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| **FUND UNITS ORDER FORM** | | | | | | | | | | | | | | | |
| *Please print or fill in with block letters* | | | | | | | | | | | | | | | |
| **ACCOUNT HOLDER DATA** | | | |  | | | | | |  |  | | | |  |
| **Account Holder’s name:** | | | | | | | | | | | | | | | |
| **Investor’s name** *(if different from the Account Holder’s name)***:** | | | | | | | | | | | | | | | |
| **Registration code/ ID code:** **Address:** | | | | | | | | | | | | | | | |
| **Contact person/Authorized representative:** | | | | | | | | | | | | | | | |
| **Tel: Fax:**  **e-mail:** | | | | | | | | | | | | | | | |
| **Source of funds:**  Dividends/Profits from Company;  Personal Savings; Salary;  Inheritance/Gift;  Commission;  Investments;  Remuneration;  Other *(please specify)*:  **Expected annual transaction amount (EUR):** | | | | | | | | | | | | | | | |
| **BANKING DETAILS** | | |  |  | | | | | |  |  | | | |  |
| **Name of Investor’s Bank: Bank’s Swift code:** | | | | | | | | | | | | | | | |
| **Account no: Account details with the Registry:** | | | | | | | | | | | | | | | |
| **INVESTMENT SELECTION** | | | |  | | | | | |  |  | | | |  |
| **Type of transaction:** | | | | | | | Subscription | | | | | Redemption | | | |
| **Fund Name** | **ISIN** | | | | **Currency** | | | **Amount** | | | | | **Units** | | |
| TRIGON - New Europe Fund, Unit B EUR | | LU1687402633 | | | | EUR | | |  | | | | |  | | |
| TRIGON - New Europe Fund, Unit B USD | | LU1687402716 | | | | USD | | |  | | | | |  | | |
| TRIGON - New Europe Fund, Unit D EUR | | LU1687403102 | | | | EUR | | |  | | | | |  | | |
| TRIGON - New Europe Fund, Unit E EUR | | LU1687403367 | | | | EUR | | |  | | | | |  | | |
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| **DECLARATION** | | |  |  | | | | | |  |  | | | |  |
| I, the undersigned, hereby: (1) confirm the correctness and completeness of the information provided above; (2) confirm that I have studied the Fund Rules and Prospectuses of the Fund(s) and agree with the contents of these documents; (3) acknowledge special risks attaching to the fund(s); (4) confirm having full authority and legal capacity to purchase, sell and switch shares of the Fund(s); (5) acknowledge the time requirements for submission of information via fax and action upon the information; (6) acknowledge that order will be refused if filling of the form is incomplete; (7) confirm that any fund units for which redemption order is submitted belong to the Investor under the right of ownership and the fund units are free of any rights of any third persons and there are no disputes or proceedings with respect to the fund units. | | | | | | | | | | | | | | | |
| **Authorized signature**: | | |  |  | | | | | | **Date:** / / 2018 | | | | |  |
|  | | |  |  | | | | | |  | | | | |  |
|  | | | | | | | | | |  |  | | | |  |
| **FUND MANAGER:**  **AS Trigon Asset Management**  Pärnu mnt 18, Tallinn 10141, Estonia  **Contact tel:** +372 667 9200  **e-mail:** [backoffice@trigoncapital.com](mailto:backoffice@trigoncapital.com) | | | | | | | | | | | | | | | |
| **PLEASE SEND COMPLETED FORM TO OUR TRANSFER AGENT:**  **By fax** +352 2786 3845 **Attn:** TA  **Or send signed and scanned form by e-mail to:** [Funddealing@dz-privatbank.com](mailto:Funddealing@dz-privatbank.com)  **Contact tel:** + 352 44 903 6110 | | | | | | | | | | | | | | | |