

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 AB (Publ) Luxembourg Branch:

ISO Code/Currency:	IBAN Number for payment:	BIC Code /SWIFT :
SEK	LU860643054549D09752	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 or Shares/Units
LU1587867968	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	R-SEK	SEK	
LU1587868776	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	SEK-I (acc)	SEK	
LU1823219743	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	SEK-RN	SEK	
LU1823219826	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	SEK-IN	SEK	
LU1955187007	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	SEK-IN2 (acc)	SEK	
LU1823220089	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	SEK-INZ	SEK	

*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 or Shares/Units
LU1587867968	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	R-SEK	SEK	
LU1587868776	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	SEK-I (acc)	SEK	
LU1823219743	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	SEK-RN	SEK	
LU1823219826	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	SEK-IN	SEK	
LU1955187007	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	SEK-IN2 (acc)	SEK	
LU1823220089	SEB PRIME SOLUTIONS – Nordic Cross Total Return Bond Fund	SEK-INZ	SEK	

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

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.