

Response - Customer profile

(please post the original)

Mediolanum International Funds Limited B.P. 2557 L-1025 Luxembourg

Gamax account number	
First name/surname(1st account holder)	
First name/surname (2nd account holder)	
Street/house no.	
Postal code/city:	

The personal data to be provided in this form is required to comply with the legal obligations in relation to:

- a) prevention of the financial system being used for money laundering and terrorist financing purposes [CSSF Circular 12-02 of 14 December 2012].
- b) Foreign Account Tax Act (FATCA) and Common Reporting Standard (CRS).

The information provided shall only be used for the purpose for which it was collected [General Data Protection Regulation 96/46/EC as amended]

1. IDENTITY DOCUMENTS

■ Please submit original certified* and copies of valid identity documents (front and back) of all account holders or legal guardians.

*Original certified copies are prepared by seal-bearing offices and authorities, as well as the notary public and banks. The stamp and signature in the original must be visible. Certification by schools, rectories, church congregations, insurance providers or solicitors cannot be accepted. German customers can also avail of the free Post-Ident process for certification. A simple copy of a valid identity document must be submitted together with the Post-Ident. The relevant coupon is available on our website http://www.gamaxfunds.com/.

2. ORIGIN OF THE INVESTOR'S FUNDS/OCCUPATION*

A. OCCUPATION				
■ 1. Account holder/guardian:	■ 2. Account holder/guardian:			
Profession/occupation	Profession/occupation			
Role	Role			
e.g. executive board, manager, employee, etc. – This list is not comprehensive and only serves to show examples.				
Sector	Sector			
e.g. catering, healthcare, retail, etc. – This list is not comp	prehensive and only serves to show examples.			
If you are currently unemployed or retired, please state your prior profession(s)/occupation(s)/role(s), sector and employer in the above fields.				
B. DISPOSABLE ANNUAL INCOME My/our annual disposable net income is approximately (Please tick as applicable): □ 0 - 24.999 € □ 25.000 - 49.999 € □ 50.000 - 99.999 € □ 100.000 - 149.999 € □ 150.000 € or more				
C. ORIGIN OF THE INVESTOR'S FUNDS Provision of these details is also mandatory retroactively for existing financial investments.				
☐ Savings ☐ Endowment	☐ Rental income ☐ Inheritance			
☐ Sales proceeds (Please state details)				
Other (Please state details)				

3. BENEFICIAL OWNERSHIP

■ I/We declare that I/we am/are the beneficial owner(s) of the assets held in the securities account at present or in the future.

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INTERNATIONAL FUNDS			

4. PUBLIC OR POLITICAL OFFICE				
Do or did you (in the past 12 month) or a me political office? Examples include: heads of parliamentarians, members of the highest copublic enterprises or similar.	state or governr	nent, ministers, attached i	ministers and secretary of state,	
1. Account holder/guardian	☐ Yes ☐ N	o If yes, please state the	name of the person and the office	
2. Account holder/guardian	☐Yes ☐ N	lo If yes, please state the	name of the person and the office	
5. TAX RESIDENCE	,			
Account holder/legal guardian				
Residence	Та	Tax ID number ¹		
1				
2	2			
2. Account holder/legal guardian				
Residence	Та	x ID number ¹		
1	1			
2	2	2		
I/We declare that I/we comply with the tax	regulations appli	cable to me/us , and that c	our assets are declared to the tax	
undertake to inform Mediolanum International Furesult in a change in tax residence(s). If your counting a change in tax residence(s). If your counting a change in tax residence(s). If your counting a change in tax residence(s). If you are a newly for the country in you are a newly for requested to communicate this tax ID within 90 diprovided for each country in which you have a tax citizen identification number, personal identification information, please visit the following website:				

that the information provided is accurate and complete.

I/We confirm that I/we will immediately send you an updated form if any details should change.

I/We acknowledge that the tax-related information provided in this form may be disclosed to the Luxembourg tax authority or

another tax authority authorised under Luxembourg law for tax purposes.				
Date	Signature 1st Account holder/guardian	Signature of 2nd Account holder/guardian		