

McKinley Capital Management Funds PLC
an umbrella fund with segregated liability between sub-funds
Guild House, Guild St, IFSC, Dublin 1, Ireland

Application Form

McKINLEY CAPITAL DIVIDEND GROWTH FUND (the “Fund”)

Please ensure that you have read the Prospectus for the Company (the “Prospectus”) and the Key Investor Information Document (the “KIID”) before completing this application form. The KIID is available from the Fund’s promoter, McKinley Capital Management, LLC, attention: Fund Administration, 3301 C Street, Suite 500, Anchorage, Alaska 99503, by phone at 907-563-4488, at www.mckinleycapitalmanagementfundsplc.com, or by email at FundAdmin@McKinleycapital.com. The KIID may be obtained in either paper or electronically according to your preference. A copy of the KIID may have already been provided to you in either paper or electronic form; however this does not supersede your choice to obtain the KIID in another available form.

Unless the context otherwise requires, all capitalised terms shall have the same meanings as in the Fund’s Prospectus and any relevant supplement thereto. This form should be sent via fax and in original form to the Administrator. All documentation sent to the Administrator should be in original form and include all required anti-money laundering documentation prior to entering an initial transaction. No subscription applications will be processed until all anti-money laundering requirements are completed and assets are appropriately verified. This form should be sent via fax and in original form to the Administrator. Redemption proceeds or any payment will not be processed until the original application form has been received by the Administrator.

This duly completed form should be sent to:

BNY Mellon Fund Services (Ireland) Ltd
Unit 6100,
Avenue 6000,
Cork Airport Business Park
Co Cork
Ireland

Telephone: +353 1 6428616
Facsimile: +353 1 6428353
Email: McKinley@BNYMellon.com

I. Account registration

Please note that by completing this Application Form you are providing personal data to the Fund for the purposes of applying for Shares in the Fund. This data will be used for the purposes of administration, analysis, research and disclosure to the Fund, its delegates and agents. Your consent is required for the use of your personal data by the Fund in the “Representations/Certifications/Signature” section of the Application Form.

Registration details

Note: PO Boxes should not be provided for the purposes of a registered address but may be used as a correspondence address.

Date:	Designation	
Account Name:		
Contact First name:	Surname:	
Registered Address:		
City:	Country:	Postal/Zip code:
Telephone number (inc. country code):	Fax number (inc. country code):	
Email:	Date of incorporation:	
Tax Residence:	Tax Identification Number	

Note: An email address is required if the KIID is to be received electronically via email. By providing an email address above or otherwise to the Company you (i) agree to receive electronically the latest versions of the Prospectus and the KIID at the email address specified in this application form, and (ii) undertake to keep the Company informed of any change to such email address. You may at any time request a hard copy of such documentation from the Company, and / or revoke, in writing or other authorised manner, the consent given to receive such information electronically. If an email address is not provided, the KIID and the Prospectus shall be delivered via post to the registered address indicated above.

Type of Investor:

- Corporation (please specify type and jurisdiction of incorporation) _____
- Limited Liability Company Partnership Public Trust/Funds Non-Profit/Charity
- Qualified Retirement Account Trust Foundation Union Private Funds Other

Country / Jurisdiction of Residence: _____

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Correspondence address (if other than above):

Company Name:

Department:

First name:

Surname:

Address:

City:

Country:

Postal/Zip code:

Note: For any future change, addition or deletion to the details provided on this Application Form, an original request, in writing, ink signed by the appropriate authorised signatories must be received by the Administrator prior to the change being made.

II. Available McKinley Capital Dividend Growth Fund Classes

Share class

Please refer to the Fund's Prospectus if you are not certain which share class is appropriate for you.

Select class (please check only one):

Euro (EUR) Classes:

- Class I EUR Accumulating
 Class II EUR Accumulating
 Class III EUR Accumulating

U.S. Dollar (USD) Classes:

- Class IV USD Accumulating NV
 Class V USD Accumulating NV
 Class VI USD Accumulating NV

Swedish Kronor (SEK) Class:

- Class VII Hedged SEK Accumulating

Amount to be invested (Currency checked should match the currency denomination of the share class above):

EUR USD SEK

Subscription monies for the Shares of each Share class of the Fund should be remitted in the designated currency of the relevant class.

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MINIMUM INVESTMENT REQUIREMENTS

Share class	Minimum initial investment	Minimum subsequent investment
Class I EUR	EUR 500,000	EUR 100,000
Class II EUR	EUR 500,000	EUR 100,000
Class III EUR	EUR 500,000	EUR 100,000
Class IV USD	USD 625,000	USD 125,000
Class V USD	USD 625,000	USD 125,000
Class VI USD	USD 625,000	USD 125,000
Class VII SEK	SEK 5,000	SEK 2,000

The Fund may, at its own discretion, waive or amend minimum investment amounts.

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III. Payment details

I/We have instructed

Name of commercial bank: _____

Branch: _____

Address: _____

City: _____

Country: _____

Postal/Zip code: _____

to settle by telegraphic transfer the sum of _____
(Insert amount in words, including currency denomination)

PAYMENT FOR SHARES:

Subscription payments must be made net of all bank charges and formatted containing all of the information (as appropriate) below:

Euro (EUR) should be paid as:

Bene Bank	IRVTBEBB	Bank of New York Mellon SA/NV
FBO:	4754009780	McKinley Subscription Account EUR
IBAN:	BE12519475400092	

For sending bank reference – To ensure that wire fees are not imposed during transit, please insert code “OUR” in the details of charges field. Do not use “BEN”.

U.S. Dollar (USD) should be paid as:

Correspondent:	IRVTUS3N	Bank of New York Mellon, New York
Bene Bank	8900285451	Bank of New York Mellon, Brussels
FBO:	4754008400	McKinley Subscription Account USD

For sending bank reference – To ensure that wire fees are not imposed during transit, please insert code “OUR” in the details of charges field. Do not use “BEN”.

Swedish Kronor (SEK) should be paid as:

Correspondent:	ESSESESS	Skandinaviska Enskilda Banken, Stockholm	
Bene Bank	a/c 52018515756	IRVTBEBBXXX	Bank of New York Mellon SA/NV, Brussels
FBO:	a/c 4754007520	McKinley Cpl Mgmt Fd plc SHHDR	
IBAN:	BE12519475400092		

For sending bank reference – To ensure that wire fees are not imposed during transit, please insert code “OUR” in the details of charges field. Do not use “BEN”.

Please note: All payments must be received by the Administrator by 4pm Irish Time.

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IV. Shareholder redemption details

The applicant understands and agrees that all redemption proceeds shall be transmitted **only** to the commercial banks listed below. In the event the applicant requires payment of redemption proceeds to an account other than that specified in the application form, an original request signed by the appropriate authorised signatories must be provided in writing to the Administrator. Redemption proceeds will only be sent in the currency of the initial subscription of the relevant share class, made payable to the registered account name. Redemption will not be processed on non-cleared/non-verified accounts. Please note that redemption proceeds will only be paid to a bank account in the name of the registered applicant(s). No third party bank details will be accepted.

For redemptions proceeds, the applicant must populate the complete bank details as indicated below. Incomplete or erroneous information from the applicant may lead to delays or incorrect routing of wires:

Payment Details (currency wired must match the currency denomination of the share class selected)

Intermediary Bank BIC/SWIFT Code:	
Intermediary Bank Name:	
Beneficiary Bank BIC/SWIFT:	
Beneficiary Bank Name:	
Beneficiary Account Number:	
Beneficiary IBAN Number:	
Beneficiary Bank Account Name:	

V. Representations/Certifications/Signature

The Applicant hereby applies for Shares subject to and upon the terms set forth in the Fund's Prospectus, any relevant supplement thereto and this Application Form.

The Applicant makes the following certifications, representations, warranties and acknowledgments for and on behalf of itself and any person on behalf of whom the Applicant is purchasing shares:

1. I am/We are 18 years of age or over.
2. I/We have full right, power and authority to purchase and redeem Shares for my/our own account and/or for the account of each of my/our customers for whom a purchase or redemption of Shares is made as appropriate (each a "Customer").
3. I/We having received and considered a copy of the Fund's Prospectus and any relevant supplement(s) or addenda thereto, hereby confirm that this Application is based solely on the Fund's Prospectus and such relevant supplement(s) or addenda current at the date of this Application together (where applicable) with the most recent annual report and accounts of the Company and (if issued after such report and accounts) its most recent unaudited semi-annual report.
4. I/We declare that the Key Investor Information Document (the "KIID") for the share class I/we seek to purchase has been provided to me/us in good time prior to making this application for shares and that I/we have read and reviewed same. I/we acknowledge and confirm that the choice between receipt of paper or electronic (via email) forms of the KIID has been offered to me/us, that I/we have received the KIID for the shares class I/we are applying for in my/our preferred format. If I/we have received the KIID via email, but preferred to receive it in paper form, I/we have requested and received the KIID in paper form. I/we confirm that if the KIID is preferred in email form that I/we have the ability to receive email and that this method is appropriate for me/us. Where I/we are acquiring the Shares for or on behalf of any person in my/our capacity as sub-distributor of the Company, I/we certify that prior to accepting any order for the acquisition of shares, I/we will ensure that the investor will be provided with the current KIID for the relevant share class.

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5. I/We understand that actual purchase of shares of the Fund will be made on the next available dealing day (as defined in the prospectus) and that any assets received by the Fund on any interim days will not be credited to my/our account for the purchase of shares in the Fund.
6. I/We understand that subscription funds will be accepted on contractual settlement for any next day dealing day and that I am/we are liable for all invested funds should the monies be rejected for any reason. I/We further acknowledge that any losses incurred in reversing any trading activity due to the Fund's inability to invest these funds will be promptly reimbursed to the Fund by me/us.
7. I/We agree that the issue and allotment of Shares to me/us is subject to the provisions of the Fund's Prospectus, any applicable supplement(s) or addenda and this Application Form, that subscription for Shares will be governed and construed in accordance with Irish law and I/We confirm that, I/We am not relying on any information or representation other than such as may be contained in the Fund's Prospectus and any relevant supplement(s) or addenda thereto.
8. I/We agree to notify the Company immediately in writing if I/we become aware that any of the representations are no longer accurate and agree to immediately either sell or redeem a sufficient number of Shares to allow the representation to be made. In the absence of such notification, all representations shall be deemed to be re-made and reconfirmed with each future application for Shares, however made.
9. I/We have sufficient knowledge and experience in business and financial matters such that I am/we are capable of evaluating the merits and risks of an investment by me/us in the Company and have considered the Risk Factors as set out in the Fund's Prospectus and any relevant supplement(s) or addenda thereto. No oral representations have been made or oral information furnished to me/us or my/our advisors in connection with the purchase of Shares that were in any way inconsistent with the Fund's Prospectus or any supplement(s) or addenda thereto.
10. I/We understand that the tax disclosure set forth in the Fund's Prospectus and/or any relevant supplement(s) or addenda thereto is of a general nature and may not cover the jurisdiction in which I am/we are subject to taxation and that the tax consequences of my/our purchase of Shares depend on my/our individual circumstances. If a US Investor, I/we/the Applicant understand(s) the US federal income tax implications of an investment in the Company.
11. I/We shall provide the Company with any additional information which it may reasonably request in connection with anti-money laundering, tax or other similar requirements in order to substantiate any representations made by me/us and I/we authorise the Company or its agents to disclose such information relating to this application to such persons as they consider appropriate.
12. I/We acknowledge the right of the Company at any time to require the mandatory redemption of Shares as provided in the Fund's Prospectus.
13. I/We acknowledge that the Company reserves the right to reject any application in whole or in part.
14. I/We acknowledge that the Company reserves the right to cancel without notice any contract for which payment has not been received by the settlement date and to recover any losses incurred.
15. I/We hereby confirm that I am/we are eligible to invest in shares of the Company in accordance with the laws or regulations in the country/territory in which I am/we are resident.
16. I/We hereby indemnify and hold harmless the Company, the Administrator and the Investment Manager and their respective affiliates, officers, employees and agents for any losses, costs or expenses incurred by them as a result of my/our failure or default to transmit and ensure that the full amount of any subscription monies in immediately available funds is posted to the account referred to below by the latest time for receipt of such funds listed in the relevant supplement(s) in order for an investor to receive the net asset value calculated on the Dealing Day on which the subscription order is placed.
17. I/We hereby indemnify the Company, the Investment Manager and the Administrator each parent, subsidiary, affiliate and shareholder thereof and each of the respective officers, employees and agents of the foregoing (each an "Indemnitee"), against any and all claims, liabilities, losses, damages, costs and expenses (including without limitation, legal fees and expenses) arising out of any failure to process this application or otherwise if any information requested pursuant to (8) above has not been provided by me/us.
18. I/We hereby confirm that I am/we are not, nor is any Customer of mine (if applicable), a U.S. Person and I am/we are not acquiring Shares directly or indirectly for the benefit of a U.S. Person nor do I/we intend to sell or transfer any Shares which I/we may purchase to or for the benefit of any person who is a U.S. Person
19. Unless I am/we are a professional fiduciary acting in a discretionary capacity for the account of a non-U.S. Person, the Fund's Prospectus and any relevant Supplement thereto have been made available, any offer has been made, this application has been transmitted and any authorisation to apply for Shares has been signed or given (as applicable) whilst I was/we were outside the United States.
20. I/We have completed the appropriate self-certification, which is attached hereto and I/We understand that the Company may be required to report certain information regarding my/our investment in the Company to comply with the provisions of the US "Foreign Account Tax Compliance Act" ("FATCA") and the Irish legislation implementing the Agreement between the government of Ireland and the government of the United States of America to improve international tax compliance and implement FATCA.

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21. Instructions and communications

- (a) The Applicant authorises the Company to accept instructions by letter or fax. (Telephone directives are not permitted.)
- (b) The Company reserves the right to act solely upon written instructions signed by me/us (an authorized party) and will not confirm any verbal instructions until properly notified. The Company shall not act upon any instruction where it reasonably believes that such action may not be practicable or might involve any party in a breach of any law, rule or regulation.
- (c) I/We hereby acknowledge that written instructions will only be acted upon when the Company is in receipt of and acknowledges said document.
- (d) I/We hereby acknowledge that any notice or document may be served by the Company on me/us in the manner specified from time to time in the Fund's Prospectus and, for the purposes of the Electronic Commerce Act 2000, if I have provided an e-mail address or fax number to the Company or its delegate, consent to any such notice or document being sent to me/us by fax or electronically to the fax number or e-mail address previously identified to the Company or its delegate which I/we acknowledge constitutes effective receipt by me/us of the relevant notice or document. I/we acknowledge that I/we are not obliged to accept electronic communication and may at any time choose to revoke my/our agreement to receive communications by fax or electronically by notifying the Company in writing at the above address provided that my/our agreement to receive communications by fax or electronically shall remain in full force and effect pending receipt by the Company of written notice of such revocation.
- (e) In consideration of the Company agreeing to accept and act in accordance with instructions received from the Applicant by fax or other delivery process as may periodically be approved by the Company, the Applicant agrees to keep the Company, the Administrator and the Investment Manager and their respective affiliates, officers, employees and agents ('Indemnified Persons') indemnified from and against all actions, proceedings, claims and demands which may be brought or made against the 'Indemnified Persons' and any costs and expenses which the 'Indemnified Persons' may reasonably incur as a direct result of acting upon any such instructions, except to the extent that the same are caused by the 'Indemnified Persons' own negligence, willful default or fraud.
- (f) Should you wish to complain about any aspect of the service you have received, please contact: The Administrator, Shareholders Services Department, Guild House, Guild Street, IFSC, Dublin 1, Ireland. A copy of the complaints handling procedure is available on request.

22. Electronic Delivery of Account Information

- (a) I/we agree and provide our consent to have the Company, the Investment Manager, the Distributor and/or the Administrator electronically deliver Account Communications. "Account Communications" means all current and future account statements; Company documents (including all supplements and amendments thereto); notices (including privacy notices); letters to shareholders; annual audited financial statements; regulatory communications and other information, documents, data and records regarding our investment in the Company. Electronic communication by the Company, the Investment Manager, the Distributor and/or the Administrator includes e-mail delivery as well as electronically making available to the Shareholder Account Communications on the Company's or the Investment Manager's Internet site, if applicable. It is our affirmative obligation to notify the Fund in writing if our e-mail address changes.
- (b) I/we may revoke or restrict our consent to electronic delivery of Account Communications at any time by notifying the Company, in writing, of our intention to do so.
- (c) The Company, the Investment Manager, the Distributor and/or the Administrator will not be liable for any interception of Account Communications. I/we note that no additional charge for electronic delivery will be assessed, but I/we may incur charges from our Internet service provider or other Internet access provider. In addition, there are risks, such as systems outages, that are associated with electronic delivery.
- (d) I/we hereby agree that the Administrator and its directors, officers, employees and agents shall be fully indemnified and shall not be liable to us or to any shareholders in the Company for any loss, damage, expense (including without limitation, legal counsel and professional fees and other costs and expenses incurred in connection with the defence of any claim, action or proceedings) occasioned by act or omission of the Administrator and its directors, officers and employees in connection with the electronic delivery of Account Communications other than as a result of the negligence, willful default or fraud of the Administrator in the performance of its duties as Administrator of the Company.
- (e) I/we hereby agree that the Administrator and its directors, officers, employees and agents shall be fully indemnified and shall not be liable to us or to any shareholders in the Company for any loss, damage, expense (including without limitation, legal counsel and professional fees and other costs and expenses incurred in connection with the defence of any claim, action or proceedings) occasioned by act or omission of the Administrator and its directors, officers and employees in connection with any transactions sent and received by way of facsimile or other electronic medium.

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23. Data Protection Consent

I/We acknowledge that our personal information will be handled by the Administrator (as Data Processor on behalf of the Company) in accordance with the Irish Data Protection Acts 1988 to 2003, and that my/our information will be processed for the purposes of carrying out the services of Administrator, registrar and transfer agent of the Company and to comply with legal obligations including legal obligations under company law and anti-money laundering legislation. I/We acknowledge that the Administrator or the Company will disclose my/our information to third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as auditors, Financial Regulator, other relevant regulatory authorities or agents of the Administrator who process the data for anti-money laundering purposes or for compliance with foreign regulatory requirements. I/We hereby consent to the processing of my/our information and the disclosure of my/our information as outlined above and to the Manager and its affiliates to carry out statistical analysis and market research, and where necessary or in the Company's or the Administrator's legitimate interests, to any affiliates or agents of the Administrator including to persons located in the United States and other countries outside of the European Economic Area which may not have the same data protection laws as in Ireland.

24. I/We acknowledge that information relating to my/our holding of Shares in the Company, and/or details of income arising from such holdings may be subject to disclosure to any relevant tax authority in accordance with the terms of the EU Taxation of Savings Directive (2003/48/EC) (the "ESD") and I/we hereby consent to such disclosure by the Administrator or any person deemed to be a paying agent for the purposes of the ESD (the "Paying Agent"). I/we confirm that we will promptly advise the Administrator of any amendments to information which may be relevant for the purposes of the ESD, including without limitation, my/our name(s), address(es), tax identification number(s) and country of residence for tax purposes.

25. I/We hereby acknowledge my/our right of access to and the right to rectify my/our personal data.

The Company is a data controller and will hold any personal information provided by me in accordance with the Data Protection Act 1988 as amended by the Data Protection (Amendment) Act, 2003.

I/We consent to the recording of telephone calls made to and received from me/us by the Company, its delegates, its duly appointed agents and any of their respective related, associated or affiliated companies for record keeping, security and/or training purposes.

I/We consent to the sending by the Company of information about other investment services to me/us, by letter, telephone or other reasonable means of communication.

Please check this box if you do not wish to receive such communications:

Please check this box if you consent to communication by email, fax or SMS:

I/We acknowledge my/our right to object to the processing of my/our data for direct marketing purposes by written request to the Company free of charge.

26. EU Savings Directive Declaration – Corporate Entities

Council Directive 2003/48/EC (the "Savings Directive"), which deals with the taxation of savings income in the form of interest payments, seeks to ensure that individuals that are resident and "residual entities" that are established in an EU Member State or a "dependent or associated territory" who receive savings income from a paying agent in an EU Member State or dependent or associated territory are taxed in the EU Member State or dependent or associated territory in which he/she is resident for tax purposes. "Dependent or associated territory" includes Aruba, Netherlands Antilles, Jersey, Guernsey, Isle of Man, Anguilla, British Virgin Islands, Cayman Islands, Montserrat, Turks and Caicos Islands and may be updated from time to time. The Company is obliged to establish the identity and residence of such individuals. In order to exclude corporate and other entities from the identity verification process please complete the following declaration.

N.B. This Declaration is to be completed by applicants resident in an EU Member State who are not natural persons (i.e. not an individual, unincorporated body, unincorporated partnership or any of the foregoing acting as trustee of a trust).

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Corporate or Equivalent Entities

Is the applicant: (Please check one of the following)

- (a) A company (including a company acting as a corporate trustee), or other legal person (Certificate of Incorporation or document from the appropriate authority certifying that the entity is a legal person); or
- (b) An entity taxed under the general arrangements for business taxation i.e. its profits are subjected to corporation tax or tax in another territory which corresponds to corporation tax in Ireland (document from the appropriate Revenue authority certifying that the entity is taxed as such); or
- (c) A UCITS (or an equivalent collective investment undertaking in a relevant territory other than an EU Member State) (certificate from the appropriate regulatory authority); or
- (d) An entity that has elected to be treated as a UCITS for the purposes of the legislation (certificate from the appropriate tax authority); or
- (e) A pension fund (if applicable, corporate trustees to a pension fund should check box (a)) (certificate from the appropriate regulatory authority); or
- (f) A charity (if applicable). (Corporate trustees to the charity should check box (a)); or
- (g) A Finnish avoin yhtiö (Ay) (certificate from the appropriate authority); or
- (h) A Finnish kommandiittiyhtiö (Ky)/öppet bolag (certificate from the appropriate authority); or
- (i) A Finnish kommanditbolag (certificate from the appropriate authority); or
- (j) A Swedish handelsbolag (HB) (certificate from the appropriate authority); or
- (k) A Swedish kommanditbolag (KB) (certificate from the appropriate authority); or
- (l) A residual entity (none of the above entities).

(Only residual entities established in an EU Member State or dependent or associated territory fall within the Savings Directive. If not established in an EU Member State or dependent or associated territory, please provide evidence of country of establishment)

VI. Applicant details

Name of authorised signatory (block capitals please):

Signature of authorized signatory:

Capacity (in case of a corporation) / Title of authorized signatory (if applicable):

Date:

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Anti-money laundering procedures

Measures aimed at the prevention of money laundering may require detailed verification of the applicant's identity. The extent of verification for each applicant is dependent on circumstances of each application and on the legal and regulatory requirements with which we are required to comply.

The Company, and each of the Administrator and Investment Manager acting on behalf of the Company, reserves the right to request such information as is necessary to verify the identity of an applicant. In the event of delay or failure by the applicant to produce any information required for verification purposes, the Company (or the Administrator or Investment Manager acting on its behalf) may refuse to accept the application and an investor's money will be returned without interest.

PLEASE NOTE THAT THE SUBSCRIPTION MAY NOT BE PROCESSED IF ALL DOCUMENTATION REQUIRED UNDER THE FUND'S ANTI-MONEY LAUNDERING POLICY HAS NOT BEEN RECEIVED.

Minimum requirements are indicated below:

- **Original Application form** – must be fully complete and signed by the appropriate authorised signatories.
- **Original or certified copy bank mandate details** (section included in the application form) – the bank account name should be in the name of the registered investor. Third party bank details will not be accepted.
- **Original declaration of residence outside the Republic of Ireland** (section included in the application form) – each investor must make the relevant declaration, sign and date the declaration
- **Self-Certification** – the Self-Certification for Entities or the Self-Certification for Individuals, as appropriate, must be fully completed and signed by the appropriate authorized signatory(ies). These forms can be found at the end of this application.
- **US persons** – completion of a W-9 form and supporting documentation where required.
- **Signing Authority:**
 - **Individual** – must be verified against the individuals certified copy identification document.
 - **Entity** – original or certified copy of the authorised signature list AND original or certified copy of the appropriate empowering document that demonstrates that those representing the entity have the authority to open and operate the account. All signature lists must be completed on headed-paper where the entity's name is clearly identified.

Note that additional customer due diligence documentation may be required by the Administrator dependent upon the circumstances of the application and investment.

Please confirm that ALL required AML information requested has been attached YES NO

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DECLARATION OF RESIDENCE OUTSIDE IRELAND

(non-resident composite declaration)

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

Declaration on own behalf (*Please delete as appropriate)

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

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

OR

Declaration as Intermediary (*Please delete as appropriate)

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

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

I/we* also declare that:

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

Name and address of applicant:

Signature of first named applicant or authorised signatory: _____ (Declarant)

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

Joint applicants:

Name _____	Signature _____
Name _____	Signature _____
Name _____	Signature _____

IMPORTANT NOTES

- Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.
- To be valid, the Application Form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the Applicant. Where there is more than one Applicant, each person must sign. If the Applicant is a company, it must be signed by the company secretary or another authorised officer.

If the Application Form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature

If the applicant is an "Exempted Irish Resident", they should contact the Administrator who will provide the appropriate declarations which must be made to confirm their status.

Entity Self-Certification for FATCA and CRS

Instructions for completion

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

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

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

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

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

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

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

*(Mandatory fields are marked with an *)*

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

Section 1: Investor Identification

Investor Name*: _____ (the "Entity")

Country of Incorporation or Organisation: _____

Current Registered Address*:

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIPCode: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Section 2: FATCA Declaration Specified U.S. Person*:

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

a) The Entity is a *Specified U.S. Person* and the Entity's U.S. Federal Taxpayer Identifying number (U.S. TIN) is as follows (please also complete Sections 4 and 5):

U.S. TIN: _____

OR

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

OR

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

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

3.1 Financial Institutions under FATCA :

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

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

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

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

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

3.4 Non-Financial Institutions under FATCA:

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

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

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

Please indicate the Entity's country of tax residence for CRS purposes (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TINs")).

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

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

Country of Tax Residency	Tax ID Number

Section 5: Entity's CRS Classification*(the information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in Section 3):

For more information please see the CRS Standard and associated commentary.

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

5.1 Financial Institutions under CRS:

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

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

5.2 Non Financial Institutions under CRS:

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

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

**** Controlling Persons:**

NB: Please note that each Controlling Person must complete a separate Individual Self-Certification form. If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

For further information on identification requirements under CRS for Controlling Persons, see the Commentary to Section VII of the CRS Standard

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

Section 6: Declarations and Undertakings

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

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

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

Authorised Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

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

Individual (Controlling Persons) Self-Certification for FATCA and CRS

Instructions for completion

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

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

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

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

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

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

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

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

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

(Mandatory fields are marked with an *)

Section 1: Investor Identification

Investor Name*: _____

Current Residential Address*:

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Place and Date Of Birth*

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

Date of Birth*: _____

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

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

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

OR

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

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

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

Country of Tax Residency	Tax ID Number

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

Section 4 – Type of Controlling Person

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

For Joint or multiple Controlling Persons please use a separate Self-Certification form for each Controlling Person

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

Section 5: Declaration and Undertakings:

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

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

Authorised Signature*: _____

Print Name*: _____

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

Capacity*: _____
