

Fund Transaction Form

1. Account Holder Details

Account Holder Name: _____
 Account number: _____
 Legal residence / registered address: _____
 Postal code: _____ City: _____ Country: _____
 Phone: _____ E-Mail: _____
 Fax: _____

2. Subscription

Investment amount to be remitted to SEB S.A., Luxembourg:

ISO Code/Currency:	IBAN Number for payment:	BIC Code /SWIFT :
NOK	LU41 0643 0545 49D0 3578	ESSELULL
SEK	LU96 0643 0545 49D0 3752	ESSELULL
EUR	LU42 0643 0545 49D0 2978	ESSELULL
DKK	LU11 0643 0545 49D0 1208	ESSELULL
GBP	LU43 0643 0545 49D0 0826	ESSELULL
USD	LU19 0643 0545 49D0 1840	ESSELULL

The reference of the payment should always mention the ISIN Code and the name of

the investor. To select the funds you want to invest in, please refer to the current prospectus.

ISIN Code	Fund (sub-fund)	Share or Unit Class Name	Class Currency	Subscription amount
LU1199945780	Pareto Sicav – Pareto Global Corporate Bond	A	SEK	
LU1700414375	Pareto SICAV – Pareto Global Corporate Bond	A DIS	SEK	
LU1327537681	Pareto Sicav – Pareto Global Corporate Bond	A	EUR	
LU1968604873	Pareto Sicav – Pareto Global Corporate Bond	A DIS	USD	
LU1199945947	Pareto Sicav – Pareto Global Corporate Bond	B	SEK	
LU1700414532	Pareto Sicav – Pareto Global Corporate Bond	B DIS	SEK	
LU1199946085	Pareto Sicav – Pareto Global Corporate Bond	C	NOK	
LU1199946168	Pareto Sicav – Pareto Global Corporate Bond	D	NOK	

LU1199946242	Pareto Slcav – Pareto Global Corporate Bond	H	EUR	
LU1199946671	Pareto Slcav – Pareto Global Corporate Bond	H	GBP	
LU1199946598	Pareto Slcav – Pareto Global Corporate Bond	H	USD	
LU1476748568	Pareto Sicav – Pareto Global Corporate Bond	I	NOK	
LU1476748642	Pareto Sicav – Pareto Global Corporate Bond	I	SEK	

**Details of the minimum investment and if the investment should be made in shares, units or monetary amount are available in the Prospectus.*

For settlement against payment please indicate the details below:

I want the shares to be delivered to my clearing account no. _____
with _____.

3. Redemption

ISIN Code	Fund (sub-fund)	Share or Unit Class Name	Class Currency	Subscription amount
LU1199945780	Pareto Sicav – Pareto Global Corporate Bond	A	SEK	
LU1700414375	Pareto SICAV – Pareto Global Corporate Bond	A DIS	SEK	
LU1327537681	Pareto Sicav – Pareto Global Corporate Bond	A	EUR	
LU1968604873	Pareto Sicav – Pareto Global Corporate Bond	A DIS	USD	
LU1199945947	Pareto Sicav – Pareto Global Corporate Bond	B	SEK	
LU1700414532	Pareto Sicav – Pareto Global Corporate Bond	B DIS	SEK	
LU1199946085	Pareto Sicav – Pareto Global Corporate Bond	C	NOK	
LU1199946168	Pareto Sicav – Pareto Global Corporate Bond	D	NOK	
LU1199946242	Pareto Sicav – Pareto Global Corporate Bond	H	EUR	
LU1199946671	Pareto Sicav – Pareto Global Corporate Bond	H	GBP	
LU1199946598	Pareto Slcav – Pareto Global Corporate Bond	H	USD	

LU1476748568	Pareto Sicav – Pareto Global Corporate Bond	I	NOK	
LU1476748642	Pareto Sicav – Pareto Global Corporate Bond	I	SEK	

For settlement against payment please indicate the details below:

I want to settle this redemption against payment on my clearing account no. _____
with _____.

Indicate the payment details for the redemption if they differ from those in your fund account application.

Currency: _____ **Fund account holder's name:** _____

IBAN or Account number: _____

Reference: _____

Name of beneficiary's bank: _____ **SWIFT or ABA:** _____

If applicable intermediary bank's name: _____

Intermediary bank's SWIFT or ABA: _____

4. Switch (if permitted within the constitutive documents of the fund)

Please indicate the fund/class which you would like to convert from:

ISIN Code	Fund (sub-fund)	Share or Unit Class Name	Class Currency	Subscription amount or Shares/Units

Please indicate the fund/class which you would like to convert to:

ISIN Code	Fund (sub-fund)	Share or Unit Class Name	Class Currency

For settlement against payment, please indicate the details below:

I want those shares to be delivered to my clearing account no. _____
with _____.

I confirm having received and read and I hereby agree to the Terms and Conditions in the version of May 2019, which shall govern the business relationship with you.

Place, date

Signature of Fund Account Holder(s)

1. _____

2. _____

Please note:

Queries can be sent to register.ta.ops@efa.eu or addressed via telephone to +352 48 48 80 9001. When you have completed the transaction form, please send it by fax to +352 48 6561 8002.