

Fund Transaction Form

1. AccountHolderDetails

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 A.B.

ISO Code/Currency:	IBAN Number for payment:	BIC Code /SWIFT :
SEK	SE5650000000058511114246	ESSESESS

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
SE0011204650	Nordic Cross Credit Edge	B	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	Redemption amount or Shares/Units
SE0011204650	Nordic Cross Credit Edge	B	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 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

I confirm having received and read and I hereby agree to the Terms and Conditions in the Application form, which shall govern the business relationship with you.

I confirm that for all present and future investments covered by this Application Form I have chosen to contact SEB to carry out the transaction and that this contact is not a result of any advice or personalized approach by SEB to me with the intention to influence me in respect of a specific product or transaction.

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.