SVS Zeus Funds

PLEASE READ THE ENCLOSED KEY INVESTOR INFORMATION DOCUMENT PRIOR TO COMPLETING THIS APPLICATION FORM

A COPY OF THE FULL PROSPECTUS IS AVAILABLE FREE OF CHARGE ON REQUEST

IF YOU HAVE ANY QUERIES, PLEASE CONTACT EVELYN PARTNERS FUND SOLUTIONS LIMITED ON 0141 222 1151

FOR INSTITUTIONAL INVESTORS THE APPLICATION CAN BE FAXED TO 020 7131 8261 WITH THE ORIGINAL TO FOLLOW IN THE POST

Pages 1-3 should be completed by individual investors only. For Institutional investors please turn to page 4

Please note that the fields marked with an asterisk () are mandatory*

First Applicant (block capitals)

Title*	
Forename(s) (in full)*	
Surname*	
Address – Permanent Residence Address*	
Including postcode	
Address - Mailing / Correspondence Address if	
different from above	
Including postcode	
Daytime telephone number*	
Email address	
Date of Birth*	
Place of Birth (Town or City)*	
Country of Birth*	
National Insurance No*	

It is essential we know about any foreign tax aspect of your affairs and we may require further information.

If you do not possess a UK National Insurance Number, are non-UK domiciled, or have multiple nationalities, citizenships or residencies, please detail all information per country below:

Country	Nationality or Citizenship	Residency for Tax	Tax ID Number (National Identifier)	I do not have a Tax ID Number

If you are a Tax Resident of a country and you do not why below:	possess the relevant National Identifier please provide a reason as to
DESIGNATION (Maximum of 15 characters)	
Please state your preferred designation (if required). The hobe registered in the name of an adult and designated in favo	olding may not be registered in the name of a minor (under 18 years of age) but shoul our of the minor using the child's initials e.g. John Brown a/c RB.
BENEFICIAL OWNER OR TRUSTEE DETAILS If the beneficial owner or trustees, are non UK domiciled, or h information below.	nave multiple nationalities, citizenships or residencies, please detail all
Title*	
Forename(s) (in full)*	
Surname*	
Address – Permanent Residence Address* Including postcode	
Address - Mailing / Correspondence Address if different from above Including postcode	
Daytime telephone number*	
Email address	
Date of Birth*	
Place of Birth (Town or City)*	
Country of Birth*	
National Insurance No*	

It is essential we know about any foreign tax aspect of your affairs and we may require further information.

If you do not possess a UK National Insurance Number, are non-UK domiciled, or have multiple nationalities, citizenships or residencies, please detail all information per country below:

Country	Nationality or Citizenship	Residency for Tax	Tax ID Number (National Identifier)	I do not have a Tax ID Number

If you are a Tax Resident of a country and you do not possess the relevant National Identifier please provide a reason as to why below:

For more than one applicant please also complete the Joint Applicant section

VERIFICATION

In order to comply with our obligations under anti-money laundering legislation we are required to verify the identity of all new applicants. To enable us to comply with the legislation please produce one document from List A **OR** one document from List B and one document from List C below. Please provide us with current copies certified by one of the following:

Accountant Solicitor/Barrister Magistrate/Judge Embassy/Consular Official Doctor/Dentist Director/Officer/Senior Mana Bank officer

Director/Officer/Senior Manager of a regulated financial institution (low risk country)

FCA approved person Police Officer/Customs Officer

Post Office (document certification service)

The certification should include the certifier's name, profession, place of work or company stamp, date of certification and confirmation that the original has been seen. For security reasons please do not send original documents.

List A	List B	List C
Full UK or other national passport	Valid old-style UK Driving Licence	Instrument of court appointment (liquidator or grant of probate
UK or other national photo card driving licence	Recent evidence of entitlement to state or local government funded	Utility bill (but not printed off the internet)
National ID Card (Non-UK Nationals)	benefit, tax credit, personal education or other grant	Current Council tax demand, letter or statement
Firearms certificate or shotgun licence		Current bank, building society, credit/debit card statement issued by a regulated firm in the UK, EU or similar jurisdiction (but not printed from the internet).

FUND DETAILS

Please see the prospectus for an indication of the target market of the Fund as required under MiFID II regulations. The target market is fully detailed in the European MIFID II Template (EMT) which is available to you for review on our website at the following address https://www.evelyn.com/services/fund-solutions/funds/kiid-website/the-svs-levitas-fund-range/.

^{**}If you do not believe you fit the criteria of the target market of this Fund please seek advice from your professional adviser**

Registration Details for institutional investors - Individual investors please turn to page 5

	Entity Name		
	Registered Address		
	Postcode		
	Country of Incorporation or Organisation		
D	ESIGNATION (Maximum of 15 characters)		
ΡI	ease state the designation in the box below.		
В	ENEFICIAL OWNER		
ul	timately own or control the investment. There are additi	named applicant(s) please disclose the full name(s) of individual(s) or organisations tional requirements for partnerships, trusts and executors and personal representate Transfer Agency Team on 0141 222 1151 for further details.	that ives

VERIFICATION

Please provide an authorised signatory list for the institution for which the investment will be registered. This must be certified by at least one of the authorised signatories included in that list and accompanied by adequate identification documentation. If you have any queries at to what information to provide for verification purposes, please call the Transfer Agency Team on 0141 222 1151.

INVESTMENT

Please indicate the amount you wish to invest in the UT/OEIC(s). (Please note the minimum initial investment for each UT/OEIC:

OEIC	AMOUNT TO INVEST	MINIMUM INITIAL INVESTMENT	OEIC	AMOUNT TO INVEST	MINIMUM INITIAL INVESTMENT
SVS Zeus Dynamic Opportunities Retail Class A Acc (GB00BQFNH827)	£	£1,000	SVS Zeus Dynamic Opportunities Retail Class B Acc (GB00BQFNHK41)	£	£1,000
OEIC	AMOUNT TO	MINIMUM INITIAL INVESTMENT	OEIC	AMOUNT TO	MINIMUM INITIAL INVESTMENT
SVS Zeus Dynamic Opportunities Institutional Class A Acc (GB00BQFNHL57)	£	£500,000	SVS Zeus Dynamic Opportunities Institutional Class B Acc (GB00BQFNHM64)	£	£500,000
OEIC	AMOUNT TO INVEST	MINIMUM INITIAL INVESTMENT			
SVS Zeus Dynamic Opportunities Founder Class A Acc (GB00BQFNHN71)	£	£3,000,000			

PAYMENT

Payment can be made by telegraphic transfer to the following bank details:

Branch: Sort Code 15-10-00 Royal Bank of Scotland – City Office

Account number: 17487062 Account na	me: Evelyn Partners Fund Solutions Limited - Client Money Account
REDEMPTION PROCEEDS	
Please provide bank details for where yo	u wish redemption proceeds to be paid:
Bank or Building Society	
Branch Title	
Account Name	
Account Number	
Sort Code	
INCOME PAYMENTS	singame applied from any of the two aptions below
	e income applied from one of the two options below:
DIRECT TO BANK/BUILDING	
If payment details are the same as for re-	e for redemption proceeds, please enter here:
Bank or Building Society	
Branch Title	
Account Name	
Account Number	
Sort Code	
Or	
RE-INVESTED IN THE FUND	

Please note that the fields marked with an asterisk () are mandatory*

Joint Applicants

	Second A	oplicant	(block capitals) (if a	pplicable
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Title*				
Forename(s) (in full)*				
Surname*				
Address – Permanent Residence Add Including postcode	dress*			
Address - Mailing / Correspondence different from above Including postcode	Address if			
Daytime telephone number*				
Email address				
Date of Birth*				
Place of Birth (Town or City)*				
Country of Birth*				
National Insurance No*				
is essential we know about any foreign tax as you do not possess a UK National Insurance ease detail all information per country below:	Number, are non-			residencies,
Country	Nationality or Citizenship	Residency for Tax	Tax ID Number (National Identifier)	I do not have a Tax ID Number
you are a Tax Resident of a country and you do not possess the relevant National Identifier please provide a reason as to thy below:				

Please note that the fields marked with an asterisk () are mandatory*

Third Applicant (block capitals) (if applicable)

	. ,			
Title*				
Forename(s) (in full)*				
Surname*				
Address – Permanent Residence Address – Including postcode	ddress*			
Address - Mailing / Correspondence different from above Including postcode	e Address if			
Daytime telephone number*				
Email address				
Date of Birth*				
Place of Birth (Town or City)*				
Country of Birth*				
National Insurance No*				
is essential we know about any foreign tax a you do not possess a UK National Insuranc ease detail all information per country belov	e Number, are nor			residencies,
Country	Nationality or Citizenship	Residency for Tax	Tax ID Number (National Identifier)	I do not have a Tax ID Number
		1		
f you are a Tax Resident of a country a why below:	nd you do not p	ossess the relevan	t National Identifier please provide	a reason as to

Please note that the fields marked with an asterisk () are mandatory* $% \left(\frac{1}{2}\right) =\left(\frac{1}{2}\right) \left(\frac{1$

Fourth Applicant (block capitals) (if applicable)

Title*				
Forename(s) (in full)*				
Surname*				
Address – Permanent Residence Ad	dress*			
Including postcode	u. 600			
Address - Mailing / Correspondence	Address if			
different from above				
Including postcode				
Daytime telephone number*				
Email address				
Date of Birth*				
Date of Birtii				
Place of Birth (Town or City)*				
riado de Eman (roum de dity)				
Country of Birth*				
National Insurance No*				
is accounted we know about any foreign toy as	most of vour offer	iro and we may requi	no fruith or information	
is essential we know about any foreign tax as	-			or recidencies
you do not possess a UK National Insurance ease detail all information per country below:		i-OK domiciled, or na	ve multiple nationalities, citizenships	or residencies,
	ı			
	Nationality or	Residency for Tax	Tax ID Number	I do not have a
Country	Citizenship		(National Identifier)	Tax ID Number
		+		
		<u> </u>		
f you are a Tax Resident of a country an	d you do not po	ossess the relevant	t National Identifier please provide	e a reason as to
vhy below:			·	

This section should be completed by institutional investors. Individual investors please turn to the declaration page

AUTOMATIC EXCHANGE OF FINANCIAL ACCOUNT INFORMATION FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) REQUIREMENTS COMMON REPORTING STANDARDS (CRS) REQUIREMENTS

An Entity may be classified as a Financial Institution (FI) under the FATCA and CRS regulations and must comply with the regulations if they qualify as either:

a) An investment entity conducting investment business on behalf of a customer and these activities contribute to at least 50 per cent of the entity's gross income. Under CRS these entities are defined as Active Investment Entities (AIEs). If this applies please proceed to part I.

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b) An investment entity conducting investment business on its own account and these activities contribute to at least 50 per cent of the entity's gross income, and the entity is 'professionally managed' by another FI under a discretionary management agreement, or under a 3rd party service agreement. Under CRS these entities are defined as Managed Investment Entities (MIE).

Alternatively if not an FI the company or partnership will be classified under FATCA as a Non-Financial Foreign Entity (NFFE), and under CRS will be classified as a Non-Financial Entity (NFE). If this applies please proceed to part II.

For the rest of this application 'NFFE' will be referred to as 'NFE' the term used in the CRS.

Please note that if the Entity is an FI and is resident in a non-participating jurisdiction under CRS then the entity will be deemed to be a Passive NFE for reporting purposes. If this applies please proceed to part II.

I. Please select one of the folk Intermediary Identification Number			detailing	your	FATCA	/ CRS	status	and	provide	your	Global
Participating Financial Institution – Insert GIIN If you have undertaken your own FATCA registration. OR Sponsored Financial Institution – Insert its GIIN and name	0	GIIN Name									
Certified Deemed Compliant Financial Institution (e.g. offshore investment company wholly owned by a Financial Institution)	0										
Exempt Beneficial Owner (e.g. Governmental organisations; International Organisations such as the International Monetary Fund)	0										
Non-Participating Financial Institution (FATCA only)	0	If selected p	lease cont	act th	e Transfe	r Ageno	y Team	at Ev	velyn Par	tners	

•		on they will instead be considered to be a Non-Financial Entity (NFE), either sive NFE. Please select one of the following:
Active NFE	0	The most common example in the case of an entity is one that is conducting trading activities where less than 50% of its gross income is from investments and less than 50% of its assets produce investment income. Active NFEs are out of scope for FATCA / CRS and have no compliance obligations under the regulations but we may be obliged to submit certain information to the relevant local tax authority where the entity is a non-UK resident.
Passive NFE	0	If the entity is NOT an Active NFE it will be a Passive NFE. Legislation based on FATCA/CRS requires us to identify all controlling persons of Passive NFEs, determine their tax residencies, and determine whether we are obliged to submit certain account information regarding such controlling persons to the relevant local tax authority who will pass it on to tax authorities in the relevant jurisdiction.
Direct Reporting NFE – Insert GIIN (FATCA Only - if you are being sponsored by another FI please insert its GIIN and name)	0	GIIN Name

DECLARATION AND SIGNATURES

- I/We have read the Key Investor Information Document (KIID)
- I/We have read the European MIFID II Template (EMT) and fit the criteria of the target market of this Fund
- I/We understand that Evelyn Partners Fund Solutions Limited may need to use credit reference/information agencies in order to satisfy Evelyn Partner's statutory money laundering obligations. These agencies may keep a record of this enquiry.
- I/We confirm that all applicants are at least 18 years of age.
- I/We understand that where required by the FCA's client money rules, Evelyn Partners will hold money received on my/our behalf in accordance with those rules in a pooled client bank account, with an approved bank (as defined in the FCA Rules) in the UK. No interest will be payable to me/us in respect of such money. Further information is contained within the fund prospectus regarding the way we hold client money and the protections available under the Financial Services Compensation Scheme.

Signature – APPLICANT 1		Date		
Signature – APPLICANT 2		Date		
Signature – APPLICANT 3		Date		
Signature – APPLICANT 4		Date		
Signature - APPLICANT 4		Date		
FINANCIAL ADVISE	R DETAILS (if applical	ble) Note that in accordance with FCA	rules, commission refers to	o legacy /
FINANCIAL ADVISE	R DETAILS (if applical tion only services	ble) Note that in accordance with FCA	rules, commission refers to	o legacy /
FINANCIAL ADVISE non-advised / execu	R DETAILS (if applical tion only services	ble) Note that in accordance with FCA	rules, commission refers to	o legacy /
FINANCIAL ADVISE non-advised / execu-	R DETAILS (if applical tion only services			o legacy /
non-advised / execu	R DETAILS (if applical tion only services	ble) Note that in accordance with FCA	rules, commission refers to	o legacy /
non-advised / execu	R DETAILS (if applical tion only services			o legacy /
non-advised / execu	R DETAILS (if applical tion only services			o legacy /
non-advised / execu	R DETAILS (if applical tion only services		%	o legacy /
Name Company	R DETAILS (if applical tion only services	COMMISSION		o legacy /
non-advised / execu	R DETAILS (if applical tion only services	COMMISSION	%	o legacy /
Name Company	R DETAILS (if applical tion only services	COMMISSION	%	o legacy /
Name Company	R DETAILS (if applical tion only services	COMMISSION	%	o legacy /
Name Company	R DETAILS (if applical tion only services	COMMISSION	%	o legacy /
Name Company	R DETAILS (if applical tion only services	COMMISSION	%	o legacy /
Name Company	R DETAILS (if applical tion only services	COMMISSION	%	o legacy /
Name Company	R DETAILS (if applical tion only services	COMMISSION	%	o legacy /
Name Company	R DETAILS (if applical tion only services	COMMISSION	%	o legacy /

CONTACT DETAILS

Evelyn Partners Fund Solutions Limited 206 St Vincent Street Glasgow G2 5SG

Telephone Number – 0141 222 1150 Fax Number – 020 7131 8261

DATA PROTECTION

We may collect, record and use information about you or other relevant individuals, in physical and electronic form and will hold, use and otherwise process the data in accordance with the General Data Protection Regulation (EU) 2016/679 ("GDPR") and as set out in our Fair Processing Notice. We shall record any information (including, where appropriate, personal data as defined in the GDPR) which we receive about you and your investments (whether in relation to this Fund or any other) and will organise and process such information as we think appropriate in connection with the administration of your investments.

We may: (i) process or disclose your information where under a legal or regulatory obligation to do so; (ii) use your information for research and statistical analysis purposes; and (iii) disclose your information to third party entities which provide us with administrative support and technological back up services.

We may disclose your information to third party promoters of this Fund only (but not to any other third parties) for research, statistical analysis and administration purposes.

Any person about whom we hold personal data has the right to obtain a copy of that personal data.

For more detail about how we process your data, the legal basis for processing and your rights in relation to this processing, please request a copy of our Fair Processing Notice or obtain a copy online at www.evelyn.com.

Complaints Procedure

We have in place an internal complaints-handling procedure and in the event of dissatisfaction you should address any complaint, in the first instance, to our Head of Legal & Compliance at our registered office as detailed below. A copy of our complaints handling procedure is available on request.

Financial Ombudsman Service

In the event that we are unable to resolve your complaint to your satisfaction, you may have the right to complain directly to the Financial Ombudsman Service, which is an independent service set up by law to resolve disputes between consumers and financial institutions. If you are an individual acting for purposes outside your trade, business, craft or profession, you may have the right to complain directly to the Financial Ombudsman Service, more Information on this scheme is available from us on request. The contact details of the Financial Ombudsman Service are as follows:

Financial Ombudsman Service Exchange Tower London E14 9SR Telephone no. 0800 023 4567

Website: www.financial-ombudsman.org.uk