Redemption form

The Beneficial Owner is a U.S. citizen

*Mandatory fields





A

General information								
Please use block capitals								
Name*:		Social Security Number/Identification Number*:			: Company Re	Company Registration Number*:		
SKAGEN account*:	Tax residency*:	E-mail*		ail*:	.		Telephone*:	
*Mandatory fields								
Please redeem units in t	the following fu	nds						
Fund		Currency		Units	Units or		Amount	
Amount to be transferred to bank account no. Name of ba		OCK CAPITALS	S) BIO	C/SWIFT*	IBAN*			
Your bank can provide you with	BIC/SWIFT and IBAN	details						
The redemption amount will be the amount to the relevant cur								
Redemption amounts may only submit a copy of a bank statem								
pefore 1300 CET will receive thused by the relevant fund on the	e current day's price							
ised by the relevant rund on th	ne valuation day.							
ersonal Information								
er relationship with us and ful public authorities. When we particularly be used to be u	orovide investment s s, such as email and s under this agreem rivacy policy on www onsible for processi tection officer: perso	dervices, we a chat. We sto ent or other ro w.storebrand ng personal o	are required to re the informat egulations. You .no/en/securit data. If you hav	make audio record ion as long as you u can read more ab <u>y-and-privacy/dat</u> re questions about	lings of all tele are a custome oout your right a-protection. S	ephone conver er with us. The s, such as the Storebrand As	sations and docume information is delet right to access, corr set Management AS	
you execute the transaction or one or together with close famil					any natural per	rsons who dire	ctly or indirectly,	
Beneficial Owner No. 1								
Social Security Number*:	Last nar	ne*:		Fi	rst name*:			
Address*:		Postal cod	de & City*:		Ov	vnership in %:	Voting rights in %:	
olitically exposed person (PEP)*: No Yes, please specify:		se specify:	Citizenship*:		D	Double citizenship (if applicable):		
Place of birth*:			Date of birth*:	ite of birth*:		Sex*:		
nformation with respect to	o all countries of	residence	for tax purpo	oses of the Bend	eficial Owne	r:		
ountry of Tax Residence*:			on Number (TIN				ssue TIN/equivalent	
ountry of Tax Residence*:	try of Tax Residence*: Taxpayer Identifica			tion Number (TIN)/equivalent:		Country does not issue TIN/equivalent		
nformation with respect t	_)						
The Beneficial Owner is	not a U.S. citizen							

Redemption form





Beneficial Owner No. 2 Social Security Number*: Last name*: First name*: Address*: Postal code & City*: Ownership in %: Voting rights in %: Politically exposed person (PEP)*: No Yes, please specify: Citizenship*: Double citizenship (if applicable): Date of birth*: Place of birth*: Sex*: Information with respect to all countries of residence for tax purposes of the Beneficial Owner: Country of Tax Residence*: Taxpayer Identification Number (TIN)/equivalent: Country does not issue TIN/equivalent Taxpayer Identification Number (TIN)/equivalent: Country does not issue TIN/equivalent Country of Tax Residence*: Information with respect to U.S. citizenship The Beneficial Owner is not a U.S. citizen The Beneficial Owner is a U.S. citizen

Signing

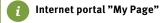
*Mandatory fields

Your client relationship is with Storebrand Asset Management AS. The undersigned hereby confirms that I have examined and accepted the contents of the fund's PRIIPs KID/UCITS KIID, Storebrand Asset Management AS' General Commercial Terms as well as the conditions set out in this form (2 pages).

I hereby authorise Storebrand Asset Management AS to make the PRIIPs KID/UCITS KIID available to me on www.skagenfunds.com.
The General Commercial Terms can be found here: www.skagenfunds.com/globalassets/pdfs/general-commercial-terms/general-commercial-terms/general-commercial-terms-english.pdf.

For entities: For persons carrying out transactions on behalf of the entity, all fields below must be filled in. In addition a certified copy of valid identifiaction for the person(s) signing this form must be attached (if not provided earlier).

Name*:	Social Security Number*:			
Place of birth:	Date of birth (dd.mm.yyyy):	Sex:		
Address*:	Postal code & City*:			
Place & Date*:	Signature*:			
Name*	Social Security Number*:			
Name	Social Security Number .			
Place of birth:	Date of birth (dd.mm.yyyy):	Sex:		
Address*:	Postal code & City*:			
Place & Date*:	Signature*:			



As a client you may use our web portal My Page. The portal provides tailored information and reports on your holdings in SKAGEN Funds. You may also use the service to check the number of units registered with your account.

To access My Page you will need a user name and a password. Your user name is your email address registered with us. The first time you log on to the My Page portal, you must register as a new user in order to obtain a password. You register by clicking on the Register as user link. You will then order a one-time code/one-time password which will be sent to you immediately by email.

*Mandatory fields



Please send complete and signed form by post to:

SKAGEN Funds, P.O. Box 160, 4001 Stavanger, Norway or by e-mail to: contact@skagenfunds.com

Costs

There are no costs related to the subscription or redemption of units in SKAGEN Funds.

For further cost information for the countries in which SKAGEN Funds are authorised to be marketed, please visit www.skagenfunds.com.