

Subscription order form for individual investors



Recipient

Caceis Investor Services Bank S.A.

Dealing Team

Tel. +352 26 05 55 26

Fax +352 24 60 95 00

Sender

Sender name *

Contact person

Tel. *

Fax

Email *

.....

Date *: __ / __ / 20 __ (DD/MM/YYYY)

Please write clearly in BLOCK CAPITALS

Client Account

number *

(CACEIS Identifier)

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Dealer | 7 digits account number

Registered

Account

name *

ISIN Code *	Number of Shares *	OR	Amount in EUR *																					
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Decimal Convention: The decimal separator is represented by a spot (.) and the thousand separator by a comma (,)

The Key Investor Information Document is available on the website of the Fund for every share-class (<https://www.vector.lu/en/documents/>). By checking this box, I certify that I have read the relevant KIID of the Fund of the share-class with ISIN-code indicated above. I agree that this subscription order will be considered as a written confirmation that I have read the KIID on the date the subscription order was placed.

Settlement Instructions

IBAN: LU61 3410 9696 3623 5000

BIC: FETALULL

Name of account holder: Vector Fund Collection Account

Country: Luxembourg

Account Holder

Name *

Signature *

Second Account Holder in case of 2 account holders

Name *

Signature *

NOTICE: This communication may contain information which is confidential and/or legally privileged and is intended only for the addressee named above. If you are not the named addressee, this communication has been sent to you in error and you are asked not to read, use or disclose it. We should be grateful if you would contact us immediately so that we can arrange for its return. Thank you.

(*) Mandatory Fields