



APPLICATION FORM
MARKET STABILITY FUND
(LEGAL ENTITY)



Name Legal Entity : _____

Business Address : _____

Postal Code and city : _____

Country : _____

Phone number : _____

E-mail : _____

Bank Account (IBAN) : _____

Chamber of Commerce Number : _____

(Hereinafter referred to as: **Unitholder**)

MSF Asset Management is under supervision by the Dutch Authority for the Financial Markets (AFM). The fund manager holds an AIFMD license since October 7th, 2020.



The Unitholder wishes on the conditions as described in the prospectus of the Market Stability Fund, to participate in the Market Stability Fund for an amount of EUR _____ (initially at least EUR 100,000.00 excluding costs and subsequent payments of at least EUR 100,000.00). The Unitholder shall transfer this amount to account number **NL86 ABNA 0810582228**, in the name of **Stichting Market Stability Fund**.

Depending on the outstanding capital per Unitholder, a discount is granted on the management fee .

You wish to receive this potential discount as follows :

- Paid into your specified bank account
- Distributed in new Units in the Market Stability Fund

THE UNITHOLDER DECLARES TO BE FAMILIAR WITH AND TO AGREE WITH THE CONTENTS OF THE PROSPECTUS INCLUDING ANNEXES, AND MORE SPECIFICALLY WITH THE TERMS AND CONDITIONS OF THE FUND ATTACHED AS ANNEX 1 TO THE PROSPECTUS. THE UNITHOLDER DECLARES TO ACCEPT ALL THE STIPULATIONS IRREVOCABLY AND UNCONDITIONALLY IN THE TERMS AND CONDITIONS OF THE FUND AND TO ACCEPT THE RIGHTS AND OBLIGATIONS ARISING THEREFROM TOWARDS MSF ASSET MANAGEMENT B.V., THE MARKET STABILITY FUND FOUNDATION AND ALL UNITHOLDERS WHO PARTICIPATE IN THE FUND, AS WELL AS ALL THIRD-PARTY STIPULATIONS IN THE TERMS AND CONDITIONS OF THE FUND. THE UNITHOLDER ALSO DECLARES THAT ALL INFORMATION PROVIDED VIA THIS APPLICATION FORM IS CORRECT AND THAT THE FUND MANAGER WILL BE INFORMED IN WRITING WITHOUT DELAY IF THIS IS NO LONGER THE CASE.

Thus signed on _____ (date)

In _____ (place)

Signature (1): _____ Signature (2): _____

Name (1): _____ Name(2): _____

Title (1): _____ Title (2): _____

The following documents should be attached to this form:

- A certified extract from the Chamber of Commerce in name of the Legal Entity.
- A legalized copy of a valid identification document (in case of ID card of driving license, a copy of front and back is required) of the authorized representative(s) of the Legal Entity and (all) the ultimate beneficials owner(s).
- The completed and signed annex (see below) tot his Application Form.

The Application Form - duly completed and signed - and the documents as mentioned above should be sent by e-mail to info@marketstabilityfund.com or by post to:

MSF Asset Management B.V, Amstelplein 48, 1096 BC Amsterdam

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Annex 1 to the Application Form (Legal Entity):

DETERMINATION OF ULTIMATE BENEFICIAL OWNER(S)

If the Unitholder is not a natural person, then the Fund manager has the obligation for determination of the ultimate beneficial owner(s) of the Legal Entity on the basis of the regulations for the prevention of money laundering and terrorist financing (Wet ter voorkoming van witwassen en financieren van terrorisme (Wwft)).

Via this annex you will provide the information with regard to the ultimate beneficial owner(s) (UBOs). If you are able to determine that based on the following questions that there is/are no ultimate beneficial owner(s), then this needs to be stated on this form.

A. INFORMATION

Name Legal Entity: _____

Chamber of Commerce Number: _____

B. ULTIMATE BENEFICIAL OWNER(S)

Question 1: Are there any of multiple natural person(s) who own more than 25% of the Legal Entity or are the beneficiary of more than 25% of the capital of the Legal Entity.

Nee Ja

Question 2: Are there, apart from the person(s) described in question 1, additional person(s) who have more than 25% of voting rights of the Legal Entity, who have special voting rights of more than 25% of the capital of the Legal Entity or have other special voting rights

Nee Ja

If question 1 and 2 are both answered with “No” there are no ultimate beneficial owners within your Legal Entity. Please proceed to D “DECLARATION AND SIGNATURE”.

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C INFORMATION IDENTITY ULTIMATE BENEFICIAL OWNER(S)

Ultimate Beneficial Owner 1

Name _____

Date of birth _____

Address _____

Postal code and city _____

Nature of interest Ownership Control

Percentage ownership _____

Ultimate Beneficial Owner 2

Name _____

Date of birth _____

Address _____

Postal code and city _____

Nature of interest Ownership Control

Percentage ownership _____

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Ultimate Beneficial Owner 3

Name _____

Date of birth _____

Address _____

Postal code and city _____

Nature of interest Ownership Control

Percentage ownership _____

Ultimate Beneficial Owner 4

Name _____

Date of birth _____

Address _____

Postal code and city _____

Nature of interest Ownership Control

Percentage ownership _____

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D DECLARATION AND SIGNATURE

The Unitholder declares to have filled in all the relevant information truthfully. Additionally the Unitholder declares that the any changes with regards to the ultimate beneficial owner(s) will be communicated immediately to the Fund Manager.

Thus signed on _____ (date) in _____ (place)

Signature (1): _____ Signature (2): _____

Name (1): _____ Name (2): _____

Title (1): _____ Title (2): _____

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Annex 2 to the Application Form (Legal Entity):

DETERMINATION OF TAX STATUS AND ORIGIN OF ASSETS FOR ULTIMATE BENEFICIARY OWNER(S)

If the entity has more than one ultimate beneficiary owner, please make a copy of this form and complete the information for the additional ultimate beneficiary owners.

Name ultimate beneficiary owner: _____

1. DETERMINATION OF TAX STATUS

You are a tax resident of at least one country, but you can be a tax resident of several countries.

1a Are you a tax resident of the Netherlands? No
 Yes, and my BSN is _____

1b Are you, exclusively or partly, a tax resident of another country than the Netherlands? No
 Yes, I am a tax resident of: _____

Important:

If your country does not issue tax identification numbers, state your place of birth(not your country of birth).

Country(ies)	Tax Identification Number
_____	_____
_____	_____

1c Are you a U.S. citizen? No
 Yes, and my U.S. Tin is: _____
Continue with 2, Origin of assets

1d Were you born in the United States? Yes, please enclose a copy of your Certificate or Loss of Nationality of the United States
 No

Important: For the purpose of answering this question, the United States also includes the following U.S. Territories: the Commonwealth of the Northern Mariana Islands if you were born there after 3 November 1986, the Commonwealth of Puerto Rico, Guam and the U.S. Virgin Islands.

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2 ORIGIN OF ASSETS

Please indicate the origin of your assets, complete with further details and, where possible underlying documents.

3 DECLARATION AND SIGNATURE

I declare that I:

- Have filled in this form truthfully; and
- Communicate any changes to the above data within 30 days.

Date: _____ dd-mm-yyyy

Place: _____

Name: _____

Signature: _____

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