

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	LU600643054549D11578	ESSELULL
SEK	LU180643054549D11752	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
LU1471696044	Pareto Sicav – Pareto Nordic Alpha	A NOK Shares		
LU1471696473	Pareto Sicav – Pareto Nordic Alpha	A SEK Shares		
LU1471697281	Pareto Sicav – Pareto Nordic Alpha	B NOK Shares		
LU1471697521	Pareto Sicav – Pareto Nordic Alpha	B SEK Shares		
LU1471698255	Pareto Sicav – Pareto Nordic Alpha	I NOK Shares		
LU1471699493	Pareto Sicav – Pareto Nordic Alpha	I SEK Shares		

**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
LU1471696044	Pareto Sicav – Pareto Nordic Alpha	A NOK Shares		
LU1471696473	Pareto Sicav – Pareto Nordic Alpha	A SEK Shares		
LU1471697281	Pareto Sicav – Pareto Nordic Alpha	B NOK Shares		
LU1471697521	Pareto Sicav – Pareto Nordic Alpha	B SEK Shares		
LU1471698255	Pareto Sicav – Pareto Nordic Alpha	I NOK Shares		
LU1471699493	Pareto Sicav – Pareto Nordic Alpha	I SEK Shares		

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.