

To be used by the Fund Company:

This Account Opening Document and the mandatory documents specified below must be received by the fund company in the original before subscriptions can be processed. Before you become an investor you should read the prospectus, Key Investor Information Document (KIID) and fund rules. These documents may be obtained at no cost on our website, www.healthinvest.se or by telephone on +46 (0) 8 440 38 30. Once you have been registered as a client we will send you a confirmation with your client number and payment instructions.

PERSONAL DETAILS (please print)

Name (full name) *		Personal ID no.
Address		Telephone (incl. area code)
Postal code	City	E-mail address

* The Client must provide a witnessed (certified by two persons) copy of a passport or a Swedish ID card (e.g. Swedish driving license).

Tax residence	Citizenship (if other than Swedish or dual citizenship)
Foreign tax identification number (if foreign tax residence)	

GUARDIANS (When opening an account on behalf of a minor)

Name (full name)	Personal ID no.
Name (full name)	Personal ID no.

QUESTION REGARDING FATCA (Foreign Account Tax Compliance Act)

Are you liable to pay tax in the United States due to citizenship or other? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify TIN (Taxpayer Identification Number)
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BANKING DETAILS FOR PAYMENT DEPOSITS (The account must belong to the client)

Bank account number	Bank
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POLITICALLY EXPOSED PERSON (PEP)

According to the Swedish Act on Measures Against Money Laundering and Terrorist Financing (Swedish Code of Statutes 2017:630), certain requirements must be met when entering into business arrangements with so-called Politically Exposed Persons (PEPs). A PEP is defined as an individual who has been entrusted with a prominent public function and his or her close family members or close associates.

A politically exposed person (PEP) means a person who holds, or has held, a leading public function/position or is closely related to such person. Are you a PEP according to this definition? Yes No

If yes, please append the form, "Politically Exposed Person (PEP)". The form may be obtained from our website, www.healthinvest.se.

CUSTOMER DUE DILIGENCE

Due to anti-money laundering legislation, HealthInvest Partners must make an assessment of the risk of being exploited for money laundering before entering in to any business arrangement. HealthInvest Partners must gather certain information from all clients in order to have a better understanding of our clients. We therefore kindly request that you answer the questions below.

How often do you plan to execute transactions on the account? <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Several times a year <input type="checkbox"/> Once a year <input type="checkbox"/> More rarely	
Which of the following stated amounts best describes the annual amount you plan to invest in future transactions? <input type="checkbox"/> SEK 0 - 100 000 <input type="checkbox"/> SEK 100 000 - 1 000 000 <input type="checkbox"/> SEK 1 000 000 - 10 000 000 <input type="checkbox"/> Over SEK 10 000 000	
On whose behalf are you buying fund units? <input type="checkbox"/> On my own behalf <input type="checkbox"/> On behalf of another party pursuant to a power of attorney (attach the power of attorney)	
What is your employment status? <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> Other, please specify:	What is the source of the capital you intend to invest in the funds? (Note. In this section, you can select more than one alternative) <input type="checkbox"/> Inheritance/gift <input type="checkbox"/> Return on investment <input type="checkbox"/> Sale of property <input type="checkbox"/> Insurance <input type="checkbox"/> Salary or other income from professional activities <input type="checkbox"/> Pension <input type="checkbox"/> Savings <input type="checkbox"/> Other, please specify:

OTHER

<input type="checkbox"/> I would like to receive information from HealthInvest Partners by post instead of e-mail.
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DECLARATION AND SIGNATURE

- I am aware of the fact that HealthInvest Partners AB does not provide such financial advisory services as referred to in the Swedish Financial Advisory Services to Consumers Act (Swedish Code of Statutes 2003:862) and further confirm that I have not instructed the fund company to provide any such advisory services.
- I am aware and acknowledge that HealthInvest Partners processes my personal data in accordance with current legislation and in the manner described in the fund company's information regarding processing of personal data on <http://www.healthinvest.se/personal-data/>.
- I acknowledge that the fund company relies on information provided in this account opening document and that the fund company may use such information if requested by a public authority.
- I affirm that I have read, understood and accepted the fund rules, the Key Investor Information Document (KIID) and the prospectus.
- I affirm that the purpose of the business relationship is regular savings in funds according to the Swedish Act on Investment Funds.
- I affirm that I represent myself and that there is no other beneficial owner.
- I hereby affirm that information provided herein which is of significance for taxation and the application of statutory rules regarding the obligation to disclose information is correct and undertake to notify HealthInvest Partners AB without delay of changes with respect thereto, e.g. upon relocation abroad and in the event of change of name, address, or bank account number.

Place, date	
Signature*	Name in print*

* Note: When applicable, both guardians must sign the account opening document when opening an account on behalf of a minor.

APPLICATION AND MANDATORY DOCUMENTS

The account opening document must be accompanied by an attested copy of a **valid identification document** in original and sent to the address below. The attestation should be carried out by two people by their signature, name in print and telephone number. Persons who are not registered as resident in Sweden must append an attested copy of two **utility bills** (electricity, gas, water or similar bills).

HealthInvest Partners AB
Biblioteksgatan 29
SE -114 35 Stockholm

It is the responsibility of each and every person interested in investing in HealthInvest Partners' funds to ensure that the investment takes place in accordance with applicable laws and other regulations. Foreign law may entail that an investment cannot be made by an investor from outside Sweden. The fund company, HealthInvest Partners AB, has no responsibility whatsoever to verify whether an investment made from outside Sweden takes place in accordance with the laws of the relevant country. Disputes or claims concerning the Funds shall be resolved according to Swedish law and exclusively by Swedish courts of law. There is no guarantee that an investment in a Fund managed by HealthInvest Partners cannot result in a loss. This applies irrespective of otherwise positive performance on the financial markets. Past performance is no guarantee of future results. An investment in HealthInvest Partners' funds can both increase and decrease in value and there is no guarantee that the investor recovers the full amount invested. Information from the fund company shall not be considered a recommendation to invest in the Funds. Every person considering purchasing units in any of the Funds must make an independent assessment of such an investment and the risks associated therewith. Investments in the Funds should be seen as long-term investments. You can find prospectuses and other information about the Funds online at www.healthinvest.se. You can also get this information at no cost by calling +46 (0)8 440 38 30 or by sending an e-mail request to info@healthinvest.se.