

The Mulben Investment Funds - VT De Lisle America Fund

Application Form

This form duly completed should be sent to:
Valu-Trac Administration Services, Orton, Fochabers, Moray IV32 7QE Scotland
Tel: +44 (0) 1343 880217, Fax: +44 (0) 1343 880267

If sent by fax, please confirm to Valu-Trac Administration Services by telephone immediately and forward the original application form to them at the address above

Purchase Application

I/We, the undersigned, having received and read a copy of the Prospectus for the The Mulben Investment Funds – VT De Lisle America Fund (“the Company”) dated December 19th 2012 (together with any addendums or supplements thereto), hereby apply for such number of Shares in the Company as may be purchased with the amounts indicated below at the subscription price determined in accordance with the Prospectus:

Fund: VT De Lisle America Fund
Share Class: CLASS B GBP
Amount: GBP

Details of Applicant(s)

First Holder

Company/Nominee Name
or Title
Surname
Forenames
Address

Postcode
Country
Telephone
Email

Joint Holder(s)

Title & Full Name
Title & Full Name
Title & Full Name

Mailing Address (if different from the address of the First Holder)

Title & Full Name
Address
Address

Bank Details of Applicant

| | | | |
|------------------------------|----------------------|----------------|----------------------|
| Name of Bank | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| | <input type="text"/> | | |
| Account Name | <input type="text"/> | Account Number | <input type="text"/> |
| Bank Sort Code | <input type="text"/> | | |
| or Bank Swift Address | <input type="text"/> | | |
| or Bank ABA Number | <input type="text"/> | | |

Distributions will be paid to the bank account above

Authorised Signatories

The following persons are authorised to give all instructions and to take all actions on my/our behalf in connection with any Shares held by me/us in the VT De Lisle America Fund.

| Name of Authorised Person(s) | Signature of Authorised Person(s) |
|------------------------------|-----------------------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Any One to sign Any Two to sign Separate list attached

Note: If the authorised signatory listing is a separate document forwarded with the original application, this listing needs to be accompanied by an original or certified copy of the company's mandate which approves the signatory listing.

Payment Method

Funds should be wired for value on the settlement date of this transaction which will be stated on the Contract Note issued to you by Valu-Trac Administration Services. If funds are received on any date other than this agreed settlement date they may be returned by the Bank.

| | |
|----------------|---|
| Pay direct to: | BANK OF SCOTLAND |
| Address: | 90 High Street, ELGIN IV30 1BJ |
| Account Name | VALU-TRAC INV MGT LTD – ACD DEALING A/C |
| Account Number | xxxxxxx |
| Sort Code: | xx-xx-xx |
| IBAN: | xxxx xxxx xxxx xxxx xx |

Bank account number can be obtained from Valu-Trac Administration Services

Anti-Money Laundering Requirements

Please provide the following information, as appropriate

Corporate entity

Original or certified copy of certificate of incorporation showing existence and legality of company;
Certified copy of Memorandum and Articles of Association;
List of directors names, occupations, residential and business addresses and dates of birth;
Certified copy of authorised signatory list, including specimen signatures;
Certified minutes (resolution) or other properly authorised mandate authorising the investment to be made;

AND For a private company, please also provide:

For at least two directors:

Certified* copy of passport including a clear reproduction of the photograph of the individual concerned; **AND**

Two of the following:

Original utility bill (not older than 3 months)

Original bank statement (not older than 3 months)

Original of any other documentation issued by a government agency, showing the residential address

AND

List of the names and addresses of shareholders holding more than 10% or more of the issued share capital of the company.

Trusts

Relevant extract of the Trust Deed which shows the power to invest;
Certified copy of authorised signatory list of the Trustee, including specimen signatures;
Certified minute (resolution) or other properly authorised mandate authorising the investment to be made;

AND For a private trust, please also provide:

Confirmation from the Trustee of the identity of the settlor and the beneficiaries, by satisfying for each party the requirements as set out under 'Individuals' below.

Individuals

Certified* copy of passport or drivers' licence;
Two original/certified* true copies of utility bills (not older than 3 months and with the same address as that on the application form).

Please note that for joint applicants, documentation in respect of each applicant is required.

Designated body within a Financial Action Task Force jurisdiction

Written confirmation on your headed paper that you are a designated body;
The name of the relevant regulatory authority by which you are regulated.

***Only a Commissioner of Oaths, a notary public, a lawyer / solicitor, an accountant, or a police official, acting in their official capacity as a representative of the applicant may certify identity.**