="checkbox"/> 25%+ Owner <input type="checkbox"/> Senior Managing Official <input type="checkbox"/> Other | | Date of Birth (DD/MM/YYYY) |
| City and Country of Birth | Country(ies) of Tax Residency and Respective TINs <input type="checkbox"/> Not Applicable ▶ provide reason | |
| Residential Address | | |

For trusts only: controlling person is a Settlor Beneficiary Trustee Protector

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------|
| Full Name ▶ if listed in section 2 provide name and tax info only <input type="checkbox"/> 25%+ Owner <input type="checkbox"/> Senior Managing Official <input type="checkbox"/> Other | | Date of Birth (DD/MM/YYYY) |
| City and Country of Birth | Country(ies) of Tax Residency and Respective TINs <input type="checkbox"/> Not Applicable ▶ provide reason | |
| Residential Address | | |

For trusts only: controlling person is a Settlor Beneficiary Trustee Protector

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------|
| Full Name ▶ if listed in section 2 provide name and tax info only <input type="checkbox"/> 25%+ Owner <input type="checkbox"/> Senior Managing Official <input type="checkbox"/> Other | | Date of Birth (DD/MM/YYYY) |
| City and Country of Birth | Country(ies) of Tax Residency and Respective TINs <input type="checkbox"/> Not Applicable ▶ provide reason | |
| Residential Address | | |

For trusts only: controlling person is a Settlor Beneficiary Trustee Protector

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------|
| Full Name ▶ if listed in section 2 provide name and tax info only <input type="checkbox"/> 25%+ Owner <input type="checkbox"/> Senior Managing Official <input type="checkbox"/> Other | | Date of Birth (DD/MM/YYYY) |
| City and Country of Birth | Country(ies) of Tax Residency and Respective TINs <input type="checkbox"/> Not Applicable ▶ provide reason | |
| Residential Address | | |

For trusts only: controlling person is a Settlor Beneficiary Trustee Protector

5. Transactions and Dividends

BANK ACCOUNT

If you intend to use one bank account for all transactions (subscriptions, dividends, redemptions), provide information about that account below. If more than one bank account is involved, attach account information and instructions on a separate sheet.

| | | |
|----------------------------------------------------------------|-------------------------------------|----------|
| Beneficial Owner ▶ must be same as Account Holder in Section 1 | Bank Account Number/IBAN | Currency |
| Bank Name | Bank Address ▶ cannot be a post box | |
| Bank City/Postcode | Bank Country | |
| BIC, SWIFT, ABA, SORT Code | | |

HANDLING OF DIVIDENDS

- Reinvest in same class and sub-fund
- Pay to bank account (either the account identified above or as specified on an attached sheet)

CURRENCY CODES FOR REDEMPTIONS *Provide BOTH codes indicated for each currency in which you intend to request payment.*

| | | | |
|-----|------------|-----|------------|
| AUD | SWIFT | NOK | SWIFT |
| | ABA/Wire | | CHAPS/BACS |
| CAD | SWIFT | NZD | SWIFT |
| | ABA/Wire | | CHAPS/BACS |
| CHF | SWIFT | SEK | SWIFT |
| | ABA/Wire | | CHAPS/BACS |
| EUR | SWIFT | SGD | SWIFT |
| | ABA/Wire | | CHAPS/BACS |
| GBP | SWIFT | USD | SWIFT |
| | ABA/Wire | | CHAPS/BACS |
| JPY | SWIFT | | SWIFT |
| | CHAPS/BACS | | Other |

6. Authorisations

CHANGES TO ACCOUNT REGISTRATION

Changes to the registration of this account, and to any bank information associated with this account, require:

- One authorised signature
- Two authorised signatures
- Special instructions *Attach copy of instructions.*

POWER OF ATTORNEY

Providing information will authorise an individual or entity to place trades on this account on the account holder’s behalf (including subscriptions, switches, redemptions).

| | |
|------|-------|
| Name | Email |
| Name | Email |
| Name | Email |
| Name | Email |
| Name | Email |

7. Account Holder Signature(s) and Date Read these terms, then sign below.

By signing below, you make this contract legally binding, and you also state, acknowledge and agree as follows:

- You acknowledge and accept all provisions and disclosures contained or referenced in this account opening form and the Privacy Notice that relate to the processing of personal data, in particular those in "INFORMATION ABOUT DATA PROTECTION" following Section 8 of this form, and you have received or been given easy access to the Privacy Notice, a current version of which is available at avivainvestors.com/en-lu/institutional/site-information/privacy-policy.html.
- You have received, read and understood the relevant prospectus(es) and Key Investor Information Document(s), including the information about costs and risks, voting rights, complaints, conflicts of interest, best execution, inducements to intermediaries, and governing law.
- You understand and accept the terms and conditions of this investment as described in the above documents and in this application.
- Your account will not be opened until you have provided all required information on this application and we have received all materials we consider necessary (including any required third party documentation) and are satisfied that they are complete, correct and authentic.
- No current and future investment monies originate from criminal activities in the meaning of the anti-money laundering and terrorist financing laws and regulations of Luxembourg, or from proceeds from aggravated tax avoidance, swindle or fraud.
- If an application is rejected in whole or in part, the Fund will return the application monies or the balance by bank transfer at your expense.
- We may reject any request to buy Shares, whether for an initial or additional investment, for any reason.
- These Shares are not registered for sale in the United States, and no US person, as defined in the prospectus, can purchase them.
- You declare that the shares are not being applied for or acquired directly or indirectly or on behalf of a US Person as defined in the prospectus.
- All requests for transactions will be processed based on when the request is accepted for processing, as described in the prospectus, and not according to any other information or event.
- Commissions may only be paid in accordance with local regulation.
- By providing email or fax information, either in this application or otherwise, you agree to receive fund documentation (such as prospectuses, KIIDs and annual and semi-annual reports) electronically unless you subsequently opt out (which you may also do electronically).
- The account holder's ownership and tax structure were not established to facilitate any tax avoidance, swindle or fraud, and, along with the account holder itself, are declared where required and comply with local and international legal and regulatory requirements.
- If there is any change in the tax residency status of the account holder or the beneficial owner, you will notify us of the change within 30 days of when it occurred and will provide the transfer agent with an updated self-certification and declaration within 45 days of when it occurred.
- For changes in any other type of information provided in this application (including all attachments other than the Subscription/Redemption Form), you will notify us of the change within 7 days of when it occurred.
- All of the information in this form is truthful, correct and complete, and you have the authority to sign this application.
- You are aware that any false representation in these matters could lead to penalties or other adverse actions against you.
- Terms that have specific meanings in the prospectus carry those same meanings here.

AUTHORISED SIGNATORY(IES) FOR APPLICANT(S) Read the terms on the previous page, then sign below. BE SURE YOU HAVE TICKED ALL REQUIRED BOXES AND PROVIDED ALL NECESSARY INFORMATION.

| | |
|-------------------|-------|
| Name | |
| Title | |
| Date (DD/MM/YYYY) | Place |
| Signature | |
| X | |

| | |
|-------------------|-------|
| Name | |
| Title | |
| Date (DD/MM/YYYY) | Place |
| Signature | |
| X | |

8. Intermediary Certification Required if account holder is investing on behalf of a third party.

Has the account holder given, or will it give, financial advice to the third party?

- Yes The account holder is eligible for a commission.
- No The account holder may be prohibited from receiving a commission.

By signing at right, the individual signing represents that all of the following are true:

- The account holder is acting as an intermediary for the third party indicated in Section 2.
- The account holder has verified the identity of the third part(ies) consistent with the anti-money laundering and terrorist financing laws and regulations of Luxembourg or equivalent.
- The account holder has read and reviewed the prospectus and the KIIDS of the Fund.

- The account holder has documentation to support the third party identification and can produce it on demand.
- The individual is authorised to sign this form on behalf of the account holder.

| | |
|----------------------------------------------------------|-------------------|
| Name of Person Signing for Intermediary (Account Holder) | |
| Title | Date (DD/MM/YYYY) |
| Signature (in this box) and Stamp (below) | |
| X | |

Submitting this Form

REVIEW THE COMPLETED FORM AND VERIFY DOCUMENT SUITABILITY

For this application and all attachments, you must submit originals or certified copies. Documents that are not in English, German or French must be translated into one of those languages by a certified translator, and must be certified as being a true translation or copy by an embassy, consulate, solicitor, licensed lawyer or a notary (empowered public authority), or by a bank regulated in a jurisdiction that has implemented AML/CTF regulations that are equivalent, under Luxembourg law, to Luxembourg standards. The certification must show the official stamp of the authority, the date, and the name, signature and, if possible, position of the representative. Our requirements may differ depending on the status and location of the corporate entity.

MAKE SURE ALL NECESSARY DOCUMENTS ARE INCLUDED

- Application form bearing original signature(s).
- All documents required by the RBC Investors Services Bank S.A. Customer Services Department.
- If you want to make your initial subscription now, a Subscription/Redemption Form.

Email completed application and attachments, then follow up by mailing the originals

Email to

csaviva@rbc.com

Mail to

RBC Investors Services Bank S.A.
Attn: Aviva Investors
14, Porte de France
L-4360 Esch-sur-Alzette, Luxembourg

Questions

+352 2605 9328
csaviva@rbc.com

INFORMATION ABOUT DATA PROTECTION

Personal Information

We collect and use personal information about you so that we can provide you with your investment. This notice explains the most important aspects of how we use your information but you can get more information about the terms we use and view our full privacy policy at avivainvestors.com/en-lu/site-information/privacy-policy/ or request a copy by writing to us at the address stated in the "Contacting Us" section below.

The data controller(s) responsible for this personal information is Aviva Investors Investment Solutions (the "Fund") and Aviva Investors Luxembourg S.A. (the "Controllers").

Personal information we collect and how we use it

We process your personal data:

- to set up and administer your investment,
- to support legitimate interests that we have as a business: we need this to detect and prevent fraud and to help us better understand our customers and improve our customer engagement,
- to meet any applicable legal or regulatory obligations: we need this to meet compliance requirements with our regulators (e.g. Commission de Surveillance du Secteur Financier), to comply with law enforcement, to comply with anti-money laundering and to manage legal claims; and

We may also use personal information about other people. This may include individuals who are authorised to act on your behalf, for example, an attorney or (in the case of a corporate investor) individuals who work for or otherwise represent you. **If you are providing information about another person we expect you to ensure that they know you are doing so and are content with their information being provided to us. You might find it helpful to show them this privacy notice and if they have any concerns please contact us in one of the ways described below.** The personal information we collect and use will include name, address, date of birth and financial information and all the personal information that you have provided in this account opening form. Of course, you don't have to provide us with any personal information, but if you don't provide the information we may not be able to proceed with setting up your investment.

Some of the information we collect as part of this application will be provided to us by third parties and this can include information already held about you within the Aviva group, information we obtain from publicly available records, our trusted third parties and from industry databases, including fraud prevention agencies and databases.

We do not currently make any decisions based on automatic decision making using your personal information to decide whether we can provide an investment. If in the future we need to make decisions based on automatic decision making, we will inform you about this.

How we share your personal information with others

We may share your personal information:

- With the Aviva group, our agents and third parties who provide services to us to help us administer our products and services including the Fund's Management Company Aviva Investors Luxembourg S.A.;
- With regulatory bodies and law enforcement bodies, including the police, e.g. if we are required to do so to comply with a relevant legal or regulatory obligation; including fraud prevention and detection.

Some of the organisations we share information with directly or indirectly may be located outside of the European Economic Area ("EEA"). We'll always take steps to ensure that any transfer of information outside of Europe is carefully managed to protect your privacy rights. For more information on this, see our privacy policy at avivainvestors.com or contact us.

How long we keep your personal information for

We maintain a retention policy to ensure we only keep personal information for as long as we reasonably need it for the purposes explained in this notice. We need to keep information for the period necessary to administer your investment and deal with any queries on your investment. We may also need to keep information after our relationship with you has ended, for example to ensure we have an accurate record in the event of any complaints or challenges, carry out relevant fraud checks, or where we are required to do so for legal, regulatory or tax purposes.

Your rights

You have various rights in relation to your personal information, including the right to request access to your personal information, correct any mistakes on our records, erase or restrict records where they are no longer required, object to use of personal information where this use is based on our legitimate business interests. For more details in relation to your rights, including how to exercise them, please see our full privacy policy or contact us.

Contacting us

If you have any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection Officer via DPOoffice@avivainvestors.com or write to them at The Data Privacy Office, Aviva Investors (Floor 6), St Helen's, 1 Undershaft, London EC3P 3DQ

If you have a complaint or concern about how we use your personal information, please contact us in the first instance and we will attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint at any time with a supervisory authority in Luxembourg (Commission Nationale pour la Protection des Données – cnpd.lu).

ADDITIONAL DISCLOSURES

Best execution

When placing orders for transactions in portfolio investments, the Fund must comply with the obligation to act in the best interests of Shareholders. While price is typically the key consideration, the Fund may also consider any other factors that are relevant, such as incidental costs, order size, speed of execution, likelihood of execution and settlement, and efficiency of execution (including liquidity and the market impact of the order). The Fund may also consider any offer by the broker to provide research that is valuable to the Fund and would not otherwise be available as economically (or at all). Further details of the Aviva Investors Global Order Execution Policy will be provided free of charge at the written request of the Shareholder.

Complaints

The Management Company considers investor complaints a serious matter and generally sends out a response within 48 hours. If further investigation is needed, this response may be an acknowledgement of the complaint which will be followed in due course by more substantive information. Complaints can be submitted free of charge in writing to RBC Investors Services Bank S.A. or to: Aviva Investors Luxembourg, Compliance Department, 2, rue du Fort Bourbon, L-1249 Luxembourg. A detailed complaint resolution procedure is available on demand via email to csaviva@rbc.com.

Conflicts of interest

Conflicts of interest are inherent in all businesses. To safeguard investor interests, and in compliance with regulatory requirements, the Fund and the Management Company have a variety of policies, procedures and processes designed to manage conflicts of interest. This includes situations where the Management Company has an opportunity to benefit at the expense of the Fund (such as lowering its own costs while increasing costs to the Fund) or an opportunity to give preferential treatment to another investment product or client over the Fund. Should an issue arise that cannot be managed satisfactorily under the existing policies and procedures, the Management Company will disclose the issue to the Fund before taking any action.

Proxy voting policy

The Management Company strongly supports good corporate governance, as a matter of policy and of culture and attitude. This support applies to the Management Company's own operations, to the Fund, and to companies the Fund invests in.

Because good governance is a key consideration in choosing portfolio securities, the Management Company in general hopes to support company management in proxy voting. However, where the Management Company disagrees with company management, does not believe a proposal is consistent with the interest of Fund Shareholders, or simply finds that company management has not provided adequate justification of their position (such as with dilution or a departure from best practices), the Management Company does not hesitate to withhold support and oppose management. Further details of Aviva Investors' Voting Rights Policy are available to Shareholders free of charge upon request.

WAIVER

Data transmission via e-mail

The Account Holder hereby requests that the documents identified in Section 2 (the "Documents") be sent by RBC Investors Services Bank S.A. ("RBC") to the email address listed in the same section.

Should this email address become invalid or unused, the Account Holder hereby undertakes to inform RBC by registered letter with two weeks' prior written notice and to promptly provide RBC with a new email address to be used for the purpose of sending the Documents.

In addition, the Account Holder hereby expressly authorizes and instructs RBC to discontinue the sending of the Documents by fax.

The Account Holder:

- a) acknowledges that email is not a secure, confidential or prompt means of communication and recognize and accept the associated risks pertaining to the sending of the Documents despite their confidential nature by email including, without limitation, the risks of non-receipt or delay, the interruption of email communication, the interference with the integrity of the email communication, the risk of interception of e-mails and the loss of confidentiality;
- b) agrees that RBC shall not be responsible or liable for any errors and omissions or direct, indirect or consequential losses, liabilities or damages arising in any way from the use of email which may be suffered or incurred by us as a result of RBC sending us the Documents by email (except in the event of RBC's gross negligence,

fraud or willful misconduct), including, but not limited to, losses or damages resulting from us relying or acting on any Document received by e-mail from RBC, or arising from viruses or worms, or from the interception, tampering or breach of confidentiality of data or information transmitted; and

c) agrees and undertakes that we shall not make any claims or demands or take any action or start any legal proceedings against RBC for any losses or damages whatsoever that we may suffer by reason of us receiving, or not receiving, accepting and/or acting on such Documents received by email or otherwise suffered or incurred by us as a result of or in connection with the sending of the Documents by email.

Furthermore, the Account Holder acknowledges that RBC has no obligation to verify that any emails sent to or for the Account Holder are sent to a person or entity duly authorized to receive the Documents.

This waiver will enter into force as of the date and year first written above and shall remain in full force and effect until revoked or terminated by the Account Holder by way of one month prior written notice sent to RBC by way of registered letter.

This waiver is governed by and shall be construed in accordance with Luxembourg law. The courts of the City of Luxembourg shall have exclusive jurisdiction in respect of any dispute arising out of or in connection with this waiver.

Subscription/Redemption Form

For the relevant prospectus(es) and KIID(s) and for a list of the sub-funds and share classes available in your jurisdiction, go to avivainvestors.com



1. Account Holder Print clearly in BLOCK LETTERS using dark ink.

| | |
|--------------------------------------------|------------------------------------------------------------|
| Entity Name | |
| Contact Person Name | Contact Person Email |
| Phone ▶ with local and international codes | Fax ▶ with local and international codes |
| Account Name and Entity Type | iFAST Account Number ▶ may be anywhere from 4 to 12 digits |

2. Transactions Initial transactions will be executed ONLY after the KYC/AML process is completed. Specify currency plus amount OR specify share quantity, but not both. Check the prospectus to make sure the switch you are requesting is permissible. The Fund converts payments received in other currencies at the Investor's cost and risk. Beyond 12 switches in a calendar year we may assess an administration charge.

Subscribe Redeem Switch out of Provide "switch into" information in next listing.

| | | |
|----------|--------|------------------|
| Sub-fund | Class | ISIN |
| | | LU |
| Currency | Amount | Number of Shares |
| | | OR |

Subscribe Redeem Switch into Sub-fund MUST be within the same vehicle.

| | | |
|----------|--------|------------------|
| Sub-fund | Class | ISIN |
| | | LU |
| Currency | Amount | Number of Shares |
| | | OR |

Subscribe Redeem Switch out of Provide "switch into" information in next listing.

| | | |
|----------|--------|------------------|
| Sub-fund | Class | ISIN |
| | | LU |
| Currency | Amount | Number of Shares |
| | | OR |

Subscribe Redeem Switch into Specify transaction value for either fund, but not both.

| | | |
|----------|--------|------------------|
| Sub-fund | Class | ISIN |
| | | LU |
| Currency | Amount | Number of Shares |
| | | OR |

3. Authorised Signature(s) You must tick one box and sign or we cannot process your request. If you sign and submit this form separately from the Account Opening Form, you indicate by your signature that you acknowledge and accept the terms in the Account Opening Form, including those in Section 7.

Each applicable KIID was made available to me/us via provision of an electronic link as a paper document

| |
|-----------|
| Name |
| Title |
| Signature |

| |
|-----------|
| Name |
| Title |
| Signature |

Transfer Information



EUR

Correspondent Bank

JP Morgan AG, Frankfurt (CHASDEFX)

Beneficiary Bank

J.P. Morgan Bank Luxembourg S.A.
(CHASLULX)

IBAN

LU66 0670 0065 5020 6863

Account Name

AI Invest Solutions SICAV EUR Coll

SGD

Correspondent Bank

Overseas Chinese Banking Corporation
(OCBCSGSG)

Beneficiary Bank

J.P. Morgan Bank Luxembourg S.A.
(CHASLULX)

IBAN

LU49 0670 0065 5020 6878

Account Name

AI Invest Solutions SICAV SGD Coll

GBP

Correspondent Bank

JP Morgan Chase Bank, London
(CHASGB2L)

Beneficiary Bank

J.P. Morgan Bank Luxembourg S.A.
(CHASLULX)

IBAN

LU06 0670 0000 6552 2621

Account Name

AI Invest Solutions SICAV GBP Coll

Sort Code

60 84 04

USD

Correspondent Bank

JP Morgan Chase Bank, New York
(CHASUS33)

Beneficiary Bank

J.P. Morgan Bank Luxembourg S.A.
(CHASLULX)

IBAN

LU44 0670 0065 5020 6871

Account Name

AI Invest Solutions SICAV USD Coll