



Stellaris Asset Management Account Application

clientrelations@stellarisaml.com | +852 5801 0442

Our commitment to our clients is to deliver exceptional customer service at all times. In order to deliver this level of service, we are available by phone to answer any questions you may have about application forms and supporting documents. Please contact us at **+852 5801 0442** for all of your account-opening questions.

The documents requested below are used to verify your identity and place of residence, as required by international law and securities regulations. All requested documents must be submitted for each applicant and must match the applicant's name as it appears on his or her passport.

Your account cannot be finalised until Stellaris Asset Management receives and reviews all requested forms and documents.

Step 1 Complete the Account Application and assemble the required supporting documents. Documents not appended in this application form are available upon request.

Stellaris Asset Management Account Application and Account Agreement

For Corporate or Personal Investment Company accounts, please call us to request a Stellaris Asset Management Corporate Account Application.

Substitute Form W-8BEN (Applicable for U.S. Stocks / Securities)

Complete one form for each non-U.S. citizen/resident account holder.

If there is a U.S. address in your account documentation, such as your mailing address or U.S.- based Power of Attorney (POA), please supply the additional documents listed in the Substitute Form W-8BEN instructions.

Clear photocopy of a current passport, driving license or government issued ID for each applicant

Personal information, signature, and photo must be clearly visible. Also required for any POA on the account.

Original or copy of a utility bill, bank statement or government issued document (not more than 3 months old) to establish

your place of residence. Examples of utility bill include:

- Gas
- Electricity
- Water

Please note that the utility bill / bank statement or government issued document must show a street address identical to the address you enter on your account application.

Step 2 Fund your account.

Telegraphic / Wire transfer

1. Establish Your Stellaris Asset Management Account

Complete all sections below. We respect your privacy. Stellaris Asset Management will use the information you provide to open and service your accounts, communicate with you, and provide you with information about our products and services. As required by international law, Stellaris Asset Management will use the information provided below to verify your identity.

Title Your Account (Select only one; laws vary and restrictions may apply.)

Individual
 Joint Tenants with Right of Survivorship—If one owner dies, his/her interest passes to the surviving owner(s).
 Tenants in Common—If one owner dies, his/her interest passes to his/her estate (50/50, unless otherwise noted).

Account Holder

The name on the title of the account must match the passport provided.

Mr.
 Mrs.
 Ms.
 Dr.

 Name First/Given Middle Last Name(s)/Surname(s)

 Home Street Address City State or Province Country Zip or Postal Code

 Mailing Address (if different from above; P.O. boxes may be used.) City State or Province Country Zip or Postal Code

Home Telephone Number
 (Country Code) (City/Area Code) (Number)

Business Telephone Number
 (Country Code) (City/Area Code) (Number)

Mobile Number
 (Country Code) (Number)

Country(ies) of Citizenship (Must list all)

Main: _____
 Other: _____

Country of Legal (Physical) residence:

_____ **Email Address***

_____ **Social Security/Tax ID No.** (if applicable)

_____ **Date of Birth** (dd/mm/yyyy)

_____ **Country of Birth**

_____ **Mother's Maiden Name** (for security and client identification purposes)

_____ **Are you known by any other name?** (Please specify.)

_____ **Passport Number**

_____ **Place of Issuance** _____ **Expiration** (dd/mm/yyyy)

*By providing your email address, you consent to receiving emails from Stellaris Asset Management.

Securities industry regulations require that we collect the following information.

Employment Information (Please select only one box.)

Employed
 Self-Employed
 Retired
 Homemaker
 Student
 Not Employed

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Business Owner/Self-Employed | <input type="checkbox"/> Financial Services/Banking | <input type="checkbox"/> Professional Military | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Executive/Senior Management | <input type="checkbox"/> Information Technology Professional | <input type="checkbox"/> Educator | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> Other Professional | <input type="checkbox"/> Sales/Marketing | |
| <input type="checkbox"/> Legal Professional | <input type="checkbox"/> Clerical | <input type="checkbox"/> Administrative Services | |
| <input type="checkbox"/> Accounting Professional | <input type="checkbox"/> Government Employee | <input type="checkbox"/> Trade/Service (labour/manufacturing/production) | |

Employer Name/Business Name _____

Business Street Address _____

City _____

State or Province _____

Zip or Postal Code _____

Country _____

The Next Two Questions Are Required by Industry Regulations

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or regulator, or a securities broker-dealer?

- No Yes (If "Yes" you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your Account when submitting this Application. List the company name _____)

Are you a director, 10% shareholder, or policy-making officer of a publicly held company?

- No Yes (If "Yes" enter company name _____ and trading symbol _____)

Marital Status

- Single Married Divorced Widowed Number of Dependents: _____

Investment Knowledge

- None Limited Good Extensive

Annual Income (Please select only one box)

- Under \$100,000 \$100,000-\$250,000 \$250,000-\$500,000 \$500,000-\$1,000,000 \$1,000,000 or more

Liquid Net Worth

Liquid net worth includes investments like stocks and mutual funds but not assets like real estate.

Please select only one box.

- Under \$100,000 \$100,000-\$250,000 \$250,000-\$500,000 \$500,000-\$1,000,000 \$1,000,000-\$1,999,999 \$2,000,000 or more

\$ _____

Specify dollar amount if \$2,000,000 or more.

2. Overall Investment Objective of Account

Capital Preservation

You are seeking to minimize the potential of losing your initial investment.

Income

You are seeking the continued receipt of current income while recognizing and accepting the risks of income-generating investments.

Growth

You are seeking to increase the value of your investments over time while accepting price fluctuations and volatility.

Speculation

You are willing to assume a higher risk of loss in exchange for potentially higher return

3. How did you hear about Stellaris Asset Management? (Check one.)

General reputation/news coverage

Referred by another individual

Traditional media advertising (such as a financial magazine)

Stellaris Asset Management website, web advertisement, representative or marketing company

4. Required Information About the Account

Source of Funds in Account (Required - check at least one.)

In this section, we're collecting information about the categories ("sources") of assets that will be held in your Account. Please select all of the sources of the assets that will be deposited or held in your Account.

Salary/Wages/Savings

Investment Capital Gains

Social Security

Benefits Gifts

Sale of Property or Business

Gambling/Lottery

Family/Relatives/Inheritance

Other (please specify):

Purpose of Account (Required - check at least one.)

General Investing

Investing for Estate Planning

Investing for Tax Planning (e.g., municipal bonds, etc.)

Investing for College

Investing for retirement

Investing of Pooled Assets (e.g., funds from individual investor

Other (Please specify): _____

that are aggregated for investing purposes)

5. Authorization to Open Account (All account holders must sign and date below.)

By signing this application, you acknowledge that you have received and read a copy of the accompanying Account Agreement, which contains a pre-dispute arbitration provision. You acknowledge that your signature signifies and constitutes your agreement that this account and your relationship with Stellaris Asset Management will be governed by the Account Agreement and all incorporated agreements and disclosures, including, but not limited to, the Stellaris Asset Management

Account Agreement as amended from time to time (the "Agreement and Disclosures"). You understand there are commission fees associated with engaging in transactions in and transferring assets out of this account.

For purposes of this Account Application and the accompanying Account Agreement, the terms "you," "your" and "account holder" refer to each person who signs this Account Application. The terms "we," "us," "our," and "Stellaris Asset Management" refer to Stellaris Asset Management.

The Agreement with Stellaris Asset Management includes a pre-dispute arbitration clause. You acknowledge receipt of the pre-dispute arbitration clause contained in Section 12 of the accompanying Account Agreement.

PLEASE SIGN BELOW.

Signature: Account Holder

Print Name

Signature(s): Additional Account Holder(s)

Print Name(s)

Today's Date (dd/mm/yyyy)

Today's Date (dd/mm/yyyy)

Appendix 1. First Additional Account Holder (if applicable)

The name on the title of the account must match the identity document provided

Mr.
 Mrs.
 Ms.
 Dr.

Name First/Given
Middle
Last Name(s)/Surname(s)

Home Street Address
City
State or Province
Country
Zip or Postal Code

Mailing Address *(if different from above; P.O. boxes may be used.)*
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Home Telephone Number
(Country Code) (City/Area Code) (Number)

Business Telephone Number
(Country Code) (City/Area Code) (Number)

Mobile Number
(Country Code) (Number)

Country(ies) of Citizenship *(Must list all)*

Country of Legal (Physical) residence:

Main: _____
 Other: _____

Email Address*

Social Security/Tax ID No. *(if applicable)*

Date of Birth *(dd/mm/yyyy)*

Country of Birth

Mother's Maiden Name *(for security and client identification purposes)*

Are you known by any other name? *(Please specify.)*

Passport Number

Place of Issuance

Expiration *(dd/mm/yyyy)*

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| <input type="checkbox"/> Accounting Professional | <input type="checkbox"/> Government Employee | <input type="checkbox"/> Trade/Service (labour/manufacturing/production) | |

_____ Employer Name/Business Name		_____ Business Street Address	
_____ City	_____ State or Province	_____ Zip or Postal Code	_____ Country

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\$ _____

Specify dollar amount if \$2,000,000 or more.

Appendix 2. Second Additional Account Holder (if applicable)

The name on the title of the account must match the identity document provided

Mr. Mrs. Ms. Dr. _____
Name First/Given Middle Last Name(s)/Surname(s)

Home Street Address **City** **State or Province** **Country** **Zip or Postal Code**

Mailing Address *(if different from above; P.O. boxes may be used.)* **City** **State or Province** **Country** **Zip or Postal Code**

Home Telephone Number
(Country Code) (City/Area Code) (Number)

Business Telephone Number
(Country Code) (City/Area Code) (Number)

Mobile Number
(Country Code) (Number)

Country(ies) of Citizenship *(Must list all)*

Country of Legal (Physical) residence:

Main: _____ **Other:** _____ _____

_____ **Email Address***

_____ **Social Security/Tax ID No.** *(if applicable)*

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_____ **Country of Birth**

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Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

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\$ _____

Specify dollar amount if \$2,000,000 or more.

Appendix 3. Institutional/Trust Investors (Please also complete Section 1. for the Authorised Representative and Appendix 1. & 2. If applicable)

Name and Registered Address. Please enter the Institutional / Trust Investor's details here:

Name

Street Address

City

State or Province

Country

Zip or Postal Code

Contact Name

Contact Telephone Number

Email