



MitonOptimal

A S S E T M A N A G E M E N T

MITONOPTIMAL GUERNSEY LIMITED

MitonOptimal Guernsey Limited (the "Manager") is licensed by the Guernsey Financial Services Commission ("GFSC") to conduct controlled investment business under the Protection of Investors (Bailiwick of Guernsey) Law 1987, as amended, and complies with the rules promulgated by the GFSC, including the Collective Investment Schemes (Class B) Rules, 1990.

APPLICATION FORM & BANK INSTRUCTION LETTER

MITONOPTIMAL OFFSHORE FUND

This application form is made up of five sections and should only be completed once you have read the current scheme particulars, financial accounts and trust instrument. If you would like to receive a copy of the current scheme particulars, financial accounts and trust instrument, please contact us on + 44 1481 715167. If you are in any doubt about the information contained within this application form, or the trust instrument, or the scheme particulars, or the financial accounts you should consult your investment advisor or independent financial advisor.

This application form is current as at the date of publication but is subject to change without notice. Please complete the application form and return it to:

BORDEAUX SERVICES (GUERNSEY) LIMITED

**PO Box 466, Barclays Court, Les Echelons
St. Peter Port, Guernsey GY1 6AW
Telephone + 44 1481 715167 Facsimile + 44 1481 714061
Email: bordeaux@bordeauxservices.com**

APPLICATION FORM –MITONOPTIMAL OFFSHORE FUND

SECTION 1

PLEASE COMPLETE IN BLOCK CAPITALS

1.1 PRIVATE INDIVIDUALS

FIRST NAMED HOLDER

Title (Mr. / Mrs. / Miss): _____
Surname: _____
Forenames: _____
Date and place of birth: _____
Nationality: _____
Occupation: _____
Residential address: _____

CONTACT DETAILS

(Please include any relevant international dialing codes.)

Daytime tel. no. _____
Home tel. no. _____
Fax no. / e-mail (if applicable) _____

In respect of joint account holders please complete the details below. All correspondence will be sent to the first named holder unless specific instructions are received otherwise.

SECOND NAMED HOLDER

Title (Mr. / Mrs. / Miss): _____
Surname: _____
Forenames: _____
Date and place of birth: _____
Nationality: _____
Occupation: _____
Residential address: _____

CONTACT DETAILS

(Please include any relevant international dialing codes.)

Daytime tel. no. _____
Home tel. no. _____
Fax no. / e-mail (if applicable) _____

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THIRD NAMED HOLDER

Title (Mr. / Mrs. / Miss): _____
Surname: _____
Forenames: _____
Date and place of birth: _____
Nationality: _____
Occupation: _____
Residential address: _____

CONTACT DETAILS

(Please include any relevant international dialing codes.)

Daytime tel. no. _____
Home tel. no. _____
Fax no. / e-mail (if applicable) _____

FOURTH NAMED HOLDER

Title (Mr. / Mrs. / Miss): _____
Surname: _____
Forenames: _____
Date and place of birth: _____
Nationality: _____
Occupation: _____
Residential address: _____

CONTACT DETAILS

(Please include any relevant international dialing codes.)

Daytime tel. no. _____
Home tel. no. _____
Fax no. / e-mail (if applicable) _____

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1.2 CORPORATE / TRUST / PARTNERSHIP

Name:	_____
Account designation (if applicable):	_____
Registered address:	_____

Registered / incorporated in:	_____
Registration / incorporation number:	_____

CONTACT DETAILS (Please include any relevant international dialing codes.)	
Key contact:	_____
Tel. No.:	_____ Fax no: _____
E-mail address:	_____

1.3 CORRESPONDENCE ADDRESS

(If different from the registered address provided.)

1.4 BANK ACCOUNT DETAILS

(Proceeds from the redemption of Units will only be paid to the account as specified in this section of the application form. We may write to your bankers to assist in satisfying our compliance procedures.)

Bank:	_____
Branch address:	_____

Account name:	_____
Account number:	_____ Sort / swift code: _____

1.5 FINANCIAL ADVISOR DETAILS

(We may write to your financial advisor to assist in satisfying our compliance procedures.)

Advisor name:	_____
Advisor address:	_____

Tel. No.:	_____
Fax no.:	_____
E-mail address:	_____

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1.6 COMPANY SEAL

(All applications on behalf of a company must be made under company seal in accordance with its memorandum and articles of association or equivalent constitutive documents.)

A large, empty rectangular box with a thin black border, intended for a company seal. The box is positioned below the text and occupies a significant portion of the page's width.

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SECTION 2

2.1 INVESTMENT DETAILS

I / we wish to invest (indicate amount) in the following Class Fund(s)*:

<i>Core Diversified US\$ Fund</i>	US\$	<input type="text"/>
<i>Core Diversified EURO Fund</i>	€	<input type="text"/>
<i>Core Diversified GBP Fund</i>	£	<input type="text"/>
<i>Global GBP Portfolio Fund</i>	£	<input type="text"/>
<i>Global USD Portfolio Fund</i>	US\$	<input type="text"/>
<i>Special Situations GBP Portfolio Fund</i>	£	<input type="text"/>
<i>Special Situations USD Portfolio Fund</i>	US\$	<input type="text"/>
<i>GBP Strategic Portfolio Fund</i>	£	<input type="text"/>
<i>USD Strategic Portfolio Fund</i>	US\$	<input type="text"/>
<i>Extra Income GBP Portfolio Fund</i>	£	<input type="text"/>
<i>Extra Income USD Portfolio Fund</i>	US\$	<input type="text"/>

*Please note that for all Class Funds, the minimum investment amount is US\$ 5000 or the equivalent value of US\$ 5000 in Euros or GBP.

I / we have arranged a telegraphic transfer*

I / we have enclosed a cheque*

*PLEASE TICK RELEVANT BOX

Please return this application form with your payment or with a copy of your completed bank instruction letter. Payment can be made by cheque or telegraphic transfer drawn on your personal account and should be made payable to: MitonOptimal Guernsey Limited – Client account
Traveller's cheques and cash are not acceptable.

2.2 UPFRONT FEE

I/we understand that the upfront fee is 5% on this application, calculated on the gross amount submitted for investment, unless stipulated otherwise in this box:

%

SECTION 3

3.1 CLIENT DECLARATION AND SIGNATURE

1. I / we represent and warrant that I / we have read and understood the current trust instrument, financial accounts and scheme particulars including the risk factors set out therein.
2. I/ we represent and warrant that (a) I/we have not relied on any representations or other information purported to be given on behalf of the MitonOptimal Offshore Fund (the "Fund") except as set forth in the scheme particulars or the financial accounts; (b) the Units are not being purchased with a view to resale; and (c) all consents required to be contained and all legal requirements necessary to be complied with or observed in order for this agreement or the issuance of the Units to be lawful and valid under the laws of any jurisdiction to which the applicant is subject have been obtained, complied with or observed.
3. I / we represent and warrant that: (a) I / we am / are aged 18 or over; (b) that I / we am / are not resident in the United States Of America ("USA"); and (c) that these Units are not being acquired on behalf of any person resident in the USA.
4. I / we understand that by providing telephone dealing authority, Bordeaux Services (Guernsey) Limited are able to accept telephone instructions to switch and realise my / our investment, but instructions to pay monies away must be issued in writing.
5. I / we understand that the value of Units can go down as well as up, and that upon realisation of the investments, the proceeds received may be less than the amount invested.
6. I / we represent and warrant that I / we have read and fully satisfied the "Documentation" requirements and that the required documentation is attached. I / we acknowledge that failure to provide the required documentation may result in my / our application being rejected or delayed.
7. I / we agree to provide any further information if requested by Bordeaux Services (Guernsey) Limited ("Administrator") on behalf of the Manager.
8. I / we agree that this application form and the current trust instrument and the current scheme particulars constitute an agreement between me / us and the Manager.
9. I / we represent and warrant that I / we am / are not resident in Guernsey for tax purposes.
10. I / we represent and warrant that the initial investment shall be received from an account held in my / our own name, by cheque or telegraphic transfer drawn on my / our own bank account.
11. I/We acknowledge and agree that:
 - (a) information provided to the Manager or Bordeaux Services (Guernsey) Limited ("Administrator") by me/us will be stored on the Manager and/or the Administrator's computer system and manually;
 - (b) for the purposes of the Data Protection (Bailiwick of Guernsey) Law, 2001 (the "Data Protection Law") and other relevant data protection legislation which may be applicable, each of the Manager and the Administrator is required to specify the purposes for which it will hold personal data. The Manager and the Administrator will only use such information for the purposes set out below (collectively, the "Purposes"), being to:
 - (i) process my/our personal data (including sensitive personal data) as required by or in connection with my/our investment in the Fund including processing personal data in connection with credit and money laundering checks on me/us;
 - (ii) communicate with me/us as necessary in connection with my/our affairs and generally in connection with my/our investment in the Fund;
 - (iii) provide personal data to such third parties as the Manager or the Administrator may consider necessary in connection with my/our affairs and generally in connection with my/our investment in the Fund or as the Data Protection Law may require, including to third parties outside the Bailiwick of Guernsey or the European Economic Area;
 - (iv) without limitation, provide such personal data to the Trustee and the Registrar (as those terms are defined in the scheme particulars) for processing,

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notwithstanding that any such party may be outside the Bailiwick of Guernsey or the European Economic Area;

- (v) transfer personal data to other companies within the same group as the Manager and the Administrator (including to any such companies which are outside the Bailiwick of Guernsey or the European Economic Area) who wish to use such information for marketing purposes to promote their services to me/us, including by means of electronic communications;
- (vi) process my/our personal data for the Manager or the Administrator’s internal administration.

12. In providing the Manager and the Administrator with information, I/we hereby represent and warrant to the Manager and the Administrator that I/we have obtained the consent of any data subjects other than myself/ourselves to the Manager and the Administrator holding and using their personal data for the purposes other than the purpose set out in paragraph (v) above (including the explicit consent of the data subjects for the processing of any sensitive personal data for the purpose set out in paragraph (i) above) and that I/we will use my/our best endeavours to obtain the consent of the data subjects to the Manager or the Administrator holding and using personal data for the processing of any personal data for the purpose set out in paragraph (v) above.

13. For the purposes of this Application Form, “data subject”, “personal data” and “sensitive personal data” shall have the meanings attributed to them in the Data Protection Law.

14. This agreement shall be governed by and interpreted in accordance with Guernsey law.

First named signatory: _____

Print name: _____

Date: _____

Second named signatory: _____

Print name: _____

Date: _____

Third named signatory: _____

Print name: _____

Date: _____

Fourth named signatory: _____

Print name: _____

Date: _____

Joint Signatory Authority

I/we authorize the Manager to act upon instructions placed by any one holder on behalf of all joint holders.

(Please tick the box if this facility is NOT required):

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DOCUMENTATION

Before submitting your application, please ensure that you have satisfied our application requirements by ticking the relevant boxes.

1. WE REQUIRE THE FOLLOWING FROM PRIVATE INDIVIDUALS:

- | | |
|--|--------------------------|
| A completed application form. | <input type="checkbox"/> |
| A certified copy of the passport or national identity card of each applicant, together with a copy of a utility bill or other as proof of the residential address. | <input type="checkbox"/> |
| A telephone number for the first named applicant. | <input type="checkbox"/> |

2. WE REQUIRE THE FOLLOWING FROM THE TRUSTEES:

- | | |
|--|--------------------------|
| A completed application form. | <input type="checkbox"/> |
| An original copy of the trust deed, or documentary evidence supporting the existence of the trust. | <input type="checkbox"/> |
| If the trustee(s) is an / are individual(s), full details will be required as in 3 below. | <input type="checkbox"/> |

3. WE REQUIRE THE FOLLOWING FROM CORPORATIONS:

- | | |
|---|--------------------------|
| A completed application form. | <input type="checkbox"/> |
| A certified copy of the company's certificate of incorporation, the memorandum and articles of association, or equivalent constitutive documents. | <input type="checkbox"/> |
| A certified copy of the passport or national identity card of each company employee authorised to deal on this account. | <input type="checkbox"/> |
| An authorised signatory list. | <input type="checkbox"/> |

4. WE REQUIRE THE FOLLOWING FROM PARTNERSHIPS:

- | | |
|--|--------------------------|
| A completed application form. | <input type="checkbox"/> |
| A certified copy of the partnership deed or agreement, or equivalent constitutive documents | <input type="checkbox"/> |
| The application form should be signed by all partners (if possible) and a certified copy of the passport or national identity card of each partner, should also be provided. | <input type="checkbox"/> |
| If all partners do not sign the application form, a certified copy of the authority in the form of a certified resolution given by all the partners to the applicant should be provided. | <input type="checkbox"/> |
| An authorised signatory list, if instructions are only to be accepted from certain partners. | <input type="checkbox"/> |

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BANK INSTRUCTION LETTER

For use when paying by telegraphic transfer.

1. YOUR BANK ACCOUNT DETAILS:

To the Manager of _____ Bank / Building Society
Address: _____
My / our account name: _____
My / our account number: _____
Please remit the sum of _____ (indicate currency and amount) net of all charges by telegraphic transfer to the account indicated below. When making the payment, please quote my full name as a reference. (Please indicate below the account to which payment is to be made).

2. OUR BANK DETAILS:

US DOLLAR PAYMENTS

Bank: The Northern Trust International Banking Corp, 40 Broad Street, New York, 10004
CHIPS UID: 0112/177860
SWIFT: CNORUS33
FEDWIRE/ABA: 026001122
Account name: Northern Trust (Guernsey) Limited
Account no.: 112318-20273
Sub a/c name: MitonOptimal Guernsey Limited - Client Monies Account
Sub a/c no.: 102338900
Please quote the name of the class fund and client surname.

EURO PAYMENTS

Bank: HSBC, International Division, 27-32 Poultry, London
SWIFT: MIDLGB22
IBAN: GB29MIDL40051539091042
Account name: Northern Trust (Guernsey) Limited
Account no.: 39091042
Sub a/c name: MitonOptimal Guernsey Limited - Client Monies Account
Sub a/c no.: 1002338900
Please quote the name of the class fund and client surname.

STERLING PAYMENTS

Bank: Northern Trust (Guernsey) Limited, St Peter Port, Guernsey
SWIFT: BBCGGSP
Sort code: 40.48.84
Account name: MitonOptimal Guernsey Limited - Client Monies Account
Account no.: 2338900
Please quote the name of the class fund and client surname.

3. YOUR AUTHORISATION:

Signature: _____ Address: _____
Print name: _____
Signature: _____
Print name: _____ Date: _____

If you wish to settle by telegraphic transfer, please complete this instruction and return a copy to us with your application form.

Bordeaux Services (Guernsey) Limited
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