

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](http://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.

#### CLIENT INFORMATION (please print)

Company Name		Company Registration No.*	
Address		Telephone (incl. area code)	
Postal Code	City	Tax Residence	
E-mail Address		Taxpayer Identification Number (TIN)	
Contact			

\*) Please enclose Registration Certificate (not older than six months).

#### BANKING DETAILS FOR PAYMENT DEPOSITS (The account must belong to the client)

Bank Account Number	Bank
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#### BENEFICIAL OWNER

Due to anti-money laundering legislation, certain legal provisions are applicable to the verification of the identity of beneficial owners. "Beneficial owner" means a natural person who, alone or together with another person, ultimately owns or controls a legal entity, or a natural person who benefits from the actions of someone acting on their behalf.

**Legal entity:** Provide information regarding physical persons who control, directly or indirectly, more than 25% of the share capital or voting capital in the company. Also provide information regarding any natural person who, without owning 25% of the share capital or voting capital, exercises controlling influence over the legal entity. This means someone who controls the management of the legal entity. This includes a person who, for example, by means of a shareholder agreement, is entitled to appoint or dismiss more than half of the board members or persons in similar positions at the legal entity.

Name	Personal ID No./Company Registration No.	Ownership Interest %
Address	Postal Code and City	
Name	Personal ID No./Company Registration No.	Ownership Interest %
Address	Postal Code and City	
Name	Personal ID No./Company Registration No.	Ownership Interest %
Address	Postal Code and City	

**Foundation:** State the name and personal ID number/company registration number of future beneficiaries or, in the alternative, the names of the natural persons in whose principal interest the foundation has been established or conducts operations.

Name	Personal ID No./Company Registration No.	Ownership Interest %
Address	Postal Code and City	
Name	Personal ID No./Company Registration No.	Ownership Interest %
Address	Postal Code and City	

Please state if any of the beneficial owners is to be regarded as a politically exposed person. The definition of “politically exposed person” may be found in the form, “Politically exposed person.”

Are any of the legal entity’s beneficial owners to be regarded as a politically exposed person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please append the form, “Politically Exposed Person (PEP)”. The form may be obtained from our website, <a href="http://www.healthinvest.se">www.healthinvest.se</a> .
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### 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
What is the source of the capital you intend to invest in the funds? <input type="checkbox"/> Surplus/profit from business <input type="checkbox"/> Liquidity management <input type="checkbox"/> Other, please specify:

Financial institutions are obliged to identify foreign account holders with respect to tax-related issues. Please seek expert advice if necessary.

1. Is the legal entity a financial institution? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify the GIIN (Global Intermediary Identification Number):
2. Is the legal entity an active or a passive non-financial entity? <input type="checkbox"/> Passive non-financial entity <input type="checkbox"/> Active non-financial entity
3. If the legal entity is a passive non-financial entity: Does the entity have a beneficial owner who controls more than 25% of the entity which is taxable in a country outside Sweden? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please state name, address and TIN (Taxpayer Identification Number) for the person(s):

**OTHER**

We would like to receive information from HealthInvest Partners by post instead of e-mail.

**DECLARATION AND SIGNATURE**

- We are 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 we have not instructed the fund company to provide any such advisory services.
- We are aware and acknowledge that HealthInvest Partners processes 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/>.
- We 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.
- We affirm that we have read, understood and accepted the fund rules, the Key Investor Information Document (KIID) and the prospectus.
- We affirm that the purpose of the business relationship is regular savings in funds according to the Swedish Act on Investment Funds.
- We affirm that we represent the client and that there is no other beneficial owner.
- We 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 (Authorized Signatory)	Name in Print

**APPLICATION AND MANDATORY DOCUMENTS**

The account opening document must be accompanied by an **attested copy of a valid identification document** for authorized signatory(ies) in original and a **Registration Certificate** (not older than six months). The attestation should be carried out by two people by their signature, name in print and telephone number. Beneficial owners must append the form, "Politically **Exposed person (PEP)**". Any authorized signatory(ies) who is/are not registered as resident in Sweden must append an attested copy of two **utility bills** (electricity, gas, water or similar bills).

If the legal entity is a financial institution subject to supervision, we require a registration certificate (not older than six months) and a signature list appended to the application. Financial institutions subject to supervision in a country outside of the European Economic Area (EEA) must also append an attestation that they have fulfilled the identification procedure before transacting with a client in accordance with current regulations related to the prevention of the use of the financial system for the purposes of money laundering.

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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](http://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](mailto:info@healthinvest.se).