

# Fund Transaction Form

## 1. Account Holder Details

Account Holder Name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Legal residence / registered address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

## 2. Subscription

Investment amount to be remitted to **SEB S.A., Luxembourg**:

ISO Code/Currency:	IBAN Number for payment:	BIC Code /SWIFT :
SEK	LU61 0643 0545 49A3 3752	ESSELULL
EUR	LU82 0643 0545 49A8 4978	ESSELULL

The reference of the payment should always mention the ISIN Code and the name of the investor.

To select the funds you want to invest in, please refer to the current prospectus.

ISIN Code	Fund (sub-fund)	Share or Unit Class Name	Class Currency	Subscription amount or Shares / Units *
LU0542989941	Catella SICAV - Catella Nordic Corporate Bond Flex	RC (SEK)	SEK	
LU0542990014	Catella SICAV - Catella Nordic Corporate Bond Flex	IC 1 (SEK)	SEK	
LU0989942460	Catella SICAV - Catella Nordic Corporate Bond Flex	IC (H-EUR)	EUR	
LU0989954127	Catella SICAV - Catella Nordic Corporate Bond Flex	RD (SEK)	SEK	
LU1212732504	Catella SICAV - Catella Nordic Corporate Bond Flex	RC (H- EUR)	EUR	
LU1808374000**	Catella SICAV - Catella Nordic Corporate Bond Flex**	OC (SEK)**	SEK	

\*Details of the minimum investment and if the investment should be made in shares, units or monetary amount are available in the Prospectus.

\*\*Class O shares are only available to investors subscribing through the Placement and Distribution Agent or sub-distributors which have entered into an agreement with the Placement and Distribution Agent and which are prohibited from accepting and retaining inducements from their parties under applicable laws and regulations or which are contractually not entitled to accept and retain inducements from third parties.

**For settlement against payment please indicate the details below:**

I want the shares to be delivered to my clearing account no. \_\_\_\_\_  
with \_\_\_\_\_.

SEB Fund Services S.A.

Corporate Identity Number: B44726. V.A.T. Number: LU20394546. Registered Office: Howald, Grand-Duchy of Luxembourg.  
A subsidiary of Skandinaviska Enskilda Banken AB

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### 3. Redemption

ISIN Code	Fund (sub-fund)	Share or Unit Class Name	Class Currency	Redemption amount or Shares / Units
LU0542989941	Catella SICAV - Catella Nordic Corporate Bond Flex	RC (SEK)	SEK	
LU0542990014	Catella SICAV - Catella Nordic Corporate Bond Flex	IC 1 (SEK)	SEK	
LU0989942460	Catella SICAV - Catella Nordic Corporate Bond Flex	IC (H-EUR)	EUR	
LU0989954127	Catella SICAV - Catella Nordic Corporate Bond Flex	RD (SEK)	SEK	
LU1212732504	Catella SICAV - Catella Nordic Corporate Bond Flex	RC (H-EUR)	EUR	
LU1808374000	Catella SICAV - Catella Nordic Corporate Bond Flex	OC (SEK)	SEK	

**For settlement against payment, please indicate the details below:**

I want to settle this redemption against payment on my clearing account no. \_\_\_\_\_ with \_\_\_\_\_.

Indicate the payment details for the redemption if they differ from those in your fund account application.

**Currency:** \_\_\_\_\_ **Fund account holder's name:** \_\_\_\_\_

**IBAN or Account number:** \_\_\_\_\_

Reference: \_\_\_\_\_

**Name of beneficiary's bank:** \_\_\_\_\_ **SWIFT or ABA:** \_\_\_\_\_

If applicable intermediary bank's name: \_\_\_\_\_

Intermediary bank's SWIFT or ABA: \_\_\_\_\_

### 4. Switch (if permitted within the constitutive documents of the fund)

Please indicate the fund/class which you would like to convert from:

ISIN Code	Fund (sub-fund)	Share or Unit Class Name	Class Currency	Subscription amount or Shares / Units

Please indicate the fund/class which you would like to convert to:

ISIN Code	Fund (sub-fund)	Share or Unit Class Name	Class Currency

**For settlement against payment, please indicate the details below:**

I want those shares to be delivered to my clearing account no. \_\_\_\_\_ with \_\_\_\_\_.

I confirm having received and read and I hereby agree to the Terms and Conditions in the version of October 2015, which shall govern the business relationship with you.

I confirm that for all present and future investments covered by this Application Form I have chosen to contact SEB to carry out the transaction and that this contact is not a result of any advice or personalized approach by SEB to me with the intention to influence me in respect of a specific product or transaction.

**Place, date**

**Signature of Fund Account Holder(s)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please note:**

Queries can be sent to [register.ta.ops@efa.eu](mailto:register.ta.ops@efa.eu) or addressed via telephone to +352 48 48 80 9001.  
When you have completed the transaction form, please send it by fax to +352 48 6561 8002.