

VT KMGIM Growth Fund

Application Form for the Purchase of Shares

THIS FORM DULY COMPLETED SHOULD BE SENT TO:

Valu-Trac Administration Services, Orton, Fochabers, Moray IV32 7QE
Tel: 01343 880344, Fax: 01343 880267, Email: kmgimfunds@valu-trac.com

If sent by email or fax please confirm to Valu-Trac Administration Services by telephone immediately and forward the original application form to the address above

PURCHASE APPLICATION

I/We, the undersigned, having received and read a copy of the Prospectus for the VT KMGIM Strategies ICVC ("the Company") dated 12 May 2023 (together with any addendums or supplements thereto) and the Key Investor Information Document, hereby apply for such number of Shares in the Company as may be purchased with the amounts indicated below at the subscription price determined in accordance with the Prospectus:

VT KMGIM GROWTH

Share Class:

A Income

☐

A Accumulation

☐

Amount:

GBP / shares (please delete as appropriate)

DETAILS OF APPLICANT(S)

FIRST HOLDER

Company/Nominee Name	<input type="text"/>
or Title	<input type="text"/>
Surname	<input type="text"/>
Forenames	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

JOINT HOLDER(S)

Title & Full Name	<input type="text"/>
Title & Full Name	<input type="text"/>
Title & Full Name	<input type="text"/>

Mailing Address (if different from the address of the First Holder)

Title & Full Name	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>

BANK DETAILS OF APPLICANT

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

Distributions (if applicable) will be paid to the bank account above

DATA PROTECTION

For full information on how VT processes personal information and what your rights are, please see our Privacy Policy online at www.valu-trac.com.

FATCA DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

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

- ☐ a) I confirm that **I am not** a U.S. citizen and/or resident in the U.S. for tax purposes.
- ☐ b) I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

CRS DECLARATION OF TAX RESIDENCY

Please indicate all countries in which you are resident for tax purposes and the associated Taxpayer Identification Number(s) in the below. Please see the CRS Portal for more information on Tax Residency.

Country of Tax Residency	Tax ID Number (UK Individuals should use their UK National Insurance Number)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PAYMENT METHOD – PAYMENT IS BY WIRE TRANSFER ONLY

Funds should be wired for value on the settlement date of this transaction which will have been agreed in advance with Valu-Trac Administration Services and which will be stated on the Contract Note issued to you by Valu-Trac Administration Services. If funds are received on any date other than this agreed settlement date they may be returned by the Bank.

AUTHORISED SIGNATORIES

This application is authorised by the following who is/are person(s) authorised to give all instructions and to take all actions on my/our behalf in connection with any Shares held by me/us in the VT KMGIM Growth fund.

Name of Authorised Person(s)	Signature of Authorised Person(s)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Any One to sign ☐ Any Two to sign ☐ Separate list attached ☐

Note: If the authorised signatory listing is a separate document forwarded with the original application, this listing needs to be accompanied by an original or certified copy of the company's mandate which approves the signatory listing.

ANTI-MONEY LAUNDERING REQUIREMENTS

PLEASE PROVIDE THE FOLLOWING INFORMATION TO VALU-TRAC ADMINISTRATION SERVICES

CORPORATE ENTITY

Original or certified copy of certificate of incorporation showing existence and legality of company;
 Certified copy of Memorandum and Articles of Association;
 List of directors names, occupations, residential and business addresses and dates of birth;
 Certified copy of authorised signatory list, including specimen signatures;
 Certified minutes (resolution) or other properly authorised mandate authorising the investment to be made;

AND For a private company, please also provide:

For at least two directors: (unless the company has only one director)
 Certified* copy of passport including a clear reproduction of the photograph of the individual concerned; **AND**
 Two of the following:
 Original utility bill (not older than 3 months)
 Original bank statement (not older than 3 months)
 Original of any other documentation issued by a government agency, showing the residential address

AND

List of the names and addresses of shareholders holding more than 10% or more of the issued share capital of the company.

TRUSTS

Relevant extract of the Trust Deed which shows the power to invest;
 Certified copy of authorised signatory list of the Trustee, including specimen signatures;
 Certified minute (resolution) or other properly authorised mandate authorising the investment to be made;

AND For a private trust, please also provide:

Confirmation from the Trustee of the identity of the settlor and the beneficiaries, by satisfying for each party the requirements as set out under 'Individuals' below.

INDIVIDUALS

Certified* copy of passport or drivers' licence;
 Two original/certified* true copies of utility bills (not older than 3 months and with the same address as that on the application form).

Please note that for joint applicants, documentation in respect of each applicant is required.

DESIGNATED BODY WITHIN A FINANCIAL ACTION TASK FORCE JURISDICTION

Written confirmation on your headed paper that you are a designated body;
 The name of the relevant regulatory authority by which you are regulated.

*** Your document must be certified by a professional person or someone of good standing in your community.** For instance, you could ask a FCA-registered individual, a lawyer or solicitor, a chartered accountant, a bank official, a teacher, a doctor, a dentist, or a nurse. They cannot be a family member, living at the same address or in a relationship with you. They also cannot be a trainee in their profession. The certifier must:

- write "Certified by me to be a true copy of the original seen by me" on the document
- sign and date the document
- print their name under their signature
- add their occupation and address and telephone number