

Alternative Investment Managers Selection plc (the “Fund”)

Share Application Form

I. Instructions

All Subscribers

Please complete pages A-2 through A-3 by (i) filling in the subscription amount in the relevant Sub-Fund’s Class Share and (ii) checking the appropriate box confirming that subscription monies have been wire transferred to the Fund’s administrator, HSBC Securities Services (Ireland) Limited (“Administrator”), as per the relevant instructions. Please complete the banking information on page A-4, the anti-money laundering information on pages A-5 through A-9 and the registration information on page A-10. Please complete and execute the subscription application Signature Page on page A-11 together with the Declaration of Residence Outside the Republic of Ireland form on page A-12.

PLEASE MAKE SURE TO READ THIS SUBSCRIPTION PACKAGE, INCLUDING ALL ATTACHMENTS, IN ITS ENTIRETY, AS IT CONTAINS REPRESENTATIONS AND AGREEMENTS TO WHICH SUBSCRIBERS ARE BOUND AS WELL AS INFORMATION CONCERNING THE OFFERING OF SHARES IN THE FUND.

Signature Page

If a subscription is by an individual (including more than one), the “Signature(s) of Individual Subscriber(s)” on page A-11 must be completed. If a subscription is by a trust, partnership, corporation or other entity, the “Signature(s) of Entity Subscriber(s)” on page A-11 must be completed.

Items to Be Delivered by Subscriber

- Completed and signed Share Application Form and Signature Page.
- Anti-Money Laundering Declarations.
- Any additional documentation which may have been requested by the Administrator or the Fund to be delivered.
- Euro and/or US Dollar remittance in the amount of the full purchase price for shares must be paid by wire transfer as follows:

Issuance of Shares

Following any subscription for Shares of the Fund, the Shares will be held by the Fund’s Administrator in the name of the Subscriber. The Administrator will issue statements upon request of the Subscriber showing the number of Shares owned by the Subscriber.

Administrator Contact Information

HSBC Securities Services (Ireland) Limited
The Manager, Shareholder Services
HSBC House, Harcourt Centre, Harcourt Street
Dublin 2, Ireland

Tel: +353 1 488 2892
Fax: +353 1 407 2293

(To be retained by investors for reference purposes)

II. Subscription

Application Form Submission

Completed application forms should be returned by fax to the Administrator at +353 1 407 2293. No redemption or conversion requests will be processed prior to receipt by the Administrator of this original form and supporting documentation.

The original document must also be returned by mail as follows:

HSBC SECURITIES SERVICES (IRELAND) LIMITED
The Manager, Shareholder Services
HSBC House, Harcourt Centre
Harcourt Street
Dublin 2, Ireland
Re: Alternative Investment Managers Selection plc
Tel: +353 1 488 2892

Amount of Remittance	Sub-Fund	Class Shares
<input type="checkbox"/> USD _____	AIMS Low Volatility Fund	USD Class Shares
<input type="checkbox"/> EUR _____	AIMS Low Volatility Fund	EUR Class Shares
<input type="checkbox"/> USD _____	AIMS Medium Volatility Fund	USD Class Shares
<input type="checkbox"/> EUR _____	AIMS Medium Volatility Fund	EUR Class Shares

Application

I/We hereby apply for allotment of the above US Dollar or Euro amount in the Fund upon the terms of the Prospectus, which I/we have received and read and subject to the provisions of the Memorandum and Articles of Association of the Fund as amended from time to time.

I/We hereby confirm that I am/we are 18 years of age or over and I/we have the authority to make the investment pursuant to this Application Form whether this investment is in my/our own name or is made on behalf of another person or institution.

I/we acknowledge that I am/we are able to afford a shareholding and investment in a speculative venture having the risks and objectives of the Fund.

I/we declare that I am/we are not a US Person and certify that the Shares applied for are not being acquired for the benefit of, directly or indirectly, any US person nor in violation of any applicable law or regulation, and I/we will not sell or offer to sell or transfer Shares to a US person or any person in violation of any applicable law or regulation.

Payments for Shares must be made in the denominated currency of the relevant Share Class.

Funding

I/We have wire transferred a remittance payable in US Dollars or Euros to HSBC Securities Services (Ireland) Limited as specified on Page A-1.

Please confirm by marking box:

For US Dollar Payments **Funds should be paid in MT103 format with the following details:**

Correspondent Bank:	HSBC BANK USA INC, 140 Broadway, New York, NY 10015 - USA
SWIFT / BIC Code:	MRMDUS33
ABA No:	021 001088
For Account :	HSBC BANK PLC LONDON
A/c No :	000023868
IBAN Code:	GB90MIDL40051558704508
SWIFT / BIC Code:	MIDLGB22
Sort Code:	40-05-15
Beneficiary :	HSBC Securities Services (Ireland) Ltd
Beneficiary a/c nNo. :	58704481
IBAN Code:	GB43MIDL40051558704481
Reference:	[Sub Fund Name] / Investor Name

For Euro payments **Funds should be paid in MT103 format with the following details:**

Correspondent Bank:	HSBC BANK PLC LONDON, 8 Canada Square, London E14 5HQ - GB
SWIFT / BIC Code:	MIDLGB22
IBAN Code:	GB90MIDL40051558704508
Sort Code:	40-05-15
Beneficiary :	HSBC Securities Services (Ireland) Ltd
Beneficiary a/c nNo. :	58704508
IBAN Code:	GB90MIDL40051558704508
Reference:	[Sub Fund Name] / Investor Name

Euroclear / Cedel

For investors wishing to hold Shares through Euroclear or Cedel, please contact your Euroclear or Cedel correspondent. The common code in Euroclear or Cedel for the Sub-Funds are as follows:

		Common Code	ISIN	Sedol
AIMS Low Volatility Fund	USD Class Share	9076301	IE00B04R9D27	B04R9D2
AIMS Low Volatility Fund	EUR Class Share	10350336	IE0008461851	0846185
AIMS Medium Volatility Fund	USD Class Share	13860866	IE0031012341	3101234
AIMS Medium Volatility Fund	EUR Class Share	15670606	IE0031918372	3191837

Faxed Instructions

The Fund and the Administrator are hereby authorised to accept and execute any instructions in respect of the Shares to which this application relates or which may in future be acquired by me/us which are given by me/us in written form or by facsimile and in the case of joint account holders which are given by such means by the first named applicant ("Instructions"). I/We hereby agree to indemnify the Fund and the Administrator 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 Instructions. The Fund and the Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any Instructions believed in good faith to be genuine and to be signed by properly authorised persons.

Consent to Telephone Recording

I/We hereby acknowledge and agree that the Administrator may record all telephone conversations between the Administrator and me/us.

Source of Funds & Future Return Payments

In order that we can efficiently reconcile all subscription amounts received to our Client Subscription account, we require that you provide the full banking details of the bank and account from which your subscription proceeds are being paid. Subscription payments should only be made by telegraphic transfer from a bank account in the investor’s own name. Any request for payment to another account must be to an account in the name of the investor at a recognised financial institution.

Future payments made by the administrator back to the investor will be returned to this account unless a written request for change has been received and approved by the administrator. Monies will only be paid or returned if permitted in accordance with applicable law.

Bank Account Full Name: _____

Bank Account Number: _____

Full Bank Name, Address and Sort Code / Swift / ABA Number:

Full Intermediary Bank Name, Address and Sort Code / SWIFT / ABA Number, if applicable:
(You should contact your own bank for clarification.)

Important

For Anti-Money Laundering purposes, you should attach a copy of a recent Bank Statement, thereby confirming the existence of this account or alternatively ensure that the above payee bank fully completes, stamps and signs-off the “Intermediary / Payee Bank Sign-Off” section at the end of this application form.

III. Anti-Money Laundering Representations/Declarations

1. I/We acknowledge that measures aimed at the prevention of money laundering will require verification of my/our identity, address and source of funds. I/We acknowledge that the Administrator reserves the right not to issue Shares until such time as the Administrator has received and is satisfied with all the information and documentation requested to verify my/our identity, address and source of funds. I/We acknowledge that the Administrator shall be held harmless against any loss arising as a result of a failure to process my/our application for Shares if such information and documentation as has been requested by the Administrator has not been provided by me/us.
2. I/We acknowledge that the Fund or the Administrator also reserves the right to refuse to make any redemption payment or distribution to a Shareholder if any of the Directors of the Fund or the Administrator suspects or is advised that the payment of any redemption or distribution moneys to such Shareholder might result in a breach or violation of any applicable anti-money laundering or other laws or regulations by any person in any relevant jurisdiction, or such refusal is considered necessary or appropriate to ensure the compliance by the Fund, its Directors or the Administrator with any such laws or regulations in any relevant jurisdiction.
3. I/We understand and agree that the Fund prohibits the investment of funds by any persons or entities that are acting, directly or indirectly, (i) in contravention of any applicable laws and regulations, including anti-money laundering regulations or conventions, (ii) on behalf of terrorists or terrorist organisations, including those persons or entities that are included on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"¹), as such list may be amended from time to time, (iii) for a senior foreign political figure², any member of a senior foreign political figure's immediate family or any close associate of a senior foreign political figure, unless the Fund, after being specifically notified by me/us in writing that I/we am/are such a person, conducts further due diligence, and determines that such investment shall be permitted, or (iv) for a foreign shell bank³ (such persons or entities in (i) - (iv) are collectively referred to as "Prohibited Persons").
4. I/We represent, warrant and covenant that: (i) I/we am/are not, nor is any person or entity controlling, controlled by or under common control with me/us, a Prohibited Person, and (ii) to the extent I/we have any beneficial owners⁴, (a) I/we have carried out thorough due diligence to establish the identities of such beneficial owners, (b) based on such due diligence, I/we reasonably believe that no such beneficial owners are Prohibited Persons, (c) I/we hold the evidence of such identities and status and will maintain all such evidence for at least five years from the date of my/our complete redemption from the Fund, and (d) I/we will make available such information and any additional information that the Fund may require upon request.

A-5

¹ The OFAC list may be accessed on the web at <http://www.treas.gov/ofac>

² Senior foreign political figure means a senior official in the executive, legislative, administrative, military or judicial branches of a foreign government (whether elected or not), a senior official of a major foreign political party, or a senior executive of a foreign government-owned corporation. In addition, a senior foreign political figure includes any corporation, business or other entity that has been formed by, or for the benefit of, a senior foreign political figure. The immediate family of a senior foreign political figure typically includes the political figure's parents, siblings, spouse, children and in-laws. A close associate of a senior foreign political figure is a person who is widely and publicly known internationally to maintain an unusually close relationship with the senior foreign political figure, and includes a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the senior foreign political figure.

³ Foreign shell bank means a foreign bank without a physical presence in any country, but does not include a regulated affiliate. A post office box or electronic address would not be considered a physical presence. A regulated affiliate means a foreign shell bank that: (1) is an affiliate of a depository institution, credit union, or foreign bank that maintains a physical presence in the United States or a foreign country, as applicable; and (2) is subject to supervision by a banking authority in the country regulating such affiliated depository institution, credit union, or foreign bank.

⁴ Beneficial owners will include, but not be limited to: (i) shareholders of a corporation; (ii) partners of a partnership; (iii) members of a limited liability company; (iv) investors in a fund-of-funds; (v) the grantor of a revocable or grantor trust; (vi) the beneficiaries of an irrevocable trust; (vii) the individual who established an IRA; (viii) the participant in a self-directed pension plan; (ix) the sponsor of any other pension plan; and (x) any person being represented by the Subscriber in an agent, representative, intermediary, nominee or similar capacity. If the beneficial owner is itself an entity, the information and representations set forth herein must also be given with respect to its individual beneficial owners. If the Subscriber is a publicly-traded company, it need not conduct due diligence as to its beneficial owners.

5. If any of the foregoing representations, warranties or covenants ceases to be true or if the Fund no longer reasonably believes that it has satisfactory evidence as to their truth, notwithstanding any other agreement to the contrary, the Fund may be obligated to freeze my/our investment, either by prohibiting additional investments, declining or suspending any redemption requests and/or segregating the assets constituting the investment in accordance with applicable regulations, or my/our investment may immediately be redeemed by the Fund, and the Fund may also be required to report such action and to disclose my/our identity to OFAC or other authority. In the event that the Fund is required to take any of the foregoing actions, I/we understand and agree that I/we shall have no claim against the Fund, the Investment Manager, the Administrator, and their respective affiliates, directors, members, partners, shareholders, officers, employees and agents for any form of damages as a result of any of the aforementioned actions.
6. I/We understand and agree that any redemption proceeds paid to me/us will only be paid to a bank account in my/our name and with a recognised financial institution.
7. I/We agree to indemnify and hold harmless the Fund, the Investment Manager, the Administrator, and their respective affiliates, directors, members, partners, shareholders, officers, employees and agents from and against any and all losses, liabilities, damages, penalties, costs, fees and expenses (including legal fees and disbursements) which may result, directly or indirectly, from any inaccuracy in or breach of any representation, warranty, covenant or agreement set forth in this section.

Please complete, as applicable, the information below relating to the nature of the Subscriber and provide the documentation indicated.

8. **Designated Body⁵**
I/We declare that I am/we are licensed as _____ (entity description) by the _____ (regulatory body) under the laws of _____ (country) and am/are thereby subject to regulations and/or guidelines which to the best of my/our knowledge and understanding are in accordance with the Financial Action Task Force Recommendations ("FATF") on the prevention of money-laundering. We attach independent verification of our licensed status. This application is made in my/our name on behalf of my/our clients whose identity has been properly verified by me/us in accordance with the guidelines.

Evidence of such verification will be retained for such period as is required by the country of our domicile and will be promptly supplied, to the extent permitted by applicable law, to the Administrator or the Fund upon request. We confirm that we have adopted measures to prevent and detect the commission of an offence of financing terrorism and that all employees, directors and other officers have received the appropriate level of training to ensure these measures are applied. Furthermore, should our licence or registration as noted above, be revoked or altered at any future time or if the situation with regard to any of the clients introduced has changed, we undertake to advise you immediately. We further confirm we will provide the Administrator with a letter of assurance in connection with these matters in a form acceptable to the Administrator, if requested.

⁵ A Designated Body is an individual or other entity which is regulated in respect of the provision of banking or investment services in a country which is a member of the European Union or the Financial Action Task Force.

9. **Individuals Only (Natural Persons)**

I/We declare that I am a/we are private investor(s) who is/are making this application on my/our own behalf and not in any way as representative(s) of any other party.

Please supply the following:

- (a) certified** copy of your passport, national identity card or ID issued by a Government body showing the photograph and signature; and
- (b) TWO forms of address verification: for example original or certified** copies of two recent utility bills (no more than 3 months old) or a utility bill and a bank statement.

(Joint Account Holders: The same procedures should be applied to joint account holders as for individuals.)

Your personal information will be handled by the Administrator (as Data Processor on behalf of the Company) in accordance with the Data Protection Acts 1988 to 2003. Your information will be processed for the purposes of carrying out the services of Administrator, registrar and transfer agent of the Fund and to comply with legal obligations including legal obligations under company law and anti-money laundering legislation. The Administrator or the Fund will disclose your information to third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as auditors and the Irish Financial Services Regulatory Authority or agents of the Administrator who process the data for anti-money laundering purposes or for compliance with foreign regulatory requirements. The Subscriber hereby consents to the processing of his/her information, and the disclosure of his/her information as outlined above and to the Investment Manager and where necessary or in the Fund's or the Administrator's legitimate interests to any company in the Administrator's and/or the Investment Manager's group of companies or agents of the Administrator including companies situated in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland.

10. **Corporate Applicants Only**

We hereby declare that the corporation was duly registered on _____ (date) under the laws of _____ (country) and that it is not a financial intermediary.

Please supply the following:

- (a) certified** copy of Certificate of Incorporation (or equivalent);
- (b) certified** copy of Memorandum and Articles of Association (or equivalent document showing registered corporate office);
- (c) certified** copy of the corporation or entity's list of authorised signatories;
- (d) List of all directors' names, occupations, residential and business addresses and dates of birth as per the format below;
- (e) Identification as per individual investor (see 9 above) for two directors and all persons authorised to operate on the account. If the corporation is not listed on a recognised exchange or FATF domiciled, identification of all directors and authorised signatories is required; and
- (f) List of names, addresses, dates of birth and occupations of Shareholders holding 10% or more of the share capital.

(1) Director's Name: _____
Residential Address: _____
Business Address: _____
Occupation: _____ Date of Birth: _____

(2) Director's Name: _____
Residential Address: _____
Business Address: _____
Occupation: _____ Date of Birth: _____

(3) Director's Name: _____
Residential Address: _____
Business Address: _____
Occupation: _____ Date of Birth: _____

(4) Director's Name: _____
Residential Address: _____
Business Address: _____
Occupation: _____ Date of Birth: _____

Additional Directors' details should be supplied on a separate sheet of paper. The Administrator should be notified of any change in the Directors. The Administrator may also, without limitation, seek confirmation of shareholders and require additional information and/or documentation relating to the directors.

11. **Partnership or Trust Applicants**

Please supply the following:

- (a) List of names, date of birth, occupation and permanent addresses of all partners/trustees/beneficiaries where ascertainable /settlers;
- (b) Certified copies of the above partners'/trustee's/beneficiaries' where ascertainable /settlers identification as per 9 for an individual and 10 for a company;
- (c) Evidence of the above partners'/trustee's authority to make investments in the Fund on behalf of the partnership/trust and an appropriate certified authorised signatory list; and
- (d) Certified* copy of partnership agreement/trust deed.

12. **Institutional Applicants Only (e.g. pension fund, local authority, or charity)**

Please supply the following:

- (a) Certified* authorised signatory list and properly authorised mandate of persons completing the form to act on behalf of the applicant; and
- (b) Documentary evidence of the regulatory status of the applicant, please contact the Administrator for further details.

Note: The Administrator may request from the applicant such additional information to enable the Administrator to determine the applicant's compliance with applicable regulatory requirements or the applicant's anti-money laundering verification status and the applicant shall provide to the Administrator from time to time such information as may reasonably be requested. Each person acquiring Shares in the Fund must satisfy the foregoing both at the time of subscription and at all times thereafter until such person ceases to be a Shareholder. Accordingly, the applicant agrees to notify the Administrator promptly if there is any change with respect to any of the foregoing information, declarations or representations and to provide the Administrator with such further information as the Administrator may reasonably require.

* All certified copies should be certified by a Notary Public, Solicitor, Company Registrar, Police Officer or FATF regulated financial institution or any person so authorised under the laws of your country or domicile. Copies must be marked "true copy of original document" and stamped by the certifying party.

** All certified copies should be certified by a Notary Public, Solicitor, Company Registrar, Police Officer or FATF regulated financial institution or any person so authorised under the laws of your country or domicile (except the authorised signatories may be certified by the company secretary). Copies must be marked "true copy of original document" and stamped by the certifying party.

IV. Registration Details

Individual Investors

Occupation

Date of Birth

Name # 1: _____

Name # 2: _____

Non-Individual Investors

Registered Entity Name: _____

Country/State of Incorporation: _____ Date of Incorporation: _____

Main business of Investor: _____

Type of Investor (please select one)

- Individual person(s) investing on own behalf
- Designated Body
- Corporation investing on own behalf
- Non-regulated entity investing on behalf of others
(underlying investors must be disclosed and identified in full)
- Employee Benefit Plan (ERISA)
- Individual Retirement Accounts & Keogh Plans
- Trusts
- Others – please specify: _____

Registered Address:

Mailing Address (if different):

Contact Details

Main Contact Name: _____

Phone: _____

Fax: _____

Email: _____

V. Signature Page

Signature(s) of Individual Subscriber(s)

The individual subscriber(s) herein represent and warrant that each is a private investor who is executing this subscription agreement for their own behalf and not, in any way, as representative(s) of any other party.

Please print name below each signature.

Dated _____, 20_____

(1) X: _____
Print Name:

Dated _____, 20_____

(2) X: _____
Print Name:

Signature(s) of Entity Subscriber(s)

The undersigned trustee, partner or officer represents and warrants that he has full power and authority from all beneficiaries or partners or from the Board of Directors of the entity named below to sign this Share Application Form on behalf of the entity and that a purchase of shares in Alternative Investment Managers Selection plc fund is not prohibited by the governing documents of the entity.

Dated _____, 20_____

(1)
(Print Name of Entity)
X: By (Signature of Trustee, Partner or Authorised Corporate Officer)
(Print Name and Title of Signatory)
X: By (Signature of Trustee, Partner or Authorised Corporate Officer)
(Print Name and Title of Signatory)

Dated _____, 20_____

(2)
(Print Name of Entity)
X: By (Signature of Trustee, Partner or Authorised Corporate Officer)
(Print Name and Title of Signatory)
X: By (Signature of Trustee, Partner or Authorised Corporate Officer)
(Print Name and Title of Signatory)

Declaration of Residence Outside the Republic of Ireland

Applicants resident outside the Republic of Ireland are required by the Irish Revenue Commissioners to make the following declaration¹ 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. Applicants must complete (a) or (b) below².

(a) Declaration on own behalf

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

- I am/we are/the company is* not currently Irish Resident or Irish Ordinary Resident in the Republic of Ireland and
- Should I/we/the company* become Irish Resident I/we/the company* will so inform you, in writing, accordingly. (* Delete as appropriate)

(b) Declaration as Intermediary³

I am/we are* applying for Shares on behalf of other persons who are beneficially entitled to the Shares, and I/we* declare that

- to the best of my/our* knowledge and belief, none of the beneficiaries are Irish Resident or Irish Ordinary Resident in the Republic of Ireland, and
- I/we* will inform you accordingly, in writing, if I/we* become aware that this declaration is no longer correct. (* Delete as appropriate)

Name and address of applicant⁴: _____

Signature of applicant or authorised signatory: _____ (Declarant)

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

Joint applicants⁴: Name _____ Signature _____
 Name _____ Signature _____

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.
4. If the applicant is an "Exempt" Irish investor it should contact the Company distributor/administrator for the appropriate form of declaration.

Appendix I

(2 pages)

Financial Institution / Payee Bank Sign-Off

This Form should be completed by the remitting Financial Institution, Broker or Financial Advisor, if applicable. If none of these apply, it should be completed by the Banking entity (payee bank) from which the subscription proceeds are being transferred. This Form should be submitted by such entity with a cover letter containing the letterhead of the applicable financial institution.

Important

In order for this Sign-Off to be effective, the remitting financial institution must be a "Designated Body", and the "Subscriber Account" being debited must be in the name of the Subscriber.

Please select one of the following that most accurately describes your role in this Subscription Application.

- Broker / Financial Advisor

- Payee bank only (no investment advisory role)

Financial Institution Information

Financial Institution / Bank Name: _____

Full Address: _____

Contact Name(s): _____

Phone / Fax / Email details: _____

Do you qualify as a Regulated Entity? YES / NO

Do you confirm that you are a regulated entity, that you can confirm and you have verified the identity of the proposed investor, that the registered name(s) and address provided as part of this application form agree with your records, and that the client identification documents that you have on file will be made available to the Fund upon request? YES / NO

Regulated by: _____

Regulator's Address: _____

Regulation / Reference Number (if applicable): _____

Regulator's Contact / Phone details: _____

Regulator's Web site details (if applicable): _____

Subscriber Information as shown on the records of the Financial Institution

Subscriber Full Name: _____

Subscriber Address: _____

Subscriber Contact Name(s): _____

Name of Subscriber Account being debited: _____

Subscriber Account Number being debited: _____

By order of the Subscriber, we credited the following account by wire transfer on _____ [date] for USD _____ [amount] / for EUR _____ [amount]:

Bank: _____

SWIFT CODE: _____

Fed Wire/ABA No. _____

A/C Name: _____

A/C Number: _____

Reference: Subscription to X

Financial Institution's Signature (also print name and title of signing officer), Stamp, & Date