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IMPORTANT

- INVESTORS SHOULD ENSURE THAT THE ORIGINAL APPLICATION FORM IS RETURNED BY POST TO THE ADMINISTRATOR AT THE ADDRESS BELOW. FAILURE TO RETURN THE ORIGINAL WILL DELAY THE PAYMENT OF REDEMPTION PROCEEDS AND/OR DIVIDENDS.
- INVESTORS SHOULD ENSURE THAT BOTH THE SECTION HEADED “DECLARATION OF RESIDENCY OUTSIDE OF IRELAND” ON PAGE 15 AND THE SECTION HEADED “SIGNATURE” ON PAGE 18 HAVE BEEN SIGNED BEFORE RETURNING THIS TO THE ADMINISTRATOR.

ADMINISTRATOR

Northern Trust International Fund Administration Services (Ireland) Limited
Georges Court
54-62 Townsend Street
Dublin 2
Ireland

Telephone: +353 1 434 5150
Facsimile: +353 1 670 1185



Liontrust Umbrella Fund plc Initial Application Form

Please complete this form in blue or black ink using **BLOCK CAPITALS**. This Application Form, together with the Money Laundering Verification Requirements and the Declaration of Irish Residence outside Ireland, constitutes your agreement to subscribe for Shares in Liontrust Umbrella Fund plc (the "Company"). You should post or fax your subscription (in which case the original must also be forwarded) to Northern Trust International Fund Administration Services (Ireland) Limited (the "Administrator") at the address below.

1. SELECT FUND AND SETTLEMENT CURRENCY

Please tick (✓) the fund in which the investment will be made

- Liontrust Pan European Fund**
- Liontrust Asia Fund**
- Liontrust Emerging Markets Absolute Return Fund**
- Liontrust Asia Absolute Return Fund**

Please tick (✓) the currency in which the investment will be made

- | | | | | |
|------|--------------------------|------------------------|--------------------------|---|
| EURO | <input type="checkbox"/> | SEK | <input type="checkbox"/> | |
| GBP | <input type="checkbox"/> | OTHER (Please Specify) | | <input style="width: 100%;" type="text"/> |
| USD | <input type="checkbox"/> | | | |
| NOK | <input type="checkbox"/> | | | |

Investors are only able to place subscriptions in NOK and SEK into Liontrust Emerging Markets Absolute Return Fund.

N.B.: IF PAYMENT IS NOT BEING MADE IN THE FUND'S BASE CURRENCY, AS OUTLINED IN THE PROSPECTUS FOR THE COMPANY, THEN PLEASE NOTE THAT FOREIGN EXCHANGE WILL BE ARRANGED BY THE ADMINISTRATOR OF THE COMPANY IN ACCORDANCE WITH THE PROCEDURES EMPLOYED BY THE ADMINISTRATOR FOR FOREIGN EXCHANGE TRANSACTIONS.

PLEASE COMPLETE EITHER THE "MONETARY AMOUNT" OR THE "NUMBER OF SHARES" FIELD AND SPECIFY THE CURRENCY OF INVESTMENT

Name of Fund	
Share Class	

Monetary Amount	<table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></td> <td style="padding: 0 5px;">,</td> <td style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></td> <td style="padding: 0 5px;">,</td> <td style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></td> <td style="padding: 0 5px;">,</td> <td style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></td> <td style="padding: 0 5px;">,</td> <td style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></td> <td style="padding: 0 5px;">.</td> <td style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></td> <td style="padding: 0 5px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></td> </tr> <tr> <td style="padding: 0 10px;">BILLION</td> <td></td> <td style="padding: 0 10px;">MILLIONS</td> <td></td> <td style="padding: 0 10px;">THOUSANDS</td> <td></td> <td style="padding: 0 10px;">HUNDREDS</td> <td></td> <td></td> <td></td> <td style="padding: 0 10px;">CENT</td> <td></td> <td></td> </tr> </table>		,		,		,		,		.				BILLION		MILLIONS		THOUSANDS		HUNDREDS				CENT		
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BILLION		MILLIONS		THOUSANDS		HUNDREDS																					

Amount in Words	
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Please note that the original fully signed Application Form must be returned at the address indicated for forwarding to the Administrator appointed by the Company at the above address if this is your first investment in the Shares of the Fund. No redemption or conversion or transfer requests will be processed prior to receipt of this original form and supporting documentation.

NAME(S) FOR REGISTRATION (BLOCK CAPITALS)

<u>SHAREHOLDER 1</u>	<u>SHAREHOLDER 2</u>
First Name & Family Name/Company Name <input type="text"/>	First Name & Family Name/Company Name <input type="text"/>
Street 1 <input type="text"/>	Street 1 <input type="text"/>
Street 2 <input type="text"/>	Street 2 <input type="text"/>
Town/Country/Postcode <input type="text"/>	Town/Country/Postcode <input type="text"/>
Contact Telephone Number <input type="text"/>	Contact Telephone Number <input type="text"/>
Contact Fax Number <input type="text"/>	Contact Fax Number <input type="text"/>
Contact Email Address <input type="text"/>	Contact Email Address <input type="text"/>
<u>SHAREHOLDER 3:</u>	<u>SHAREHOLDER 4:</u>
First Name & Family Name/Company Name <input type="text"/>	First Name & Family Name/Company Name <input type="text"/>
Street 1 <input type="text"/>	Street 1 <input type="text"/>
Street 2 <input type="text"/>	Street 2 <input type="text"/>
Town/Country/Postcode <input type="text"/>	Town/Country/Postcode <input type="text"/>
Contact Telephone Number <input type="text"/>	Contact Telephone Number <input type="text"/>
Contact Fax Number <input type="text"/>	Contact Fax Number <input type="text"/>
Contact Email Address <input type="text"/>	Contact Email Address <input type="text"/>
Mailing address (if different from the address of the first named shareholder) <input type="text"/>	

DEALING PROCEDURE

All application, redemption, transfer requests and instructions in relation to the Shares in the relevant Funds must be received before the times specified in the relevant supplement of the Prospectus for each Fund. Applications, redemptions and transfer requests received after that time will generally be deemed to have been received for the next Dealing Day. **No redemption payment will be made until the original application form has been received from the investor and the Administrator is satisfied that all of the necessary anti-money laundering checks have been completed in full.**

By ticking the box opposite, I hereby consent to provision of contract notes, statements and other reports, by secured or encrypted electronic transmission, which may be issued from time to time by the Administrator in respect of my holdings in a Fund.	
The fund manager may send you information on other products and services which may be of interest to you. If you do not wish to receive information on other products or services, please tick this box	

2. TAXATION OF SAVINGS DIRECTIVE

In accordance with the requirements of Council Directive 2003/48/EC ('Savings Directive'), individual investors are required to supply the following information. Under these requirements, the relevant Paying Agent may be required to disclose this information to the relevant tax authority depending on the investment and distribution policy of the relevant Fund.

Your place of Residence for Tax Purposes: _____

Your Tax Reference Number in your place of Residence for Tax Purposes: _____

To verify your identity for tax purposes, please attach an original document containing your tax reference number or if not available, an identity document containing details of your place and date of birth for each shareholder.

3. BANKING DETAILS

BANK ACCOUNT DETAILS FOR SETTLEMENT OF REDEMPTION AND DIVIDEND PROCEEDS (MANDATORY)

Name of Bank		
A/c Name		
Address of Bank		
A/c Number		
Sort Code		
IBAN:		
Swift Code		Reference Code:

NO THIRD PARTY PAYMENTS WILL BE UNDERTAKEN

- (a) Please note bank charges may be deducted (see the Prospectus of the Company for further details).
- (b) If subscribing for shares in more than one Fund investors must clearly mark the payment reference accounts for each particular Fund and the sub-account.
- (c) The Base Currency of the Fund and the designated currency of any Shares will be set out in the relevant Supplement to the Prospectus and is also noted above. Applications for Shares shall be accepted in the Base Currency of the relevant Fund or the designated currency of the relevant Class. At the discretion of the Manager, applications may be accepted in currencies other than the Base Currency. Any applications made in currencies other than the Base Currency of the relevant Fund or the designated currency of the relevant Class will be converted into that currency at prevailing exchange rates. This foreign exchange transaction will be at the cost and risk of the relevant investor.

(d) Please ensure that you have read the Prospectus for the Company (“the Prospectus”) before completing this Application Form. Defined terms used in this Application Form are those used in the Prospectus (unless the context otherwise requires).

(e) All Applicants should sign the necessary additional declarations on pages 15-19. Exempt from tax non – Irish Residents and Exempt from tax Irish Residents should also complete the relevant declarations appropriate to them.

3 (a) METHOD OF PAYMENT

Please pay monies in accordance with the deadlines outlined in the relevant Fund Supplement.

Please remit payment to the following bank accounts:

	Liontrust Pan European Fund	Liontrust Asia Fund	Liontrust Emerging Markets Absolute Return Fund	Liontrust Asia Absolute Return Fund
USD	To: The Northern Trust International Banking Corporation Address: New Jersey, USA ABA Sort: 026001122 Swift: CNORUS33 A/c No: 112318-20273 A/c Name: Northern Trust (Guernsey) Limited (BBCOGGSP)			
Euro	To: Societe Generale, Paris Address: DPDI/ BAN/BNR, Les Miroirs, 18 Avenue d’Alsace, 92978 Paris La Defense Cedex, France Swift Code: SOGEFRPP A/c Number: 001011080590 A/c Name: Northern Trust (Guernsey) Limited (BBCOGGSP)			
GBP	To: Northern Trust (Guernsey) Limited Address: P.O Box 71, Trafalgar Court, Les Banques, St. Peter Port, Guernsey GY1 3DA A/c Number: 6151 1637 Direct on CHAPS: 404884 Swift Code: BBCOGGSP			
NOK	N/A	N/A	To: Den Norske Bank Address: Kirkegaten 21, Oslo 1, Norway Swift Code: DNBANOKK A/c Number: NO947002 02 32399 A/c Name: Northern Trust (Guernsey) Limited (BBCOGGSP)	N/A
SEK	N/A	N/A	To: Skandinaviska Enskilda Banken AB (Publ) Address: Stockholm Swift Code: ESSESESS A/c Number: 5201-8535668 A/c Name: Northern Trust (Guernsey) Limited (BBCOGGSP)	N/A

For Further Credit to:

Fund Name	Liontrust Pan European Fund	Liontrust Asia Fund	Liontrust Emerging Markets Absolute Return Fund	Liontrust Asia Absolute Return Fund
IBAN (Euro)	GB12BBCO40488401325500	GB28BBCO40488401325600	GB64BBCO40488401333100	GB58BBCO40488401336700
Reference Code	13255	13256	13331	13367
Ref Investor Name:				

All investors’ subscription payments should be reference with the relevant Fund’s code as disclosed on the above table.

MONIES MUST COME FROM THE ACCOUNT OF THE INVESTOR

Please specify your Ordering Institution details for subscriptions

Currency _____ Correspondent Bank _____

Swift/ABA _____ Account Number _____

4. DISTRIBUTION REQUIREMENTS

Failure by a Shareholder to provide required documentation in connection with anti-money laundering procedures will result in a Shareholders dividend being automatically reinvested.

I/We would like our distribution re-invested Paid by Telegraphic Transfer
 Please confirm if you would like your distribution paid to the account details already specified above
 If not, please enter the banking details for the payment of distributions.

Name of Bank		
A/c Name		
Address of Bank		
A/c Number		
Sort Code		
IBAN NO		
Swift Code		Reference Code:

NO THIRD PARTY PAYMENTS WILL BE UNDERTAKEN

5. AGENT REQUIREMENTS (to be completed by Financial Agents, Nominees and Intermediaries)

Agents Details

Contact Name _____

Agent Name _____

Address _____

Contact Fax Number _____ Contact Telephone Number _____

VAT Registration Number _____

Regulator _____ Regulator Approval Number _____

Agents Stamp

Agency Number: _____ Commission Terms agreed with the Fund Promoter: _____

6. ANTI-MONEY LAUNDERING DOCUMENTATION REQUIREMENTS

Liontrust Umbrella Fund plc
Anti-Money Laundering Verification Requirements in accordance with the
Criminal Justice Act, 1994 &
EU Savings Directive Requirements for EU Resident Individuals outside of Ireland
(In accordance with the Directive 2003/48/EC (the “Directive”))

Guide to completing this form.

- **Part I** This section must be completed by **All** fund applicants and transferees
- **Part II** This section can only be completed by **banks, providers of financial services and nominee companies** acting on their own account and if authorised and regulated in the EU, Australia, Canada, the Channel Islands, Hong Kong, Iceland, the Isle of Man, Japan, Liechtenstein, New Zealand, Norway, Singapore, Switzerland, Turkey or the USA.
- **Part III** This section is only applicable to **individual & Joint investors** investing directly into the Fund, i.e. not through an intermediary
- **Part IV** This section can only be completed by **intermediaries, agents and nominees** acting on behalf of third parties.
- **Part V** To be completed by **all individual & Joint** applicants who are EU residents not residing in Ireland
- **Part VI** This section is only applicable to **partnerships and trusts** investing directly into the Fund
- **Part VII** This section is only applicable to **companies** investing directly into the Fund
- **Part VIII** This section is only applicable to **institutional investors** investing directly into the Fund

PART I - ALL

Full name(s) and full current permanent address/registered office of applicants(s)/transferee(s):

Mr/Mrs/Miss/Ms/Company Name: _____

Address/Registered Office: _____

Date of Birth (if applicable): _____

Country of Birth/Registration: _____

DECLARATION - I/We declare that the information contained in this form and the attached documentation, if any, is true and accurate to the best of my/our knowledge and belief.

Date: _____

Signed:	1. _____	Signatory Capacity if applicable (i.e. Director/manager) _____
	2. _____	_____
	3. _____	_____
	4. _____	_____

In the case of joint holders, ALL holders must complete this declaration.

PART II – Financial Company, Bank, Nominee, etc.

Please tick the following box, if appropriate:

I/We are a bank/provider of financial services or a nominee company/nominee account which is part of/used by a bank/provider of financial services authorised and regulated in the European Union, Australia, Canada, the Channel Islands, Hong Kong, Iceland, the Isle of Man, Japan, Liechtenstein, New Zealand, Norway, Singapore, Switzerland, Turkey or the USA, acting for our own account.

YES

If answer is Yes, please supply the name of regulated entity and also the name of your regulator:

If you are acting on behalf of a third party you must complete part IV

PART III - Individuals and Joint Holders

If you, as applicant(s) or transferee(s) is/are an INDIVIDUAL(S) please supply the following documents. In the case of joint holders, please supply the relevant documentation in respect of ALL holders.

1. Certified* copy of your photo identification card/passport **AND**
2. Two forms of address verification. This can be supplied as one of the following options:
 - 1) Certified copies of 2 different utility bills OR
 - 2) Certified copy of utility bill and a Bank statement

** All of the above copies can be certified by any of the following; a police officer, chartered and certified public accountant, notaries public, solicitor embassy and consular staff and your Bank or IPA if authorised and regulated in the EU, Australia, Canada, the Channel Islands, Hong Kong, Iceland, the Isle of Man, Japan, Mexico, New Zealand, Norway, Singapore, Switzerland, Turkey or the USA.*

PART IV – (to be completed by Financial Agents, Nominees and Intermediaries)

As an intermediary/ agent/ nominee authorised and regulated in European Union, Australia, Canada, the Channel Islands, Hong Kong, Iceland, the Isle of Man, Japan, New Zealand, Norway, Singapore, Switzerland, Turkey or the US acting on behalf of a third party, please sign below.

TO BE COMPLETED BY AGENT/NOMINEE/INTERMEDIARY

I/we (name and address of agent/ intermediary) _____

confirm that we are regulated in _____ (insert jurisdiction) by _____ (name of Regulator).

We undertake to verify the identity of all third parties on whose behalf we purchase shares in the Fund. We further undertake to retain for five years from the date our relationship with the subscriber ends, copies of any documentation obtained by us in so verifying and if/when requested to do so by the Fund, provide copies of said documentation. In addition should our relationship with the subscriber end we confirm that we will provide you with all identification and verification documentation.

The person signing below confirms that he/she is duly authorised to sign this declaration on behalf of the above mentioned intermediary/agent.

Capacity of signatory (Director/Manager etc) _____

Signature _____ (Please print name in block capitals)

Date _____

**Part V – Individual and Joint Investors - Only those Resident in EU Relevant Jurisdictions
(Appendix I)**

EU SAVINGS DIRECTIVE 2003/48/EC – Please complete if you are an EU Resident residing outside of Ireland only.

As paying agent for the Fund, we must collect additional information in order to satisfy the EU Savings Directive requirements. Therefore, individuals who are EU residents (Appendix I) and reside outside of Ireland must provide the following additional information & documentation:

Tax Identification Number (TIN) _____ (mandatory)

Please leave blank if - your tax identification number does not appear on your passport, photo identity card or other proof of identity provided.

Issuing Country of your Passport / Photo Identity Card _____

Additional documents required (only if investing directly in your own or joint names (i.e. whether or not it is via an intermediary):

- 1) **Proof of Tax Identification Number (TIN)** if available (e.g. photo identity card which shows the tax identification number or correspondence from your local tax office)
- 2) **Tax Residency Certificate (TRC)** (where the place of issuing country of passport differs from country of tax residence)

In the case of Joint Holders, the additional documentation is required for each applicant.

Your personal information will be handled by Northern Trust or it's duly appointed delegates as Data Processor for the Fund in accordance with the Data Protection Acts 1988 to 2003. Your information provided herein will be processed for the purposes of complying with the Directive and this may include disclosure to the Irish Revenue Commissioners.

**PART VI - PARTNERSHIP, TRUST or
INVESTMENT CLUB, COMINGLED FUND of INDIVIDUAL INVESTORS**

If you are an applicant/transferee that is a PARTNERSHIP or TRUST, INVESTMENT CLUB or COMINGLED FUND of individual Investors, please supply the following:

1. List of names, date of birth, occupation and permanent addresses of all partners/trustees/beneficiaries.
2. *Certified copies of the above partners'/trustee's/beneficiaries' identification as per part III for an individual and part VI for a company.
3. Evidence of the above partners'/trustee's authority to make investments in the Company on behalf of the partnership/trust/Club.
4. *Certified authorised signatory list.
5. *Certified copy of partnership agreement/trust deed.

* *To be certified by your bank/lawyer or solicitor/notary public.*

PART VII – A Company

If you are an applicant/transferee that is a COMPANY, please supply:

1. ****Certified copy Certificate of Incorporation or Certificate to Trade.**
2. **Memorandum and Articles of association**
3. ***Certified authorised signatory list.**
4. ***Authorised mandate of the directors to make the investment (i.e. copy of board minutes).**
5. **List of all directors' names, occupations, residential and business addresses and dates of birth.**

*** Certified by Companies Registration Office, solicitor or bank*

** To be certified by your bank/lawyer or solicitor/notary public.*

AND

If the company is **not quoted** on a Stock Exchange in the European Union, Australia, Canada, the Channel Islands, Hong Kong, Iceland, the Isle of Man, Japan, Liechtenstein, New Zealand, Norway, Singapore, Switzerland, Turkey or the USA, please also supply:

- * Identification as per individual investor (see part III above) for at least 2 directors and all persons authorised to operate on the account
- * List of names, addresses, dates of birth and occupations of shareholders holding 10% or more of the share capital.

PART VIII - Institutional Investor e.g. pension fund, local authority, or charity etc
(Please note this is not an exhaustive list of Institutional Investors)

If you are an applicant/ transferee that is an Institutional Investor e.g. pension fund, local authority, or charity, please supply the following:

1. List of names, dates of birth, occupation and permanent addresses of all governors/board members/partners
2. *Certified copies of the above governors/board members/partners' identification cards/passports and certified copies of proof of address as per part III above.
3. *Certified authorised signatory list.
4. Properly authorised mandate of persons completing the form to act on behalf of the applicant.
5. Documentary evidence of the regulatory status of the applicant, please contact the administrator for further details.

** To be certified by your bank/lawyer or solicitor/notary public.*

If you are unable to complete any part of this form please contact the Administrator +353 1 434 5150

EU Savings Directive – the List of ‘Relevant Jurisdictions’ and Third Countries
--

Ireland will send information to the 24 other member states. Ireland will receive information from the other member states except from those marked * - those marked * will impose a *withholding tax*.

Austria*	Belgium*
Cyprus	Czech Republic
Denmark	Estonia
Finland	France
Germany	Greece
Hungary	Italy
Latvia	Lithuania
Luxembourg*	Malta
Netherlands	Poland
Portugal	Slovakia
Slovenia	Spain
Sweden	United Kingdom
Romania	Bulgaria

Dependant or associated territories of Member States (Netherlands and the UK)

Ireland will send information to Aruba and Netherlands Antilles. Ireland will receive information from Aruba but not from Netherlands Antilles – they will impose a *withholding tax*.

Dutch Territories:
Aruba
Netherlands Antilles

Ireland will send information to Jersey, Guernsey and Isle of Man. Ireland will not receive information from them – they will impose a *withholding tax*.

UK Territories:
Jersey
Guernsey
Isle of Man

Ireland will send information to and receive information from Anguilla.
Ireland will not send information to or receive information from British Virgin Islands - they will impose a *withholding tax*.
Ireland will not send information to but will receive information from Cayman Islands.
Ireland will send information to and receive information from Montserrat.
Ireland will not send information to or receive information from Turks and Caicos Islands - they will impose a *withholding tax*.

Anguilla
British Virgin Islands
Cayman Islands
Montserrat
Turks and Caicos Islands.

These countries are not participating in automatic exchange of information. To the extent that they will exchange information it will be on a request basis only. Their participation is confined to imposing a *withholding tax*.

Andorra
Liechtenstein
Monaco
San Marino
Switzerland

The information contained herein has been obtained from sources which we believe to be reliable, but its accuracy cannot be guaranteed. Such information is subject to change, is intended for informational purposes only, and is not to be construed as investment advice, tax advice or guidance.

7. REPRESENTATIONS AND WARRANTIES

1. I/We confirm that I am/we are 18 years of age or over.
2. I/We, having received and considered a copy of the current Prospectus, any relevant supplements thereto and the most recent annual and/or semi-annual report of the Company (if any), hereby confirm and declare that this application is based solely on the information contained in such documentation and is made pursuant to the terms of this Application Form.
3. I/We agree that the issue and allotment to me/us of the Shares is subject to the provisions of the Prospectus and the relevant supplements thereto, that subscription for Shares will be governed and construed in accordance with Irish law and I/we confirm that by subscribing for Shares, I/we are not relying on any information or representation other than such as may be contained in the Prospectus, the relevant supplements and the most recent annual or semi annual report (if available) thereto.
4. I/We agree to notify the Company or the Administrator immediately if I/we become aware that any of the representations is no longer accurate and complete in all respects and agree immediately to take such action as the Company may direct, including where appropriate, the redemption of my/our holding in its entirety. I/We agree to indemnify each of the Administrator and the Company and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any breach of any of the representations, warranties or declarations given by me/us in this Application Form.
5. I/We have such knowledge and experience in business and financial matters or have obtained advice from a professional adviser such that I am/we are capable of evaluating the merits, and the risks, of an investment by me/us in the Company.
6. I/We understand that the tax disclosure set forth in the Prospectus and the relevant supplements 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.
7. I/We acknowledge the right of the Company at any time to require the mandatory redemption of Shares in the circumstances provided for in the Prospectus and the relevant supplements thereto.
8. Please tick (✓) as appropriate:-
 - (a) I am a U.S. Person (as defined in the Prospectus) and have completed Schedule X for applicants who are U.S. Persons; or
 - (b) I/We hereby certify that the Shares are not being acquired for the benefit of, directly or indirectly, any U.S. Person nor in violation of any applicable law, and that I/we will not, subject to the conditions set forth in the Prospectus, sell or offer to sell or transfer Shares in the United States or to or for the benefit of a U.S. Person.

In particular: (a) I/we understand that the Company has not been and will not be registered under the United States Investment Company Act of 1940, as amended, that the Shares have not been registered and will not be registered under the United States Securities Act of 1933, as amended, and that the Shares have not been qualified under the securities laws of any state of the United States and may not be offered, sold or transferred in the United States or to or for the benefit of, directly or indirectly, any U.S. Person; (b) I am not/none of us is a U.S. Person; and (c) I am not/none of us is acquiring the Shares for the account or benefit, directly or indirectly, of any U.S. Person or with a view to their offer, sale or transfer within the United States or to or for the account or benefit, directly or indirectly, of any U.S. Person.

9. I/We will hold Shares on behalf of a U.S. Taxpayer (as defined below):

Yes No (please tick the appropriate box)

If the “yes” box is ticked, then I/we understand the U.S. tax consequences of such an investment. I/We agree to provide the Company with such additional tax information as it may from time to time request.

“U.S. Taxpayer” is defined to include a U.S. citizen or resident alien of the United States (as defined for United States federal income tax purposes); any entity treated as a partnership or corporation for U.S. tax purposes that is created or organised in, or under the laws of, the United States or any state thereof (including the District of Columbia); any other partnership that is treated as a U.S. Taxpayer under U.S. Treasury Department regulations; any estate, the income of which is subject to U.S. income taxation regardless of source; and any trust over whose administration a court within the United States has primary supervision and all substantial decisions of which are under the control of one or more U.S. fiduciaries. Persons who have lost their U.S. citizenship and who live outside the United States may nonetheless, in some circumstances, be treated as U.S. Taxpayers.

An investor may be a “U.S. Taxpayer” but not a “U.S. Person”. For example, an individual who is a U.S. citizen residing outside of the United States is not a “U.S. Person” but is a “U.S. Taxpayer”.

10. I/We declare that the entity hereby subscribing for Shares is neither a Benefit Plan Investor nor investing on behalf of or with any assets of a Benefit Plan Investor as defined below. (Benefit Plan Investors should contact the Administrator.)

“Benefit Plan Investor” is used as defined in U.S. Department of Labor (“DOL”) Regulation § 2510.3-101(f)(2), and includes (i) any employee benefit plan (as defined in Section 3(3) of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”)), whether or not such plan is subject to Title I of ERISA (which includes both U.S. and non-U.S. plans, plans of governmental entities as well as private employers, church plans, and certain assets held in connection with nonqualified deferred compensation plans); (ii) any plan described in Section 4975(e)(1) of the Internal Revenue Code of 1986, as amended, (the “Code”) (which includes a trust described in Code Section 401(a) which forms a part of a plan, which trust or plan is exempt from tax under Code Section 501(a), a plan described in Code Section 403(a), an individual retirement account described in Code Section 408 or 408A or an individual retirement annuity described in Code Section 408(b), a medical savings account described in Code Section 220(d) and an education savings account described in Code Section 530); and (iii) any entity whose underlying assets include plan assets by reason of a plan’s investment in the entity (generally because 25 per cent. or more of a class of interests in the entity is owned by plans). Benefit Plan Investors also include that portion of any insurance company’s general account assets that are

considered “plan assets” and (except if the entity is an investment company registered under the 1940 Act) the assets of any insurance company separate account or bank common or collective trust in which plans invest.

11. If I am/we are a commodity pool, my/our investment is directed by an entity which (i) is not required to be registered in any capacity with the CFTC or to be a member of the National Futures Association (“NFA”), (ii) is exempt from registration or (iii) is duly registered with the CFTC in an appropriate capacity or capacities and is a member in good standing of the NFA.
12. Investment Company Representations:
 - (a) I am/We are neither an investment company required to be registered under the Investment Company Act of 1940, as amended (the “1940 Act”), nor an issuer that, but for an exception from the definition of “investment company” under the 1940 Act, would be an investment company; or
 - (b) I am/We are an investment company subject to registration or would be an investment company but for an exception under the 1940 Act.

I/We have ____ U.S. Person beneficial owner(s).

(State the number, not the percentage, of U.S. Person beneficial owners. Investment companies with U.S. Person beneficial owners must contact the Administrator.)

13. I/We, if not a natural person, am/are duly organised, validly existing and in good standing under the laws of the jurisdiction in which I am/we are organised and I/we have the power and authority to enter into and perform my/our obligations under this Application Form.
14. I am/we are able to bear the economic risk of an investment in the Shares, including, without limitation, the risk of loss of all or a part of my/our investment. I/we do not have an overall commitment to investments which are not readily marketable that is disproportionate to my/our net worth, and my/our investment in the Shares will not cause such overall commitment to be excessive.
15. The Administrator and the Company are each hereby authorised and instructed to accept and execute any instructions in respect of the Shares to which this application relates given by me/us in written form or by facsimile. If the instructions are given by me/us by facsimile I/we undertake to confirm them in writing immediately. I/We hereby agree to indemnify each of the Administrator and the Company (on its own behalf and as agent of the Company) and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any of them acting upon facsimile instructions. The Administrator and the Company may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.
16. I/We acknowledge that due to anti-money laundering requirements operating within their respective jurisdictions the Administrator and the Company (as the case may be) may require further identification of the applicant(s) before the application can be processed and the Administrator and the Company (on its own behalf and as agent of the Company) shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information has been required by the parties referred to and has not been provided by me/us or has been provided in incomplete form.
17. I/We request that the Shares issued pursuant to this application are registered in the name(s) and address set out below.
18. I/We hereby accept such lesser number of Shares, if any, than may be specified above in respect of which this application may be accepted.
19. (In respect of joint applicants only) we direct that on the death of one of us the Shares for which we hereby apply be held in the name of and to the order of the survivor or survivors of us or the executor or administrator of the last of such survivor or survivors.
20. I/We consent to personal information obtained in relation to me/us being handled by the Administrator, the Company, the Custodian or the Investment Manager and their delegates, agents or affiliates in accordance with the Data Protection Acts 1988 to 2003. Information in relation to me/us will be held, used, disclosed and processed for the purposes of (a) managing and administering my/our holdings in the Company and any related account on an ongoing basis; (b) for any other specific purposes where I have given specific consent to do so; (c) to carry out statistical analysis and market research (d) to comply with any applicable legal or regulatory obligations including legal obligations under company law and anti-money laundering legislation; (e) and for disclosure and transfer whether in Ireland or elsewhere (including companies situated in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland) to third parties including my/our financial adviser (where appropriate), regulatory bodies, auditors, technology providers or to the Company and its delegates and its or their duly appointed agents and any of their respective related, associated or affiliated companies for the purposes specified above; (e) For other legitimate business interests of the Company. I/We hereby acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. I/We understand that the Company is a data controller and will hold any personal information provided by me/us in confidence and 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 that I/we make to and receive from the Administrator, the Company, the Custodian or the Investment Manager and their delegates or 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 Company or the Investment Manager sending information about other investment services to me/us by letter, telephone or other reasonable means of communication. I/We understand that I/we have a right not to receive such information.
21. I/We hereby authorise the Company and the Administrator to retain all documentation provided by me/us in relation to my/our investment in the Company for such period of time as may be required by Irish law, but for not less than five years after the period of investment has ended.

8. DECLARATION OF RESIDENCE OUTSIDE THE REPUBLIC OF IRELAND

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. Terms used in this declaration are defined in the Prospectus.

Declaration on own behalf

I/we* declare that I am/we are* applying for the shares on my own/our own behalf/on behalf of a company* and that I am/we are/the company* is entitled to the shares 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 will/we will* so inform you, in writing, accordingly.

***Delete as appropriate (mandatory)**

Declaration as Intermediary

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

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

I/we* also declare that:

- unless I/we* specifically notify you to the contrary at the time of application, all applications for shares made by me/us* from the date of this 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, becomes resident in Ireland.

***Delete as appropriate (mandatory)**

Name and address of applicant: _____

Signature of applicant or authorised signatory: _____ (declarant)

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

Joint applicants:

Names _____ Signatures _____

IMPORTANT NOTES

1. Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.
2. 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.
3. 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.

¹ **Declaration of Residence within the Republic of Ireland**
Declaration referred to in Section 739D(6) Taxes Consolidation Act, 1997

- I declare that the information contained in this declaration is true and correct.
- I also declare that I am applying for the shares on behalf of the applicant named below who is entitled to the shares in respect of which this declaration is made and is a person referred to in Section 739D (6) of the Taxes Consolidation Act, 1997, being a person who is: (please tick as appropriate).
- A pension scheme
- A company carrying on life business within the meaning of section 706 TCA 1997
- An investment undertaking
- A special investment scheme
- A unit trust to which section 731(5) (a) TCA 1997 applies;
- A charity being a person referred to in section 739D(6)(f)(i) TCA 1997;
- A qualifying management company
- A specified company
- Entitled to exemption from income tax and capital gains tax by virtue of sections 784A(2), and 787I of the TCA 1997, (see further requirements for Qualifying Fund Manager below).
- A credit union to which Section 2 of the Credit Union Act, 1997 applies.

Additional requirement where the declaration is completed on behalf of a pension scheme, a company carrying on life business within the meaning of section 706 TCA 1997, an investment undertaking, a special investment scheme, a unit trust to which section 731(5) (a) TCA applies, a qualifying management company or a credit union to which Section 2 of the Credit Union Act 1997 applies

- I undertake that, in the event that the shares cease to be assets of the *pension scheme/company carrying on life business within the meaning of section 706 TCA 1997/investment undertaking/special investment scheme/unit trust to which section 731(5) (a) TCA applies/qualifying management company/credit union to which Section 2 of the Credit Union Act 1997 applies, including a case where the shares are transferred to another such entity, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly. (*Delete as appropriate).

Additional requirements where the declaration is completed on behalf of a Charity

- I also declare that at the time of making this declaration, the shares in respect of which this declaration is made are held for charitable purposes only and;
- Form part of the assets of a body of persons or trust related by the Revenue Commissioners as a body or trust established for charitable purposes only, or are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Revenue Commissioners.
- I undertake that, in the event that the person referred to in paragraph (7) (d) of Schedule 2B TCA 1997 ceases to be a person referred to in Section 739D(6)(f)(i) TCA 1997, I will by written notice, bring this fact to the attention of the investment undertaking accordingly.

Additional requirements where the declaration is completed by a Qualifying Fund Manager

I also declare that at the time this declaration is made, the share in respect of which this declaration is made;

- Are assets of an *approved retirement fund/an approved minimum retirement fund, and
- Are managed by the declarant for the individual named below who is beneficially entitled to the shares.

I undertake that, if the shares cease to be assets of the *approved retirement fund/the approved minimum retirement fund, including a case where the shares are transferred to another such fund, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly. (* Delete as appropriate).

Additional requirements where the declaration is completed by an Intermediary

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

- to the best of my/our* knowledge and belief, have beneficial entitlement to each of the units in respect of which this declaration is made; and
- is a person referred to in section 739D(6) TCA 1997.

I/we* also declare that

- unless I/we* specifically notify you to the contrary at the time of application, all applications for shares/units made by me/us* from the date of this application will be made on behalf of persons referred to in section 739D(6) TCA 1997; and
- I/we* will inform you in writing if I/we* become aware that any person ceases to be a person referred to in section 739D(6) TCA 1997. * **Delete as appropriate**

Name of Applicant: _____

² Irish Tax Reference Number of Applicant: _____

³ Authorised Signatory: _____ (Declarant) (Mr/Ms/etc.)

Capacity in which declaration is made: _____ Date: _____

IMPORTANT NOTES

¹This is a form authorised by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration.

²Tax reference number in relation to a person, has the meaning assigned to it by Section 885 TCA 1997 in relation to a “specified person” within the meaning of that section. In the case of a charity, quote the Charity Exemption Number (CHY) as issued by Revenue. In the case of a qualifying fund manager, quote the tax reference number of the beneficial owner of the shares.

³In the case of (i) an exempt pension scheme, the administrator must sign the declaration (ii) a retirement annuity contract to which Section 784 or 785 applies, the person carrying on the business of granting annuities must sign the declaration (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other authorised officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA 1997. In the case of a company, the declaration must be signed by the company secretary or other authorised officer. In the case of a unit trust it must be signed by the trustees. In any other case, it must be signed by an authorised officer of the entity concerned or a person who holds a power of attorney from the entity. If the latter, a copy of the power of attorney should be furnished in support of this declaration.

9. SIGNATURE

SIGNATURE

I / We declare that the information contained in this form and any attached documentation is true and accurate to the best of my/our knowledge and belief.

Date: _____

Signed:	Signatory Capacity if applicable (i.e. Director/manager)
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1. _____	_____
----------	-------

2. _____	_____
----------	-------

3. _____	_____
----------	-------

4. _____	_____
----------	-------

In the case of joint holders, ALL holders must complete this declaration.

10. APPENDIX 1

ERISA DECLARATION

I/We declare that I/we are (or are the using the assets of), or may become during the period in which I/we hold any Shares, (i) an employee benefit plan (as defined in Section 3(3) of ERISA), that is subject to Part 4 of Subtitle B of Title I of ERISA, (ii) a plan subject to section 4975 of the Internal Revenue Code of 1986, as amended, or (iii) any entity whose underlying assets include plan assets by reason of a plan's investment in the entity (a "Benefit Plan Investor"), and I/we recognise and acknowledge that it is at the Manager's sole and absolute discretion whether my/our application for Shares will be accepted.

I/We declare that, I/we are not (and are not using the assets of) a Benefit Plan Investor to purchase or hold any Shares, and during the period I/we hold any Shares, no such Shares will be or be deemed to be held by any Benefit Plan Investor.

If I/we are (or are using the assets of) a Benefit Plan Investor that is a collective investment fund or insurance company general account, no more than ____% of such assets (as determined pursuant to applicable rules and regulatory guidance) investing in Shares pursuant hereto constitute assets of Benefit Plan Investors, and I/we agree to notify the Manager promptly of any increase in such percentage.

If I/we are (or are deemed to be using the assets of) a Benefit Plan Investor, the applicable responsible fiduciary of such Benefit Plan Investor (the "Plan") has (A) considered the following with respect to the Plan's investment in the Fund and has determined that, in view of such considerations, the purchase of the Shares is consistent with its fiduciary duties under ERISA: (i) whether the investment in the Fund is prudent for the Plan; (ii) whether the Plan's current and anticipated liquidity needs would be met, given the limited rights to redeem or transfer the Shares; (iii) whether the investment would permit the Plan's overall portfolio to remain adequately diversified; and (iv) whether the investment is permitted under documents governing the Plan, and (B) (i) is responsible for the decision to invest in the Fund; (ii) is independent of the Fund, the Manager and any of their affiliates; (iii) is qualified to make such investment decision and has, to the extent it deems necessary, consulted its own investment advisors and legal counsel regarding the investment in the Fund; and (iv) in making its decision to invest in the Fund has not relied on any advice or recommendation of the Fund, the Manager or any of their affiliates as a primary basis for investing in the Fund.

The terms of the Scheme Particulars as received by me/us comply with our governing instruments and applicable laws governing the Plan, and I/we shall promptly advise the Manager in writing of any changes in any governing law or any regulations or interpretations there under affecting the duties, responsibilities, liabilities or obligations of the Fund, the Manager or any of its employees, agents or affiliates to the Plan.

I/We hereby declare and represent that I/we are not and for so long as I/we hold any Shares in the Fund will not be a "controlling person". For the purposes of this representation, a "controlling person" is any person or entity (other than a Benefit Plan Investor) that has discretionary authority or control with respect to any assets of the Fund, a person who provides investment advice for a fee (direct or indirect) with respect to any assets of the Fund, or any "affiliate" (within the meaning of 29 U.S. C.F.R. Section 2510.3-101(f)(3)) of any such person).



11. APPENDIX 2

REBATE REQUIREMENTS (FOR OFFICE USE ONLY)

Apply rebate on this Fund	<input type="checkbox"/>
Management Fee	
Investor Fee rebate	
Frequency of rebate	
Paid or Re-invested	
Side letter received	
Date	

Liontrust Umbrella Fund plc Additional Subscription Form

Please complete this form in blue or black ink using **BLOCK CAPITALS**.

Liontrust Umbrella Fund plc
c/o Northern Trust International Fund Administration (Ireland) Ltd
George's Court
54-62 Townsend Street
Dublin 2
Ireland

Phone: +353 1 434 5150
Fax: +353 1 670 1185

REGISTERED INFORMATION

Registered Account Name	<input type="text"/>		
Account Number	<input type="text"/>		
Your Company Contact	Name:	Phone No:	
		Fax No:	
		E-Mail Address:	

Please tick (✓) the currency in which the investment will be made

EURO	<input type="checkbox"/>	SEK	<input type="checkbox"/>
GBP	<input type="checkbox"/>	OTHER (<i>Please Specify</i>)	<input type="text"/>
USD	<input type="checkbox"/>		
NOK	<input type="checkbox"/>		

DEAL INSTRUCTIONS

Amount to be invested	Amount	<input type="text"/>	Shares	<input type="text"/>
Amount in words	<input type="text"/>			
Name of Fund	<input type="text"/>			

ORIGINATING ACCOUNT DETAILS

Bank Name	<input type="text"/>		
Bank Address	<input type="text"/>		
Sort Code	<input type="text"/>	ABA	<input type="text"/>
Account Name	<input type="text"/>		
Account Number	<input type="text"/>		
Payment Reference	<input type="text"/>		

Please note:

Monies must originate from the account of the investor. Failure to complete these details accurately and in accordance with the original signed application form and forward monies within the settlement time scale will result in the loss of good value and an interest claim from the Fund

I/We confirm that I/we have the authority to make this investment.

I/We hereby agree to indemnify and hold harmless the Manager, the Administrator, and the Distributor and their respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Fund. The Manager, the Administrator, or the Distributor will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed to be genuine.

Authorised Signatories

Print Name

Signatory 1	<input type="text"/>	<input type="text"/>
Signatory 2	<input type="text"/>	<input type="text"/>
Signatory 3	<input type="text"/>	<input type="text"/>
Signatory 4	<input type="text"/>	<input type="text"/>

Date



Liontrust Umbrella Fund plc Additional Redemption Form

Please complete this form in blue or black ink using BLOCK CAPITALS

Liontrust Umbrella Fund plc
c/o Northern Trust International Fund Administration (Ireland) Ltd
George's Court
54-62 Townsend Street
Dublin 2
Ireland

Phone: +353 1 434 5150
Fax: +353 1 670 1185

REGISTERED INFORMATION

Registered Account Name	<input type="text"/>		
Account Number	<input type="text"/>		
Your Company contact	Name:	Phone No:	
		Fax No:	
		E-mail Address:	

DEAL INSTRUCTIONS

Amount to be redeemed	Amount	<input type="text"/>	Shares	<input type="text"/>
Amount in words	<input type="text"/>			
Name of (Sub) Fund	<input type="text"/>			

BANK ACCOUNT DETAILS *(Where the below bank account instructions differ from those held on file by the administrator, an original, signed copy of the new instructions must be received by the administrator in advance of the remittance of redemption proceeds).*

Bank Name	<input type="text"/>		
Bank Address	<input type="text"/>		
Sort Code	<input type="text"/>	ABA	<input type="text"/>
Account Name	<input type="text"/>		
Account Number	<input type="text"/>		



IBAN Number	<input type="text"/>
Correspondent Bank & Swift Code	<input type="text"/> Name: Swift Code:
F.F.C to	<input type="checkbox"/>
Account Name	<input type="text"/>
Account Number	<input type="text"/>

Please note:

Failure to complete these details accurately and in accordance with the original signed application form will result in the loss of good value and an interest claim from the Fund.

I/We confirm that I/we have the authority to make this redemption request.

I/We hereby agree to indemnify and hold harmless the Manager, Administrator, or the Distributor and their respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Manager. The Manager, Administrator or the Distributor (will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed to be genuine.

Authorised Signatories

Print Name

Signatory 1

Signatory 2

Signatory 3

Signatory 4

Date