

FOR TRUST ACCOUNTS ONLY

APPLICATION FORM
JERSEY AND
LUXEMBOURG
REGULATED FUNDS



APPLICATION FORM JERSEY AND LUXEMBOURG REGULATED FUNDS

Please use this application form to subscribe to any of the following funds:

- Ashburton Investments SICAV ("SICAV") via Jersey General Nominees Limited
- Ashburton Money Market Funds Limited ("Money Market")
- Ashburton Replica Portfolio Limited ("Replica")

Prospective investors are strongly recommended to read and consider the relevant prospectus before completing ALL sections of this application form in BLOCK CAPITALS.

Please return to:

Ashburton (Jersey) Limited

PO Box 239

IFC1

The Esplanade

St Helier

Jersey

JE4 8SJ

Channel Islands

1. INVESTMENT DETAILS

Please indicate the Fund(s) in which you wish to invest. The minimum investment for each fund is detailed in the relevant fund prospectus.

| | Investment | or | Accumulating/ Distributing |
|---|------------|----|----------------------------|
| ASHBURTON INVESTMENTS SICAV | | | |
| Global Balanced Fund | US\$ | _ | |
| Global Balanced Fund | € | | |
| Global Balanced Fund | £ | | |
| Global Growth Fund | US\$ | | |
| Global Growth Fund | £ | | |
| Global Leaders Equity Fund | US\$ | | |
| Global Leaders Equity Fund | £ | | |
| Global Equity Growth Fund | US\$ | | |
| ASHBURTON MONEY MARKET FUNDS LIMITED ("MONEY MARKET") | | | |
| Dollar Money Market Feeder Fund | US\$ | _ | |
| ASHBURTON REPLICA PORTFOLIO LIMITED ("REPLICA | Δ") | | |
| Dollar Asset Management Fund | US\$ | | |
| Euro Asset Management Fund | € | | |
| Sterling Asset Management Fund | £ | | Acc Dis |



2. STANDARD SETTLEMENT INSTRUCTIONS

Please indicate your choice with a tick. If no box is ticked, dividends will be automatically re-invested. If you are invested in more than one currency, please advise us of payment details separately.

I/We hereby request that all dividends which may from time to time become payable on shares registered in my/our name(s) be

| | I/We hereby request that all dividends which may from time to time become payable on shares registered in my/our name(s) be reinvested; or | | | | |
|---------|--|-----------------|--|--|--|
| | Forwarded to the following bank details: | | | | |
| Name o | f bank | Sort/Swift code | | | |
| | | | | | |
| Address | | Postcode | | | |
| | | | | | |
| Account | t name | | | | |
| | | | | | |
| Account | t no. | Currency | | | |
| | | | | | |
| IBAN no |). | | | | |
| | | | | | |

The bank details provided above will be used to settle all redemption instructions unless otherwise advised. If bank details are not provided above, details will be requested at the time of your redemption.

3. METHOD OF PAYMENT

Your subscription can be paid by electronic bank transfer, please refer to page 13 and 14 for details. Please note that:

Please note that:

- (i) Requests for payments to a third party will not be accepted.
- (ii) Incoming payments will only be accepted from an account in the name of the investor. We cannot accept any payments introduced by a third party.
- (iii) Shares will be allocated as soon as reasonably practicable after receipt of cleared funds, or as otherwise agreed with Ashburton (Jersey)

 Limited, provided that all requisite documentation has been received and accepted. Investors should ensure that sufficient time is allowed for their payments to clear.
- (iv) Full bank account details will be requested at the time of a redemption request.



4. APPLICATION DETAILS

| TRUSTEE DETAILS | | | | | |
|--|--------------|--------------|----------------|--------------------|------|
| | | | | | |
| Trustee name | | | | | |
| Place of incorporation of Trustee | | | Date of incorp | oration of Trustee | |
| | | | | | |
| TRUST ACCOUNT APPLICANT | | | | | |
| Full name and title of account | | | | | |
| | | | | | |
| Account designation (if required) | | | | | |
| | | | | | |
| | | | | | |
| E CONTACT DETAILS EOF | D THE DDIMAL | DV CONT | ract ea | OD THE TO | UICT |
| 5. CONTACT DETAILS FOR | R THE PRIMA | RY CONT | TACT FO | OR THE TR | UST |
| 5. CONTACT DETAILS FOR | R THE PRIMA | RY CON | TACT FO | OR THE TR | RUST |
| | R THE PRIMA | RY CON | FACT FO | OR THE TR | RUST |
| | R THE PRIMA | RY CON | | OR THE TR | RUST |
| CONTACT'S FULL NAME | R THE PRIMA | | | OR THE TR | UST |
| CONTACT'S FULL NAME | R THE PRIMA | | | OR THE TR | RUST |
| CONTACT'S FULL NAME Telephone number (work) | R THE PRIMA | Mobile numbe | | OR THE TR | UST |
| CONTACT'S FULL NAME Telephone number (work) | R THE PRIMA | Mobile numbe | | OR THE TR | RUST |
| CONTACT'S FULL NAME Telephone number (work) Email address | R THE PRIMA | Mobile numbe | | OR THE TR | UST |
| CONTACT'S FULL NAME Telephone number (work) Email address | Country | Mobile numbe | r | OR THE TR | RUST |
| CONTACT'S FULL NAME Telephone number (work) Email address Trustee's registered office address | | Mobile numbe | r | | RUST |



6. CORRESPONDENCE

| o. Correspondence | | | |
|---|-------------------------------------|---|------------------------------|
| Correspondence address (if different to above) | | | |
| | | | |
| Town | Country | Postcode | |
| | | | |
| | | | |
| VALUATIONS | | | |
| Valuations are prepared quarterly and will be de | elivered to you via the Ashburton (| Online Portal unless you tick the box t | o opt out: |
| I do not wish to receive valuations via | a the online portal, please send th | em via email. | |
| | | | |
| 7. KEEPING YOU INFORM | IED - GENERAL DA | ATA PROTECTION | |
| REGULATION 2018 | | | |
| We send email communications to keep you in we feel may be of interest. | formed about our range of Funds | and Portfolios, the latest company ne | ews, events and articles tha |
| | | | |
| TO OPT IN TO RECEIVING THESE EN | MAIL COMMUNICATIONS, | PLEASE TICK THE BOX BELC | OW. |
| I would like to receive investment up events and company news. | dates, Fund and Portfolio news, m | arket insights/articles and Fund and | Portfolio commentaries, |
| | | | |
| | | | |
| | | | |



8. TAX CLASSIFICATION

| TIN | GIIN | | Sponsored Financia | l Institution – FI |
|--|---------------------------------------|------------------------|--------------------|--------------------|
| | | | Yes | No |
| Sponsored legal name (if applicable) | | | | |
| | | | | |
| FINANCIAL INSTITUTIONS - I | =1 | | | |
| Participating Foreign FI | | FI in a Model 1 IGA Co | ountry | |
| Sponsored FI | | FI in a Model 2 IGA Co | ountry | |
| Registered Deemed Compliant | FI | Offshore Islands FI | | |
| Other: | | | | |
| If you are an FI and unable to provide a | a GIIN, please select a reason below. | | | |
| Non Participating Foreign Fl | | Exempt Beneficial Own | ner | |
| GIIN has been applied for and i | s pending | Non reporting IGA FFI | | |
| Other: | | | | |
| NON-FINANCIAL FOREIGN EI | NTITIES - NFFE | | | |
| Active | Passive* | E | xcepted | |
| Other: | | | | |
| * All controlling parties must be comple | ete section 10. | | | |

Jersey and Luxembourg regulated Funds application form for Trusts | A part of the FirstRand Group



9. ANTI MONEY LAUNDERING

| IDENTIFICATION | |
|--|---|
| Date of establishment/settlement of the Trust | |
| Country of establishment/settlement of the Trust | |
| RELATIONSHIP INFORMATION | |
| Type, value and volume of expected activity (eg. a single investment of £xxx) | |
| What is the purpose of the Trust? | |
| Source of funds – Describe the activities which have generated the Trust's funds e.g. Settlor's inheritance and provide details. Please include details of which country/countries the funds origin | |
| | |
| | |
| | Originating country/countries of funds |
| Source of wealth – Describe the activities which have generated the Settlor's total personal ner property. Please include details of the country/countries within which the Settlor's personal net w | |
| | |
| | |
| | |
| | Originating country/countries of wealth |
| Does the Trust or anyone relating to the trust have an existing relationship with Ashburton? If so (eg. Client number: C_XXXX) | provide details. |
| | |
| | |



9. ANTI MONEY LAUNDERING (CONTINUED)

| Is any party connected with/to the Trust a Political | ally Exposed Person (PEP) or a family member or a close associate of a PEP? |
|--|---|
| Yes | No |
| Are commission/consultancy fees a source of we | ealth? |
| Yes | No |
| Is the Trust part of a complex structure? (If yes, p | please provide a structure chart.) |
| Yes | No |
| Does the Corporate issue bearer shares? | |
| Yes | No |
| If answered yes to any of the above please provious (Please continue on a separate piece of paper if | de a full explanation, further documentary evidence may be required. you run out of space here) |
| | |
| | |
| | |



PERSON 1 Trustee (if individual) Vested Beneficiary Protector Settlor Full name (include former names eg. maiden name if applicable) Place of employment Position held Principal residential address Town Country Postcode Date of birth Gender Town/City of birth Country of birth Nationality/Dual nationality Passport/ID Card No Country of issue Certified copy held bearing a true likeness to the individual above: Yes No Address verification obtained via original/certified copy utility bill: No Yes If Person 1 has more than one country of tax residence, please advise us upon submission of application. Domicile Country of tax residence

National Insurance/Social Security Number

Yes

(UK and CI residents only)

US Citizen

Yes

Tax Identification Number (Non-UK residents)

US Green Card Holder



(CONTINUED)

| PERSON | 2 |
|--------|---|
|--------|---|

| Trustee (if individual) | Settlor | Ve | ested Beneficia | ry | | Protector |
|---|--------------------------------|------------|--------------------------------------|--------|-------|-----------|
| Full name (include former names eg. maide | n name if applicable) | | | | | |
| | | | | | | |
| Place of employment | | Position h | neld | | | |
| | | | | | | |
| Principal residential address | | | | | | |
| Town | | Country | | | | |
| IOWII | | Country | | | | |
| Postcode | | Date of bi | irth | | | |
| | | | | | | |
| Gender | | Town/City | y of birth | | | |
| | | | | | | |
| Country of birth | | Nationalit | y/Dual nationali | ty | | |
| | | | | | | |
| Passport/ID Card No | | Country o | of issue | | | |
| | | | | | | |
| Certified copy held bearing a true likeness | to the individual above: | | Yes | No | | |
| Address verification obtained via original/ce | ertified copy utility bill: | | Yes | No | | |
| If Person 2 has more than one country of t | ax residence, please advise us | upon submi | ission of applica | ation. | | |
| Country of tax residence | 71 | Domicile | | | | |
| | | | | | | |
| Tax Identification Number (Non-UK residen | nts) | | Insurance/Socia CI residents only | | umber | |
| | | | | | | |
| US Green Card Holder | Yes | US C | Citizen | | Yes | |



(CONTINUED)

| PΕ | ΞR | S | O | N | 3 |
|----|----|---|---|---|---|
| | | | | | |

| Trustee (if individual) | Settlor | Ve | ested Beneficiary | | Protector |
|---|--------------------------------|-------------|--|--------------|-----------|
| Full name (include former names eg. maide | n name if applicable) | | | | |
| | | | | | |
| Place of employment | | Position he | eld | | |
| | | | | | |
| Principal residential address | | | | | |
| Town | | Country | | | |
| | | , | | | |
| Postcode | | Date of bir | rth | | |
| | | | | | |
| Gender | | Town/City | of birth | | |
| | | | | | |
| Country of birth | | Nationality | //Dual nationality | | |
| | | | | | |
| Passport/ID Card No | | Country of | f issue | | |
| | | | | | |
| Certified copy held bearing a true likeness | to the individual above: | , | Yes | No | |
| Address verification obtained via original/ce | ertified copy utility bill: | , | Yes | No | |
| If Person 3 has more than one country of t | ax residence, please advise us | upon submis | ssion of application | on. | |
| Country of tax residence | , , , | Domicile | | | |
| | | | | | |
| Tax Identification Number (Non-UK residen | nts) | | nsurance/Social (I residents only) | Security Nur | mber |
| | | | | | |
| US Green Card Holder | Yes | US Ci | itizen | | Yes |



(CONTINUED)

| PERSON. | 4 |
|---------|---|
|---------|---|

| Trustee (if individual) | Settlor | Ves | sted Beneficiar | У | Protector | | |
|--|--------------------------|----------|--|----|-----------|--|--|
| Full name (include former names eg. maiden name if applicable) | | | | | | | |
| | | | | | | | |
| Place of employment | | Position | n held | | | | |
| | | | | | | | |
| Principal residential address | | | | | | | |
| | | | | | | | |
| Town | | Country | / | | | | |
| | | | | | | | |
| Postcode | | Date of | Date of birth | | | | |
| | | | | | | | |
| Gender | | Town/C | City of birth | | | | |
| On all affects | | NIEU | III /D all a all'a | 19 | | | |
| Country of birth | | Nationa | Nationality/Dual nationality | | | | |
| Decement //D Covel No | | Countn | Country of issue | | | | |
| Passport/ID Card No | | Country | / OI ISSUE | | | | |
| | | | | | | | |
| Certified copy held bearing a true likeness | to the individual above: | | Yes | No | | | |
| Address verification obtained via original/certified copy utility bill: | | | Yes | No | | | |
| If Person 4 has more than one country of tax residence, please advise us upon submission of application. | | | | | | | |
| Country of tax residence | | | Domicile | | | | |
| | | | | | | | |
| Tax Identification Number (Non-UK residents) | | | National Insurance/Social Security Number (UK and CI residents only) | | | | |
| , | | | | | | | |
| US Green Card Holder | Yes | US | Citizen | | Yes | | |



11. DOCUMENTATION

Jersey equivalent jurisdictions are those which the Jersey Financial Services Commission (JFSC) consider to have anti-money laundering regulations in place equivalent to those of Jersey or consistent with the Financial Actions Task Force (FATF) recommendations.

A list of equivalent jurisdictions is found under Appendix B in the AML/CFT Handbook on the JFSC website and can be viewed at the following link: http://www.jerseyfsc.org/anti-money-laundering/regulated-financial-services-businesses/amlcft-handbook/and as amended from time to time.

DUE DILIGENCE REQUIREMENTS

| for a Trust, with a regulated Trustee, based in a Jersey equivalent jurisdiction; | | | | |
|---|--|--|--|--|
| Completion of the application form | | | | |
| Certified copy of an extract of the Trust Deed (including the name of the Trust, date and place of settlement, names of Trustee(s)/Settlor(s)/Protector(s)/Beneficiary(ies), type of trust and signatures of Trustees). | | | | |
| Certified copy of Deeds of Retirement and Appointment (if applicable) | | | | |
| Structure chart (if applicable) | | | | |
| Trustee resolution (if applicable) | | | | |
| For the Settlor(s)/Protector(s)/Beneficiary(ies) with a vested interest in, or who have received benefit from the Trust; | | | | |
| Certified copy of identity document | | | | |
| Certified copy of address verification dated in the last 3 months | | | | |
| For the regulated Trustee; | | | | |
| Certified copy of current authorised signatory list dated in the last 3 months | | | | |
| DUE DILIGENCE REQUIREMENTS | | | | |
| for a non-regulated Trustee or Trust based in a non-Jersey equivalent jurisdiction; | | | | |
| Completion of the application form | | | | |
| Certified copy of an extract of the Trust Deed (including the name of the Trust, date and place of settlement, names of Trustee(s)/Settlor(s)/Protector(s)/Beneficiary(ies), type of trust and signatures of Trustees). | | | | |
| Certified copy of Deeds of Retirement and Appointment (if applicable) | | | | |
| Structure chart (if applicable) | | | | |
| Trustee resolution (if applicable) | | | | |



11. DOCUMENTATION (CONTINUED)

| For the Settlor(s)/Protector(s)/Beneficiary(ies) and where applicable personal Trustee(s) with a vested interest in, or who have received benefit from the Trust; | | | | | |
|---|---|----------------------|--|--|--|
| | Certified copy of identity document | | | | |
| | Certified copy of address verification dated in the last 3 months | | | | |
| For a corp | For a corporate Trustee; | | | | |
| | Certified copy of Certificate of Incorporation | | | | |
| | Certified copy of Memorandum and Articles of Association | | | | |
| | Certified copy of Register of Shareholders (due diligence is required for all Shareholders holding more than 10%) | | | | |
| | Certified copy of Register of Directors and Secretary (due diligence is required for Secretary and all current Directors) | | | | |
| | Certified copy of current authorised signatory list dated in the last 3 months (due diligence is required for all authorised Signatories) | | | | |
| For further guidance on certification please refer to the Ashburton Guide to Certification. | | | | | |
| 12. S | IGNING AUTHORITY | | | | |
| We hereb | We hereby authorise and instruct the Manager to act upon the request or instruction; | | | | |
| | In accordance with the authorised signatory list provided. | | | | |
| OR | | | | | |
| | Other (please provide name/s and in what capacity they can sign). | | | | |
| Authority | 1 name | Authority 2 name | | | |
| | | | | | |
| Authority | 1 position | Authority 2 position | | | |
| | | | | | |



13. SIGNATURES AND DECLARATIONS

- (i) I/We hereby acknowledge that prior to investing in any Fund I/we will have received and considered the applicable current Key Investor Information Document (relevant to Ashburton Investments SICAV only) and Prospectus and that this application is made under the terms of the relevant, Ashburton Replica Portfolio Limited, Ashburton Money Market Funds Limited or Ashburton Investments SICAV Prospectus and Memorandum and Articles of Association.
- (ii) I/We declare that I am/we are not a US person(s) as described in the current Prospectus of Ashburton Investments SICAV, Ashburton Replica Portfolio Limited or Ashburton Money Market Funds Limited and that I am/we are not applying as the Nominee of a person who is a US person except for such person as permitted in a transaction that does not violate United States' securities laws.
- (iii) In consideration for Ashburton (Jersey) Limited or Jersey General Nominees Limited (for Ashburton Investments SICAV only) acting from time to time upon facsimile, email or other electronic requests from me/us, I/we hereby agree fully to indemnify and hold Ashburton (Jersey) Limited or Jersey General Nominees Limited harmless in respect of all claims, actions, damages, proceedings, costs and expenses suffered or incurred by Ashburton (Jersey) Limited or Jersey General Nominees Limited as a result, direct or otherwise, of Ashburton (Jersey) Limited or Jersey General Nominees Limited acting upon such request. I/We understand that proceeds will only be paid away to a bank account in the name of the "Investor" on receipt by Ashburton (Jersey) Limited or Jersey General Nominees Limited of an original signed authority.
- (iv) I/We confirm that any funds transferred do not or will not represent the proceeds of, or derive from, any activity, which would be considered illegal under the Anti Money Laundering and Proceeds of Crime legislation applicable in Jersey and my/our country(ies) of residence.
- (v) **EU Member States resident's declaration of income for the Ashburton Investments SICAV (for personal Trustees only).**I hereby agree to the exchange of information with the tax authorities of my country of residence. The information that will be disclosed include: account number, full name, residential address, date of birth, place of birth, tax identification number (TIN), amount of income and share class.
- - I hereby agree to the exchange of information with the UK tax authorities (HMRC) under intergovernmental agreements. The information that will be disclosed includes: account number, full name, residential address, date of birth, place of birth, National Insurance number, the total value of the investment as at the end of the calendar year and the total value of redemption payments made to the investor during the calendar year.
- (vii) By completing this application form I/we confirm that I/we have notified and obtained the consent of and all persons detailed herein and in accompanying documentation to the processing of their personal details and other information in accordance with the data protection notice which is set out in the Prospectus of Ashburton Investments SICAV, Ashburton Replica Portfolio Limited or Ashburton Money Market Funds Limited, as appropriate.
- (viii) I/We can confirm that I/we have discussed and agreed to the Adviser Fee shown in Section 14 and will authorise Ashburton to make payments to my/our adviser until further notice.
- (ix) I/We agree to provide to Ashburton (Jersey) Limited and/or Jersey General Nominees Limited any information and personal data it may reasonably request in order to comply with any domestic or foreign law or regulation in relation to investments in Ashburton Investments SICAV, Ashburton Replica Portfolio Limited or Ashburton Money Market Funds Limited, as appropriate.
- (x) I/We agree that any information provided to Ashburton (Jersey) Limited and/or Jersey General Nominees Limited may be passed to the competent authorities as may be requested by applicable law or the relevant authority. I/We undertake not to oppose any privacy or secrecy rule to such request and understand that any failure to comply with such information request could lead Ashburton Investments SICAV, Ashburton Replica Portfolio Limited or Ashburton Money Market Funds Limited to compulsory redeem the shareholding held on my/our behalf in Ashburton Investments SICAV, Ashburton Replica Portfolio Limited or Ashburton Money Market Funds Limited, as appropriate.
- (xi) I/We agree to confirm the accuracy of given information periodically to ensure that Ashburton Investments SICAV, Ashburton Replica Portfolio Limited or Ashburton Money Market Funds Limited, as appropriate, complies with its legal obligations.
- (xii) I/We agree to promptly inform Ashburton (Jersey) Limited and/or Jersey General Nominees Limited if any of the representations, disclosures or information provided in order for Ashburton (Jersey) Limited and/or Jersey General Nominees Limited to comply with its legal obligations ceases to be accurate and, in such event, provide the Ashburton (Jersey) Limited and/or Jersey General Nominees Limited with such information as Ashburton (Jersey) Limited and/or Jersey General Nominees Limited may request.



13. SIGNATURES AND DECLARATIONS (CONTINUED)

If completing this form electronically, please ensure you print a hard copy, then sign and return to the address detailed on the front of this form.

| (1) Signature | |
|---------------|------|
| | |
| Print name | Date |
| | |
| (2) Signature | |
| | |
| Print name | Date |
| | |
| (3) Signature | |
| | |
| Print name | Date |
| | |
| (4) Signature | |
| | |
| Print name | Date |
| | |

In order to process our client's applications in an efficient and timely manner, we will not be able to proceed with applications until all mandatory requisite documentation is received and accepted. Monies held pending will not be invested.

Applications signed under a Power of Attorney cannot be accepted.

14. INTERMEDIARY TERMS OF BUSINESS/ADVISER FEE ARRANGEMENTS

| Name of intermediary firm | | Contact name | |
|----------------------------------|---|--------------------|---|
| | | | |
| Address | | | |
| | | | |
| Intermediary code | | | |
| | | | |
| First funds expected: amount | | Due date | |
| | | | |
| Total initial charge £/€/\$ | | Adviser fee £/€/\$ | |
| | | | |
| Name of Ashburton representative | % | | % |
| | | | |



15. YOUR FINANCIAL ADVISER'S CHARGES (D CLASS SHARES ONLY)

Please **only** complete the section below if you want your Financial Adviser, to be paid from your investment. Otherwise, do not complete this section.

| All Finan | · · | e deducted by selling shares of yo | our investmei | nt. The Financial Adviser charge v | will be paid in the currency of |
|---------------------|--|-------------------------------------|----------------|------------------------------------|---------------------------------|
| FREQU | JENCY | | | | |
| Please o | detail below the frequency | at which deductions are to be pai | id. | | |
| | Quarterly | 6 monthly | | Yearly | |
| AMOU | NT | | | | |
| If you wi amount | | dviser a set monetary amount per | year (on pro | rata basis), at the frequency indi | cated above, please detail the |
| The mor | netary amount I wish to pa | ay my Financial Adviser each year | | | |
| | | | (C | lelete as applicable) | |
| OR | | | | | |
| PERCE | ENTAGE | | | | |
| - | sh to pay your Financial A age below. | dviser a set percentage of the valu | ue of your inv | vestment, at the frequency indica | ted above, please detail the |
| The perd | centage of my investment | I wish to pay my Financial Adviser | each year is | | % |
| D | | the Financial Advisor cost the | | | |

Payments will only be made to the Financial Advisor once the monetary amount is in excess of £250 or currency equivalent.



ELECTRONIC TRANSFER INSTRUCTIONS FOR FUND INVESTMENTS

Reference to the client name must be recorded to identify the funds transferred. Please quote the client number if available.

ASHBURTON INVESTMENTS SICAV

STERLING

Royal Bank of Scotland International Limited

Sort code: 16-10-28

Account name:

Ashburton (Jersey) Limited re: Ashburton Investments SICAV

Account no: 50928123

SWIFT: RBOSJESX

EURC

Correspondent bank details

Royal Bank of Scotland Plc, London

SWIFT: RBOSGB2L

Primary bank details

Bank name:

Royal Bank of Scotland International Limited

SWIFT destination: RBOSJESX

Account name:

Ashburton (Jersey) Limited re: Ashburton Investments SICAV

IBAN no:

GB13 RBOS 161028 50928123

US DOLLAR

Correspondent bank details

Wells Fargo Bank NA, New York (formerly Wachovia Bank NA)

SWIFT:

PNBPUS3NNYC

Primary bank details

Bank name:

Royal Bank of Scotland International Limited

SWIFT destination: RBOSJESX

Account name: Ashburton (Jersey) Limited re: Ashburton Investments SICAV

Account no: 50928123

ASHBURTON MONEY MARKET FUNDS LIMITED

EURO

Royal Bank of Scotland Plc, London

SWIFT: RBOSGB2L

Account name:

Royal Bank of Scotland International Limited

SWIFT destination: RBOSJESX

Account name:

Ashburton Money Market Funds Limited

IBAN no:

GB54RBOS16102850557621

US DOLLAR

Wells Fargo Bank NA, New York (formerly Wachovia Bank NA)

SWIFT:

PNBPUS3NNYC

Account name:

Royal Bank of Scotland International Limited

SWIFT destination: RBOSJESX

Account name:

Ashburton Money Market Funds Limited

Account no: 50557621



ELECTRONIC TRANSFER INSTRUCTIONS FOR FUND INVESTMENTS

ASHBURTON REPLICA PORTFOLIO LIMITED

STERLING

Royal Bank of Scotland International Limited

Sort code: 16-10-28

Account name:

Ashburton Replica Portfolio Limited

Account no: 50557648

SWIFT: RBOSJESX

EURO

Royal Bank of Scotland Plc, London

SWIFT: RBOSGB2L

Account name:

Royal Bank of Scotland International Limited

SWIFT destination: RBOSJESX

Account name:

Ashburton Replica Portfolio Limited

IBAN no:

GB04RBOS16102850557648

US DOLLAR

Wells Fargo Bank NA, New York (formerly Wachovia Bank NA)

SWIFT:

PNBPUS3NNYC

Account name:

Royal Bank of Scotland International Limited

SWIFT destination: RBOSJESX

Account name:

Ashburton Replica Portfolio Limited

Account no: 50557648

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