

Discretionary Managed Account Opening Form for Clients of Intermediaries (Full Reliance)

For Individuals, Joint Accounts, Children's Accounts, Pension Accounts & Approved Retirement Funds

RBC Brewin Dolphin Ireland

HELPING US DELIVER THE BEST POSSIBLE SERVICE

Before providing this service for your client (or the "Investor"), we need to confirm your instructions as to the Risk Category of portfolio management that should be applied to this account and within which we will manage the associated investments. This form has also been designed to provide us with certain background information (such as any specific instructions as to moral or ethical investing) and, as a consequence, will help us deliver our services. Before completing this form, the Intermediary should undertake an assessment of the suitability of RBC Brewin Dolphin's services for the Investor.

Thank you for taking the time to complete and return it to us. If you have any questions while completing the form, your Investment Manager will be pleased to help.

If you would prefer to complete a copy in large print, please ask your Investment Manager for one.

COMPLETING THIS ACCOUNT OPENING FORM

Please print in CAPITALS throughout this form and mark appropriate boxes with an X.

All sections of this form should be fully completed, however, where a section is not applicable to your circumstances please insert N/A or '0'.

This account opening form may be used for Discretionary Managed accounts only.

SECTION 1: PERSONAL DETAILS

Type of Service

Please select the service type this application is for

Discretionary

Personal Portfolio

Pension

Approved Retirement Fund

Type of Account

Individual Account Please specify whether Joint Tenants or Tenants in common if applicable:

Account for a Minor Joint Tenants (on death of one account holder the total portfolio passes to the survivor)

Tenants in common Please specify percentage, if Tenants in common.

Tenants in common - on the death of one, their portion goes to

their estate and not the survivor.

First Account Holder % Second Account Holder 9

Note: Accounts cannot be opened in the name of a minor, but if operated on behalf of a minor they may be designated as such. We can accept instructions from either or both joint account holders, please refer to our Retail Client Terms and Conditions.

Individual/First Account Holder

Mr Mrs Miss Ms Other If Other, please state below

Other

First Name*

Middle Name(s) (if any)

Surname

Date of Birth

*Please align first given name with formal documentation (e.g., passport or equivalent)

Individual/First Account Holder Current Residential Address

House Name/Number

Street/Road

City/Town

County

Postcode

Country

Individual/First Account Holder Employment Details

What is your current or former profession or occupation?

Job Title

Employment Status/

Profession

Current/Previous Employer

Individual/First Account Holder Additional Details

| PPS/NI/TIN Number | Reason if no PPS/NI/TIN Number |
|-------------------|--------------------------------|
| | |
| | |
| | |

Individual/First Account Holder Contact Details

Mobile

Email

SECTION 1: PERSONAL DETAILS (CONTINUED)

Nationality Information

The definition of nationality in the context of completing this form is: the country on your passport or passports (for multi-national). Instructions:

- Please provide all of the required details for each of your nationalities in this section, using the "Nationality Reference Table" included within this form
- For all persons with a UK nationality please provide your Passport Number.
- For certain nationalities (e.g. France) you do not need to provide any identifier. In this scenario, just specify "not required".
- If you have not applied for, or have not been assigned the requested identifier for any of your nationalities, you must declare this by marking the identifier column as "not available" and you will be contacted by your Investment Manager, if necessary.

| marking the identifier colu | ımn as "not a | available" and you will | be contacted by your Investment | Manager, if necessary. |
|----------------------------------|---------------|---------------------------|---|--|
| Nationality 1 | | | | |
| Primary Identifier Type: | | | Primary Identifier: | |
| Secondary Identifier Type: | | | Secondary Identifier: | |
| Nationality 2 | | | | |
| Primary Identifier Type: | | | Primary Identifier: | |
| Secondary Identifier Type: | | | Secondary Identifier: | |
| Nationality 3 | | | | |
| Primary Identifier Type: | | | Primary Identifier: | |
| Secondary Identifier Type: | | | Secondary Identifier: | |
| Individual/First Account H | lolder Addit | ional Details | _ | |
| Marital Status | | | | |
| Gender | Male | Female | | |
| Country of Birth | | | | |
| Domicile | | | | |
| Please indicate ALL countries in | n which you a | re resident for tax purpo | rent from nationality or residence. ses. If you are a US citizen, Green Car include any additional tax residences | d Holder or US resident, you must also in the table below. |
| Country of Tax Residence | у | | | |
| | | | | |
| | | | | |
| Income Tax Rate | Тор | Lower or | % | |
| | | | | |

| SECTION 1: PERSONAL DET | AILS (CONTINU | UED) | |
|---|------------------------|------------------------|------------------------------|
| Second/Joint Account Holder | | | |
| Mr M | rs Miss | Ms Other | If Other places state helpy |
| Other | 5 111155 | IVIS Other | If Other, please state below |
| First Name* | | | |
| Middle Name(s) (if any) | | | |
| Surname | | | |
| Date of Birth | | | |
| *Please align first given name with formal of | locumentation (e. g. p | passport or equivalent | t) |
| Second/Joint Account Holder Current | Residential Addres | s | |
| Same as First Account Holder | | | |
| House Name/Number | | | |
| Street/Road | | | |
| City/Town | | | |
| County | | | |
| Postcode | | | |
| Country | | | |
| Second/Joint Account Holder Employe | nent Details | | |
| What is your current or former profession of | or occupation? | | |
| Job Title Employment Status/ | | | |
| Profession | | | |
| Current/Previous Employer | | | |
| Second/Joint Account Holder Addition | al Details | | |
| PPS/NI/TIN Number | Reason if no PP | PS/NI/TIN Number | |
| | | | |
| | | | |
| | | | |
| Second/Joint Account Holder Contact | Details | | |
| Mobile | | | |
| Email | | | |
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SECTION 1: PERSONAL DETAILS (CONTINUED)

Nationality Information

The definition of nationality in the context of completing this form is: the country on your passport or passports (for multi-national).

- Please provide all of the required details for each of your nationalities in this section, using the "Nationality Reference Table" included within this form
- For all persons with a UK nationality please provide your Passport Number.
- For certain nationalities (e.g. France) you do not need to provide any identifier. In this scenario, just specify "not required".
- If you have not applied for, or have not been assigned the requested identifier for any of your nationalities, you must declare this by marking the identifier column as "not available" and you will be contacted by your Investment Manager, if necessary.

| Primary Identifier Type: Secondary Identifier: Secondary Identifier Type: Primary Identifier: Secondary Identifier Type: Primary Identifier: Secondary Identifier Type: Secondary Identifier: Secondary Identifier: Primary Identifier: Secondary | Nationality 1 | | | | | |
|--|---------------------------------|----------------|------------------|----------------|--------------------------------------|---|
| Nationality 2 Primary Identifier Type: Secondary Identifier Type: Secondary Identifier: Primary Identifier: Secondary Identifier: Primary Identifier: Secondary Identifier: | | | | | Primary Identifier: | |
| Primary Identifier Type: Secondary Identifier: Secondary Identifier: Secondary Identifier: Primary Identifier: Primary Identifier: Primary Identifier: Secondary Identifier: Se | Secondary Identifier Type: | | | | Secondary Identifier: | |
| Secondary Identifier Type: Secondary Identifier: Primary Identifier: Secondary Identifier Type: Secondary Identifier: Secondary Iden | Nationality 2 | | | | | |
| Nationality 3 Primary Identifier Type: Secondary Identifier: Secondary Identifier: Second/Joint Account Holder Additional Details Marital Status Gender Male Female Country of Birth Domicile Domicile means the country that is your permanent home which is different from nationality or residence. Please indicate ALL countries in which you are resident for tax purposes. If you are a US citizen, Green Card Holder or US resident, you must also complete and return an IRS (Internal Revenue Service) W-9 form and include any additional tax residences in the table below. Country of Tax Residency | Primary Identifier Type: | | | | Primary Identifier: | |
| Primary Identifier Type: Secondary Identifier: Second/Joint Account Holder Additional Details Marital Status Gender Male Female Country of Birth Domicile Domicile means the country that is your permanent home which is different from nationality or residence. Please indicate ALL countries in which you are resident for tax purposes. If you are a US citizen, Green Card Holder or US resident, you must also complete and return an IRS (Internal Revenue Service) W-9 form and include any additional tax residences in the table below. Country of Tax Residency | Secondary Identifier Type: | | | | Secondary Identifier: | |
| Secondary Identifier Type: Second/Joint Account Holder Additional Details Marital Status Gender Male Female Country of Birth Domicile Domicile means the country that is your permanent home which is different from nationality or residence. Please indicate ALL countries in which you are resident for tax purposes. If you are a US citizen, Green Card Holder or US resident, you must also complete and return an IRS (Internal Revenue Service) W-9 form and include any additional tax residences in the table below. Country of Tax Residency | Nationality 3 | | | | | _ |
| Second/Joint Account Holder Additional Details Marital Status Gender Male Female Country of Birth Domicile Domicile means the country that is your permanent home which is different from nationality or residence. Please indicate ALL countries in which you are resident for tax purposes. If you are a US citizen, Green Card Holder or US resident, you must also complete and return an IRS (Internal Revenue Service) W-9 form and include any additional tax residences in the table below. Country of Tax Residency | Primary Identifier Type: | | | | Primary Identifier: | |
| Marital Status Gender Male Female Country of Birth Domicile Domicile means the country that is your permanent home which is different from nationality or residence. Please indicate ALL countries in which you are resident for tax purposes. If you are a US citizen, Green Card Holder or US resident, you must also complete and return an IRS (Internal Revenue Service) W-9 form and include any additional tax residences in the table below. Country of Tax Residency | Secondary Identifier Type: | | | | Secondary Identifier: | |
| Gender Male Female Country of Birth Domicile Domicile means the country that is your permanent home which is different from nationality or residence. Please indicate ALL countries in which you are resident for tax purposes. If you are a US citizen, Green Card Holder or US resident, you must also complete and return an IRS (Internal Revenue Service) W-9 form and include any additional tax residences in the table below. Country of Tax Residency | Second/Joint Account Ho | older Additi | ional Details | | | |
| Country of Birth Domicile Domicile means the country that is your permanent home which is different from nationality or residence. Please indicate ALL countries in which you are resident for tax purposes. If you are a US citizen, Green Card Holder or US resident, you must also complete and return an IRS (Internal Revenue Service) W-9 form and include any additional tax residences in the table below. Country of Tax Residency | Marital Status | | | | | |
| Domicile means the country that is your permanent home which is different from nationality or residence. Please indicate ALL countries in which you are resident for tax purposes. If you are a US citizen, Green Card Holder or US resident, you must also complete and return an IRS (Internal Revenue Service) W-9 form and include any additional tax residences in the table below. Country of Tax Residency | Gender | Male | Female | | | |
| Domicile means the country that is your permanent home which is different from nationality or residence. Please indicate ALL countries in which you are resident for tax purposes. If you are a US citizen, Green Card Holder or US resident, you must also complete and return an IRS (Internal Revenue Service) W-9 form and include any additional tax residences in the table below. Country of Tax Residency | Country of Birth | | | | | |
| Please indicate ALL countries in which you are resident for tax purposes. If you are a US citizen, Green Card Holder or US resident, you must also complete and return an IRS (Internal Revenue Service) W-9 form and include any additional tax residences in the table below. Country of Tax Residency | Domicile | | | | | |
| | Please indicate ALL countries i | in which you a | are resident for | r tax purposes | . If you are a US citizen, Green Car | rd Holder or US resident, you must also in the table below. |
| Income Tax Rate Top Lower or % | | | | | | |
| Income Tax Rate Top Lower or % | | | | | | |
| Income Tax Rate Top Lower or % | | | | | | |
| | Income Tax Rate | Тор | Lower | or | % | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SECTION 1: PERSONAL DETAILS (CONTINUED) Minor Mr Miss Other If other, please state First Name(s) Surname Country of Birth Date of Birth Minor Current Residential Address Same as First Account Holder

House Name/Number

Street/Road

City/Town

County

Postcode

Country

Power of Attorney (Person to whom the Power of Attorney has been granted)

Have you granted a Power of Attorney that is currently in operation? Yes No If yes, please complete the appendix in section 5.

SECTION 1: PERSONAL DETAILS (CONTINUED) Origin of Funds, Source of Funds & Source of Wealth **Origin of Funds** Type Description Amount (€) Transfer from bank Transfer of assets Source of Funds* Please specify your source of funds for this investment Amount (€) Salary Investment income Proceeds of main residence Proceeds of sale of other property Business interests Gift Lottery/gambling win Variable remuneration Pension income Inheritance Compensation payment Insurance claim Other **Source of Wealth** Please specify how you have accumulated your wealth Type Description Amount (€) Salary Investment income Sale of main residence Sale of other property Business interests Gift Lottery/gambling win Variable remuneration Pension income Inheritance Compensation payment Insurance claim Other

| SECTION 2: YOUR REQUIREMENTS | | | | |
|---|------------------|---------------------|------------------|--------------|
| The following questions are designed to establish how you view your invedescribes your situation. | estments. Ple | ease select th | e statement(s) t | hat best |
| 2.1 How much capital do you have available for investment in this accou | ınt? | | | |
| Amount | | € | | |
| 2.2 Is an income required from your investments? | | | Yes | No |
| If Yes, please state the gross amount you would like them to produce each year. | | € | | |
| This is an indication of what you would like your portfolio to achieve. This is not a guarantee | of what the port | folio can or will a | achieve. | |
| 2.3 Are you dependent on this income to maintain your standard of living | g? | | Yes | No |
| 2.4 Please indicate the general purpose of the portfolio | Income | Growth | Income and (| Growth |
| 2.5 Is the portfolio to be invested to meet a specific purpose? | | | Yes | No |
| If yes, please provide details. | | | | |
| | | | | |
| | | | | |
| e.g. retirement, school fees, mortgage repayment. | | | | |
| 2.6 What is your investment time horizon? (For joint accounts this should 3-5 years 5-10 years 10+ years next generation | d be the cons | sensus reach | ed) | |
| | _ | _ | _ | _ |
| | | | | |
| 2.7 Do you have any preferences or restrictions on where your money is including any moral or ethical views? | invested, | | Yes | No |
| If yes, please provide details. | _ | _ | | _ |
| | | | | |
| | | | | |
| Any investment restriction that you may impose on our management of your portf | | | | |
| difficulty and cost of keeping permanently up to date with the underlying holdings investment products. You further understand that any such restriction set by you | | | | kaged retail |
| 2.8 If you have a specific stock you would like to avoid in this account pl | lease provide | the compan | v name(s) and/o | r Sedol |
| reference(s) (if known) below | odoc provide | e compan | y mame (e) and/e | |
| | | | | |
| | | | | |
| | | | | |
| 2.9 Please indicate below the Risk Category that has been agreed to by | the Investor(| s) | _ | _ |
| | | | | |
| Risk Category 1 | | | | |
| Risk Category 2 | | | | |
| Risk Category 4 | | | | |
| Risk Category 4 | | | | |
| Risk Category 5 | | | | |
| Risk Category 6 | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION 3: CORRESPONDENCE AND ADMINISTRATION

Tax

Tax is potentially payable on gains made from the sale of investment assets and any investment income earned. **We are not tax experts** and you should consult your personal tax adviser if you have any doubts in this area. We do not accept liability for any adverse tax liability arising from the use of our services. If you have any particular concerns please discuss these with your Investment Manager.

3.1 Tax Year End

For non Irish taxpayers please inform us of your tax year end.

Notices and communications will be sent to the individual named as the First Account Holder.

3.2 Periodic Statements

A Valuation Report will be provided quarterly. Reports may be issued more frequently if required.

Portfolios will be valued in euro, sterling or US dollars. Please indicate below your required valuation currency and frequency if not quarterly

3.3 Information for Professional Advisers and other parties

If you would like us to liaise with your professional advisers or other third parties when requested by them in relation to this account, please provide the details below.

| Do you want us to | liaise with third | parties when r | equested by | y them in relat | ion to this acc | ount? | Yes | No |
|--|-------------------|----------------|-------------|-----------------|-----------------|-------|-----|----|
| If yes, please indicat | e below: | | | | | | | |
| Tax Advisor | Accountant | Solicitors | Other | | | | | |
| Please provide contact details of relevant third party | | | | | | | | |

riease provide contact details of

Contact Name

Role

Name of Firm

Address

City/Town

Postcode

Date of Birth

Country of Birth

Email

Telephone Number

Domicile

SECTION 4: BANK DETAILS AND ASSET TRANSFERS

Primary Bank Details (This is the account income is to be paid into)

4.1 It is our policy to obtain the details of your bank account for identity verification and service delivery purposes. Please complete the following section with your bank account details even if you are not transferring the initial funds to us from this account. If you have more than one bank account for these purposes, please provide details of the additional bank accounts below.

| Account Name | | | | |
|---|-------------------------------|------------|-------------------|------------------------|
| Name of Bank | | | | |
| | | | | |
| Branch | | | | |
| Bank Account Number | | | | |
| | A a a a unit a universal unit | E | Otavlina | Other (along an acif) |
| Sort Code | Account currency | Euro | Sterling | Other (please specify) |
| IBAN number | | | | |
| BIC number | | | | |
| Bank Details | | | | |
| Account Name | | | | |
| Name of Bank | | | | |
| | | | | |
| Branch | | | | |
| | | | | |
| Bank Account Number | | | | |
| Sort Code | Account currency | Euro | Sterling | Other (please specify) |
| IBAN number | | | | |
| BIC number | | | | |
| Bank Details | | | | |
| Account Name | | | | |
| Name of Bank | | | | |
| | | | | |
| Branch | | | | |
| Bank Account Number | | | | |
| Sort Code | Account currency | Euro | Sterling | Other (please specify) |
| IBAN number | | | | |
| BIC number | | | | |
| | | | | |
| Income Instructions – please complete Section 4.2 for | Personal accounts OR | Section 4. | .3 for ARF accour | nts |

4.2 Income Instructions (Personal account)

Please complete this section on how you would like us to handle your dividends and interest, and regular payments. Note; payments will be made to the first account specified in section 4.1.

Dividend Income: RBC Brewin Dolphin to hold Pay to my bank account

Regular Income: Do you require a fixed sum paid into your bank account? Yes No

If Yes, Amount (€) Date of first payment

Frequency: Monthly Quarterly Half-yearly Yearly

SECTION 4: BANK DETAILS AND ASSET TRANSFERS (CONTINUED)

4.3 Income Instructions (ARF)

Current legislation requires that you withdraw a minimum percentage of the value of your ARF on an annual basis. Tax (including PRSI/ Universal Social Charge depending on your circumstances) applies in any tax year where you are 60 years of age or older for the whole tax year, as set out below:

- From the year you turn 61 the minimum is 4%, or
- From the year you turn 71 the minimum is 5%, or
- Where you have greater than €2 million of combined assets from your ARF and/or a vested PRSA and are aged 60 or more for the full tax year the minimum is 6%.

Any distributions taken from the ARF during the year will be deducted from the mandatory withdrawal for the purpose of calculating tax. RBC Brewin Dolphin will therefore encash 4% (61-70) or 5% (over age 70) (6% if the total value of all your ARF investments and/or your vested PRSA(s) is greater than €2 million) of your fund each November.

| Please indicate if you | require a regular o | Irawdown Yes | No | | | |
|------------------------------|---------------------|----------------|----------------|-------------------------|----------------------|------------------------|
| If yes, Amount € | | Gross | Net | | | |
| Frequency: Monthly | , Quarter | ly Halt | f-yearly | Yearly | | |
| Month of first paymen | nt | | | | | |
| We strongly recomm payments. | end that you cont | act your Accou | ntant or Tax A | viser to ensure that th | ne appropriate taxes | are deducted from your |

SECTION 5: POWER OF ATTORNEY

Power of Attorney (Person to whom the Power of Attorney has been granted)

Please note that the Anti Money Laundering Regulations require proof of identity and address documentation in respect of all named Powers of Attorney.

Please indicate below the type of Power of Attorney and attach a copy for our records.

Ordinary Enduring

| Power of Attorney (| Contact Details | 3 |
|---------------------|-----------------|---|
|---------------------|-----------------|---|

Mr Mrs Miss Ms Other If Other, please state below

Other

First Name*

Middle Name(s) (if any)

Surname

Date of Birth

House Name

House Number

Street

City/Town

County

Postcode

Country of Birth

Domicile

Mobile Telephone Number

Email address

*Please align first given name with formal documentation (e. g. passport or equivalent)

Power of Attorney Contact Details

Mr Mrs Miss Ms Other If Other, please state below

Other

First Name(s)

Surname

Date of Birth

House Name

House Number

Street

City/Town

County

Postcode

Nationality

Country of Birth

Domicile

Mobile Telephone Number

Email address

If there are further Power of Attorney details to be provided, please contact your Investment Manager, who will provide additional sheets for completion.

Nationality Information

The definition of nationality in the context of completing this form is: the country on your passport or passports (for multi-national).

- Please provide all of the required details for each of your nationalities in this section, using the "Nationality Reference Table" included within this form.
- For all persons with a UK nationality please provide your Passport Number.
- For certain nationalities (e.g. France) you do not need to provide any identifier. In this scenario, just specify "not required".
- If you have not applied for, or have not been assigned the requested identifier for any of your nationalities, you must declare this by marking the identifier column as "not available" and you will be contacted by your Investment Manager, if necessary.

| Nationality 1 | | |
|----------------------------|-----------------------|--|
| Primary Identifier Type: | Primary Identifier: | |
| Secondary Identifier Type: | Secondary Identifier: | |
| Nationality 2 | | |
| Primary Identifier Type: | Primary Identifier: | |
| Secondary Identifier Type: | Secondary Identifier: | |
| Nationality 3 | | |
| Primary Identifier Type: | Primary Identifier: | |
| Secondary Identifier Type: | Secondary Identifier: | |

Nationality Information

Please use the below table to reference all the required information for each of your nationalities as per the instructions provided.

| Country Name | Primary identifier type | Secondary identifier type |
|---------------------|--|---|
| UK | UK Passport number | Not required |
| Austria | Not required | Not required |
| Belgium | Belgian National Number (Numéro de registre national – Rijksregisternummer) | Not required |
| Bulgaria | Bulgarian Personal Number | Not required |
| Croatia | Personal Identification Number (OIB – Osobni identifikacijski broj) | Not required |
| Cyprus | National Passport Number | Not required |
| Czech Republic | National identification number (Rodné císlo) | Passport Number |
| Denmark | Personal identity code 10 digits alphanumerical: DDMMYYXXXX | Not required |
| Finland | Personal identity code | Not required |
| France | Not required | Not required |
| Germany | Not required | Not required |
| Greece | 10 DSS digit investor share | Not required |
| Hungary | Not required | Not required |
| Iceland | Personal Identity Code (Kennitala) | Not required |
| Ireland | Not required | Not required |
| Italy | Fiscal code (Codice fiscale) | Not required |
| Latvia | Personal code (Personas kods) | Not required |
| Liechtenstein | National Passport Number | National Identity Card Number |
| Lithuania | Personal code (Asmens kodas) | National Passport Number |
| Luxembourg | Not required | Not required |
| Malta | National Identification Number | National Passport Number |
| Netherlands | National Passport Number | National identity card number |
| Norway | 11 digit personal id (Foedselsnummer) | Not required |
| Poland | National Identification Number (PESEL) | Tax Number (Numer identyfikacji podatkowej) |
| Portugal | Tax number (Número de Identificação Fiscal) | National Passport Number |
| Romania | National Identification Number (Cod Numeric Personal) | National Passport Number |
| Slovenia | Personal Identification Number (EMŠO: Enotna Matiana Številka Oböana) | Not required |
| Slovakia | Personal number (Rodné Öíslo) | National Passport Number |
| Spain | Tax identification number (Código de identificación fiscal) | Not required |
| Sweden | Personal identity number | Not required |
| All other countries | National Passport Number | Not required |



Consent for Electronic Communication

1. Portal Registration

You can view up-to-date information about your investments through our BDClientView portal at https://brewindolphinireland.pershingnexusinvestor.com. To enjoy the benefits of BDClientView, we will setup an account linked to the email address provided. You will receive an email containing a link to the portal registration page.

Please note that for data security reasons and to reduce the risk of fraud, we will not create more than one BDClientView account with the same email address. For this purpose we will use the email address(s) provided in the Personal Details section.

- You may receive future notices via email, which will direct you to a secure area of the BDClientView portal through which you will be able to access formal communications such as valuations, terms and conditions, contract notes and notices. In some instances it may be necessary to send documentation to you via post at the address provided in the Personal Details section.
- You may withdraw your consent or change your email address at any time by contacting your Investment Manager.
- 2. If you do not wish to provide consent to receiving notices via electronic communication, please tick the box below:

I do not agree to RBC Brewin Dolphin communicating with me electronically for the purposes of sending formal communications, for example valuations, terms and conditions, contract notes and other formal communications, but wish to continue receiving them in paper form by post.

SECTION 6: DECLARATION AND ACCEPTANCE OF TERMS

6.1 Data Protection

The information given in this form will be handled in accordance with the provisions of all applicable data protection laws and regulations from time to time in force ("Data Protection Laws"), relating to data protection, privacy and the processing of personal data, including the General Data Protection Regulation (Regulation (EU) 2016/679) ("GDPR") which governs how we may use your personal information and provides you with certain rights in respect of your information. Please read our client privacy notice at www.brewin.ie/privacy-notice and you can also refer to our Client Terms & Conditions available at www.brewin.ie/literature-and-links.

Special Category Data

From time to time, we may collect certain special category data (including data about your health) which you provide to us over the course of our relationship. We collect and process this special category data ("special categories of personal data") so that we can tailor our services to your individual needs. However, we may only do so where we have your consent.

I consent to RBC Brewin Dolphin collecting and processing special category data, including information about my health, to the extent necessary in connection with the provision of its services to me.

Individual/First Account Holder

Second/Joint Account Holder

6.2 Declaration to be completed by all clients

- I/We declare that the information provided in this form is correct, complete and up-to-date.
- I/We will notify RBC Brewin Dolphin promptly in writing of any changes to the information provided in this form and of any other relevant information that may necessitate a change in the investment strategy and/or service type of my/our account.
- I/We consent that RBC Brewin Dolphin will arrange for a nominee account to be opened with Pershing Securities International Limited (PSIL) on my/our behalf.
- I/We declare that the tax residency information provided is, to the best of my/our knowledge and belief, accurate and complete.
- I/We undertake to advise RBC Brewin Dolphin promptly of any change which causes the information to become incorrect or incomplete.
- I/We understand that if the information provided in this form is incorrect or incomplete, RBC Brewin Dolphin may not be able to carry out any transactions on my/our behalf, or otherwise provide its services to me.
- I/We are aware that in certain circumstances for example, if I am Tax resident or deemed resident of a Reportable Jurisdiction RBC Brewin Dolphin will be obliged to share this information with Irish tax authorities, who may pass it on to other tax authorities.
- I/We understand that RBC Brewin Dolphin shall not be responsible for the consequences of any incorrect or incomplete information being provided in this form, or if I/we do not notify RBC Brewin Dolphin of any such information subsequently becoming incorrect or incomplete.
- I/We hereby specifically instruct RBC Brewin Dolphin to transmit all orders in respect of my/our quoted financial instruments, to be executed by PSL, as set out in RBC Brewin Dolphin's Order Transmission Policy.
- I/We confirm that I/We have received, read, understood and accept RBC Brewin Dolphin's Account Opening Information Pack, which includes the standard terms and conditions governing the services to be provided to me/us. I/We confirm that I/We have sought clarification, as necessary, on anything that I/We did not understand.

The standard terms and conditions include:-

- The Terms and Conditions covering the services to be provided.
- RBC Brewin Dolphin's Order Transmission Policy.
- RBC Brewin Dolphin's Conflicts of Interest Policy Summary.
- RBC Brewin Dolphin's Client Asset Key Information Document.
- PSIL's Terms and Conditions.

If there is anything you do not understand or if you have any questions, please discuss it with your Investment Manager and seek clarification before signing. By signing below, you agree to both the declaration and consent.

| Individual/First Account Holder | |
|---------------------------------|--|
| Signed | |
| | |
| | |
| Date | |
| Print Name | |
| | |
| Second/Joint Account Holder | |
| Signed | |

Date

Print Name

ARF DECLARATION

This additional declaration should be completed if you wish RBC BD to open an ARF on your behalf. It forms part of the Supplementary Terms and is in addition to the Account Opening Form declarations in 6.2. RBC Brewin Dolphin will not be in a position to operate an ARF on your behalf until this declaration is completed.

| 6.3 Declaration | |
|---------------------------------|---|
| Please tick and complete | either (a), (b), (c), (d) or (e) as applicable |
| 1. I hereby declare as follow | vs: |
| (a) | The above investment is the proceeds of a Retirement Annuity Contract effected with: |
| | Insert name of Assurance Company. Under Policy No: |
| | Insert policy number. |
| or (b) | The above investment represents my entitlement to benefits under a defined contribution pension scheme or the additional voluntary contribution element of a defined benefit scheme; the scheme name is: |
| | and the scheme is approved by the Revenue Commissioners under Ref: |
| or (c) | The above investment has been transferred from an existing ARF. |
| or (d) | I am an individual entitled to rights arising from additional voluntary contributions made under an approved occupational pension scheme and the above investment represents my entitlement to such benefits under an approved occupational pension scheme; the scheme name is: |
| | Insert full name of scheme. |
| or (e) | The above investment is the proceeds of a Personal Pension Plan, Personal Retirement Portfolio or Personal Retirement Savings Account (PRSA) effected with: |
| | Under Policy No: |
| 2. I hereby instruct the follow | wing to transfer the proceeds specified in Section 2.1 to RBC BD as QFM to invest in a Plan: |
| | Insert name of pension trustees / life assurance company or QFM. |
| I authorise and instruct th | ne following to liaise with and release all information relevant to this transfer to RBC BD: |
| | Insert name of pension trustees/life assurance company or QFM. |
| | of all the assets which are the subject of this investment as referred to above and the assets used to apply onsist only of money and/or assets from a Revenue approved pension arrangement, or ARF. |
| I confirm that I agree to app | ne statements and information set out above are true, complete and accurate. oint RBC Brewin Dolphin as the Qualifying Fund Manager of my ARF and to provide investment management efficial owner of the assets in that ARF. |
| | nderstand and accept the RBC Brewin Dolphin Retail Client Terms & Conditions and ARF Supplementary Terms nore, I confirm that I have taken sufficient independent financial advice and all other advice as is appropriate and |

Signed

necessary prior to my decision to invest retirement funds in an ARF.

Date

Print Name

| FOR RBC BREWIN DOLPHIN USE ONLY | | |
|--|--|--|
| I confirm that the client(s) have received the following documentation as part of the account opening process (please tick) | | |
| The Terms and Conditions booklet | | |
| Guide to Risk Category brochure | | |
| Services & Charges details | | |
| Investment Manager Signature | | |
| Investment Manager | | |
| Signed | | |
| | | |
| Date | | |
| Executive Approval (required for initial investments of less than €150,000) | | |
| Executive Executive | | |
| Signed Signed | | |
| | | |
| Date Control of the C | | |
| | | |
| Onboarding | | |
| Onboarding Manager | | |
| Signed Signed | | |
| | | |
| Date | | |
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W brewin.ieE info@brewin.ie



ANNEX TO INTERMEDIARY DISCRETIONARY MANAGED ACCOUNT OPENING FORM

Please print in capitals throughout this form and mark boxes with an X. Intermediary Firm Name Intermediary Firm Address Firm CBI Number (or equivalent) Adviser Name Adviser Contact Number Adviser Email Address VAT Registration number (if registered)

INTERMEDIARY DECLARATION AND ACCEPTANCE OF TERMS BY THE INTERMEDIARY

Intermediary Declaration and Acceptance

In relation to the Investor(s) named in section 1 of the attached Discretionary Managed Account Opening Form (for Clients of Intermediaries) ("AOF").

I/We declare on behalf of the Intermediary firm named above ("Intermediary") that:

- The Intermediary has undertaken an assessment of the suitability of both RBC Brewin Dolphin's services and the investment portfolio for the Investor(s):
- The information provided to RBC Brewin Dolphin in this Annex and the AOF (or otherwise during the account opening process) is correct and complete to the best of the Intermediary's knowledge and the Intermediary will notify RBC Brewin Dolphin promptly of any changes;
- The Intermediary has obtained information from the Investor(s) in relation to their knowledge and experience in investments and confirms that the Investor(s) has/have the necessary experience and knowledge in order to understand the risks involved in the management of the portfolio;
- The Intermediary has obtained information from the Investor(s) in relation to their financial situation including the source and extent of their regular income, assets (including liquid assets), investments and real property and their regular financial commitments. The Intermediary also confirms that the Investor(s) has/have the capacity to bear investment risks arising from the management of the portfolio, including the potential of significant loss;
- The Intermediary agrees to be bound by the Terms of Business for Intermediaries in relation to the services RBC Brewin Dolphin will provide (via the Intermediary) in relation to this account. I/we shall seek clarification promptly if there is anything that I/we do not understand;
- I/we have obtained information from the Investor(s) on their investment objectives, including the length of time they wish to hold investments, their preferences regarding risk taking, their risk profile and the purposes of investment;
- I/we confirm that I/we have verified and identified all parties in accordance with the Intermediary Terms of Business (Ireland);
- I/we have discussed and agreed with the Investor(s) the overall charging structure in relation to the services RBC Brewin Dolphin will provide;
- I/we will disclose to the Investor(s) all details of any subsequent fees between us in accordance with all applicable statutory, regulatory and professional requirements;
- I/we will advise RBC Brewin Dolphin if I/we am/are or become aware of anything unusual in the way the business of the Investor(s) is conducted;

INTERMEDIARY DECLARATION AND ACCEPTANCE OF TERMS BY THE INTERMEDIARY (CONTINUED)

- The tax residency information provided is, to the best of my/our knowledge and belief, accurate and complete;
- I/We undertake to advise RBC Brewin Dolphin promptly of any change in circumstances which causes the tax residency information to become incorrect or incomplete and to provide RBC Brewin Dolphin with an updated declaration within 30 days of such a change in circumstances;
- I/We understand that in certain circumstances RBC Brewin Dolphin will be obliged to share such tax residency information with the Irish tax authorities, who may share this with other tax authorities; and
- Where the Intermediary supplies RBC Brewin Dolphin with information and personal data in relation to this account (including information classed as "special category personal data" under applicable data protection laws), the Intermediary has obtained the relevant data subject's prior consent to provide this information or personal data to RBC Brewin Dolphin and for RBC Brewin Dolphin to process it in order to provide its services.

| Intermediary Signature | | |
|--|--|--|
| | | |
| Intermediary Authorised Signature(s) | | |
| Signed | | |
| | | |
| | | |
| Date Control of the C | | |
| Print Name(s) | | |
| | | |
| DECLARATION AND ACCEPTANCE OF TERMS BY THE INVESTOR(S) | | |
| Declaration by the Investor | | |
| | | |
| I declare that: RBC Brewin Dolphin may share information and accept instructions from the above named Intermediary in relation to this account. | | |
| • The information provided in this form relating to me is correct, complete and up-to-date; | | |
| I have received a copy of RBC Brewin Dolphin's Terms and Conditions Ireland (For clients of Intermediaries) (the "Retail Terms"). I understand that the Retail Terms set out the basis on which RBC Brewin Dolphin will provide its services in relation to this account; | | |
| • I acknowledge and agree that RBC Brewin Dolphin's receipt and acceptance of this Annex and the AOF shall act as its appointment to provide | | |
| I will notify my Intermediary promptly of any changes to the information provided in this form and of any other relevant information. | | |
| | | |
| Individual/First Investor Signature | | |
| Name | | |
| Signed | | |
| | | |
| | | |
| Date | | |
| Joint/Second Investor Signature | | |
| Name | | |
| Signed | | |
| | | |
| | | |
| Date | | |
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INTERMEDIARY CHARGING AGREEMENT

To be completed by the Investor(s)

This form should be completed if you wish your Intermediary to take their adviser charges from your RBC Brewin Dolphin portfolio. RBC Brewin Dolphin will apply VAT at the appropriate rate to the fees chargeable for this Discretionary Managed service.

Initial Charge

Please complete this section if you wish an initial amount of adviser charges to be paid to your Intermediary in respect of establishing your RBC Brewin Dolphin portfolio.

Please confirm below the percentage of portfolio value or monetary amount you wish to authorise.

% or \in (excluding any additional VAT)

Ongoing Charges

Please complete this section if you wish an ongoing amount of adviser charges to be paid to your Intermediary in respect of services being provided in relation to your RBC Brewin Dolphin portfolio.

Please confirm the percentage of portfolio value or monetary amount you wish to authorise to be paid per annum. This will be paid on a pro-rata basis quarterly in arrears.

% or \in (excluding any additional VAT)

Investor Declaration

I confirm my agreement to the charges detailed above and hereby authorise and request that RBC Brewin Dolphin undertake the payment of these to my Intermediary on my behalf, from my RBC Brewin Dolphin account, for the provision of professional services provided to me in connection with my RBC Brewin Dolphin investment portfolio. I understand that any future monies added to the portfolio will be subject to this agreement unless I specify otherwise.

These instructions should replace any existing Intermediary remuneration arrangements on my portfolio(s).

Individual/First Investor

Title and Surname

First Name(s)

Signed

Date

Joint/Second Investor

Title and Surname

First Name(s)

Signed

Date

