

## TRANSFER FORM LYNX

Total holding (100%)	mber of units	Date (month-end only)
Transferor		
*Last name, first name/Company name		*Investor Account No. (Entity ID)
*Telephone, daytime (incl. country and area codes)		
Email address		
*Required information		
For entities	Documentation requirements	1
☐ The transfer constitutes a change in beneficial ownership	Individuals: a certified copy of a valid identification document. For person who are not registered in the Swedish national registry such a valid identification document shall be their passport, national identity card or ID issued by a Government body showing the photograph and signature. In addition,	
☐ The transfer constitutes no change in beneficial ownership		
Purpose of the transfer	persons who are not registered in S	weden must also enclose certified copies
☐ Sale or transfer of units from one party to another	of two utility bills, by which is meant electricity, telephone, or water bills, o the like.	
☐ No change of underlying client		
	Entities: current certificate of inco	rporation/registration or equivalent and
☐ Change in name of registered unit-holer (due to marriage, company merger,	certified copy of a valid identification document for all persons authorised sign on behalf of the company. In the case of authorised signatories who not Swedish citizens, the same requirements apply to identity documents a for non-Swedish individuals (see above).	
change of company name)		
☐ Transfer of units due to unit-holder's death or bankruptcy/merger		
☐ Other, please specify:		
ransferee		
ransferee Existing unit-holder in the Lynx Fund Last name, first name/Company name		*Investor Account No. (Entity ID)
Existing unit-holder in the Lynx Fund		*Investor Account No. (Entity ID)
Existing unit-holder in the Lynx Fund		*Investor Account No. (Entity ID)
Existing unit-holder in the Lynx Fund Last name, first name/Company name		*Investor Account No. (Entity ID)
Existing unit-holder in the Lynx Fund Last name, first name/Company name		*Investor Account No. (Entity ID)
Existing unit-holder in the Lynx Fund  Last name, first name/Company name  Telephone, daytime (incl. country and area codes)		*Investor Account No. (Entity ID)
Existing unit-holder in the Lynx Fund  Last name, first name/Company name  Telephone, daytime (incl. country and area codes)		*Investor Account No. (Entity ID)
Existing unit-holder in the Lynx Fund  Last name, first name/Company name  Telephone, daytime (incl. country and area codes)  mail address		*Investor Account No. (Entity ID)
Existing unit-holder in the Lynx Fund  Last name, first name/Company name  Telephone, daytime (incl. country and area codes)  mail address		*Investor Account No. (Entity ID)

## How to transfer units in the Lynx Fund:

- 1. Fill in this transfer form, please note that new unit-holders also need to complete the fund's subscription form. All documentation must reach SS&C Financial Services (Ireland) Limited **no later than two business days** before the applicable transfer date, which is the last business day in each calendar month.
- 2. Send the documentation to: email: LynxISTrading.IR@sscinc.com.

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Cont. on next page.

## **Data Privacy**

For information on our processing of personal data, please refer to our Privacy Notice available on Lynx Asset Management's web site, www.lynxhedge.se. The Administrator's data privacy statement is available at https://www.ssctech.com/about/privacy.

## Signature

Signature

I/We solemnly declare that the above information is correct and that I/we will without delay inform Lyux Asset

Management AB (the "Company") and/or SS&C Financial Services (Ireland) Limited (the "Administrator")

About any changes to the information given above including change of domicile, any changes in name, address and on the Administrator's legal and regulatory obligations, and that the personal information can be about any changes to the information given above including change of domicile, any changes in name, address and provided to and processed by the Administrator and/or the Company or any of its alfiliated companies. Furthermore, bank account number, I/We confirm that I/we have read, understood and accept the fund terms and conditions. Furthermore, I/we accept and agree that the Company and/or the Administrator or such company they have provided the personal information in pursuant to the above, can use my/our personal information in the information to pursuant to the above, can use my/our personal information in the information to pursuant to the above, can use my/our personal information in the information to pursuant to the above, can use my/our personal information in the Fund company they have provided the personal information to pursuant to the above, can use my/our personal information in the Fund agree that the Company and/or the Administrator in ton for the purpose of providing me/us with information. I am/We are aware that the Company and/or the Administrator in ton for the purpose of providing me/us with information. I am/We are aware that the Company and/or the Administrator may use this information if the authorities for such instance of the kind that is referred to in the Act (2003:862) on managers of alternative investment funds. I/We requirements. I/We confirm that the Company and/or the Administrator may use this information in my/or the Administrator in the purpose of providing me/us with information to provide and agree that the Company and/or the Administrator may use

Transferor	Transferee
City/town, date	City/town, date
Signature (authorised signatory)	Signature (authorised signatory)
Clarification of signature	Clarification of signature