

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	LU73 0643 0545 49A5 1578	ESSELULL
SEK	LU08 0643 0545 49D1 7752	ESSELULL
EUR	LU62 0643 0545 49A9 6978	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
LU1653072675	Pareto Sicav – Pareto Nordic Equity	B	NOK	
LU1653072758	Pareto Sicav – Pareto Nordic Equity	B	SEK	
LU1653072832	Pareto Sicav – Pareto Nordic Equity	C	NOK	
LU1653072915	Pareto Sicav – Pareto Nordic Equity	D	NOK	
LU1653073053	Pareto Sicav – Pareto Nordic Equity	I	NOK	
LU1904797575	Pareto Sicav – Pareto Nordic Equity	B	EUR	
LU1904797732	Pareto Sicav – Pareto Nordic Equity	D	EUR	

For settlement against payment please indicate the details below:

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

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

3. Redemption

ISIN Code	Fund (sub-fund)	Share or Unit Class Name	Class Currency	Subscription amount
LU1653072675	Pareto Sicav – Pareto Nordic Equity	B	NOK	
LU1653072758	Pareto Sicav – Pareto Nordic Equity	B	SEK	
LU1653072832	Pareto Sicav – Pareto Nordic Equity	C	NOK	
LU1653072915	Pareto Sicav – Pareto Nordic Equity	D	NOK	
LU1653073053	Pareto Sicav – Pareto Nordic Equity	I	NOK	
LU1904797575	Pareto Sicav – Pareto Nordic Equity	B	EUR	
LU1904797732	Pareto Sicav – Pareto Nordic Equity	D	EUR	

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	Class Currenc	Subscription amount or

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.