

Legg Mason Alternative Funds ICAV

Initial Application Form

THIS ORIGINAL DULY COMPLETED FORM (THIS "APPLICATION") MUST BE RETURNED TO:
STATE STREET FUND SERVICES (IRELAND) LIMITED (THE "ADMINISTRATOR").
SHARES WILL BE ISSUED IN REGISTERED ACCOUNT FORM ONLY.

APPLICATION CHECKLIST

This package contains the forms that applicants ("Applicants") must complete to buy Shares of the sub-funds (the "Funds") of Legg Mason Alternative Funds ICAV (the "ICAV"), including an account application and related forms. Unless otherwise defined herein, all capitalised terms have the same meaning as set out in the current prospectus (the "Prospectus") of the ICAV.

Step 1: Complete and sign this Application, including any applicable Schedules.

Step 2: Send completed Application and the additional documents required by section 9 to:

State Street Fund Services (Ireland) Limited, 78 Sir John Rogerson's Quay, Dublin 2, Ireland,

Tel: +353 1 242 5568

Fax: +353 1 438 9582

A properly completed and signed copy of the Application may be sent in advance of the original, via fax at +353 1 438 9582 for expedited processing of the purchase request. The original Application **must** be sent in hard copy to the Administrator immediately thereafter at the above address. Failure to provide original application and all necessary customer due diligence ("CDD") documentation in the requested format may result in deduction of tax due to the Irish Finance Act requirements outlined in the Anti-Money Laundering section and/or will result in withholding of the proceeds in the event of a redemption and rejection of any additional subscription requests.

If an Applicant subscribes for Shares of any Share Class with "Plus (e)" in its name, the Applicant should note that all or part of fees and expenses will be charged to the capital of the Share Class. This will have the effect of lowering the capital value of the Applicant's investment.

If an Applicant subscribes for Shares of any Share Class with "Plus" in its name, the Applicant should note that dividends may be paid from the capital of the Share Class. This will have the effect of lowering the capital value of the Applicant's investment.

If an Applicant subscribes in the name of an entity – An authorised signatory list must be provided at the time of the account opening for the investing entity in whose name the account is being opened. The Application Form must be signed in accordance with the mandate on the authorised signatory list.

The ICAV is an investment company with variable capital incorporated with limited liability in Ireland with registered number 139549 and established as an umbrella fund with segregated liability between sub-funds. Its registered address is: 10 Earlsfort Terrace, Dublin 2, Ireland.

The ICAV, its Funds and Share Classes are only registered or authorised for sale to the general public in certain jurisdictions, and even in such jurisdictions, only certain of the Funds and Share Classes thereof may be registered for public sale. For more information, please contact your Legg Mason representative or your broker.

KEY INVESTOR INFORMATION DOCUMENT

If the Applicant has not received the current Key Investor Information Document (the "KIID") for the Fund(s) and share class(es) to which this Application relates, or is unsure as to whether it is the appropriate or current version, please contact your broker or other adviser, Legg Mason representative or Legg Mason Investments (Ireland) Limited, 10 Earlsfort Terrace, Dublin 2, Ireland.

The ICAV will require confirmation that the Applicant has received the relevant KIID prior to subsequent subscriptions in the Funds. Institutional and corporate clients may consent to receiving the current KIIDs for the Funds and share classes via the following website: www.leggmasonglobal.com/KIID by providing an e-mail address in section 1.

1. REGISTRATION DETAILS

Please fill in the whole form in **BLOCK CAPITALS** using black or blue ink

Registered Shareholder Name *

Account Designation (if any)

Registered Address

(we are unable to accept a PO Box address or C/O address)

Country

Postcode

Tax Identification Number **

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1. REGISTRATION DETAILS *(continued)*

Shareholder Contact Name

(if different than the 'Registered Shareholder Name' supplied above)

Shareholder Type

(e.g. Individual, Joint Account, Entity, Other)

Occupation or Purpose of Entity

Mailing Address

(if different than the 'Registered Address' supplied above)

Country

Postcode

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

(for individual investors)

Place of Birth *(for individual investors)*

Telephone Number

Source of funds

*How the cash was realised for the investment(s)
e.g. employment, savings, proceeds of sale,
corporate dividends, inheritance, other (please
specify)*

Remitting Bank Details

As per bank account details for redemptions & dividends completed in section 5.

OR please complete the details below

Remitting Bank Name

Remitting Bank Address

Account Holder Name

To receive dealing confirmations and financial reports via email and/or fax, in lieu of regular mail, please provide email address and/or fax numbers below.

Email address

Fax Number

Account Number

Designation

Dividend payment option for Shareholders in Distributing Share Classes

(if a box is not ticked or the details not complete, dividends will be automatically reinvested in additional Shares)

Pay dividends in cash ***

*(for direct bank account deposit,
complete section 5)*

Reinvest dividends in additional shares

* Add '(nominee)' if a nominee account.

** I/we acknowledge that due to European Union taxation of savings income requirements I am/we are required to provide proof of my/our tax identification number and date and place of birth and that this information will be used if I am/we are subject to the terms of the European Union taxation of savings income legislation.

*** Payment of dividend in non-base currency will require three days' processing. By default, dividends are paid in the currency in which the subscription was made.

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2. IMPORTANT INFORMATION FOR NOMINEE ACCOUNTS (Distributors and Institutional Clients Only)

If the shareholding is registered in a nominee name, please print clearly the name of the underlying client.

Client Name	<input type="text"/>	
Permanent Residential Address <i>(we are unable to accept a PO Box or C/O address)</i>	<input type="text"/>	
Country	<input type="text"/>	Postcode <input type="text"/>
Tax Identification Number	<input type="text"/>	
Telephone Number	<input type="text"/>	
Facsimile Number	<input type="text"/>	
Source of funds <i>How the cash was realised for the investment(s) e.g. employment, savings, proceeds of sale, corporate dividends, inheritance, other (please specify)</i>	<input type="text"/>	

Remitting Bank Details

As per bank account details for redemptions & dividends completed in section 5.

OR please complete the details below

Remitting Bank Name	<input type="text"/>
Remitting Bank Address	<input type="text"/>

AML CONFIRMATION FOR NOMINEES / INTERMEDIARIES

This confirmation can only be completed by designated bodies regulated for anti-money laundering purposes by the appropriate regulator in one of the following countries: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Iceland, Ireland, Italy, Jersey, Luxembourg, Isle of Man, Netherlands, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, United Kingdom, United States (please note this list is subject to change).

DESCRIPTION OF INVESTOR

DESIGNATED BODY INVESTING AS AN INTERMEDIARY	<input type="checkbox"/>
NOMINEE COMPANY	<input type="checkbox"/>

RELATIONSHIP OF CONFIRMATION PROVIDER (REGULATED ENTITY) TO INVESTOR

INVESTOR	<input type="checkbox"/>
PARENT OF INVESTOR	<input type="checkbox"/>

UNLESS THE FOLLOWING BOX IS TICKED THE ADMINISTRATOR WILL APPLY THE BELOW CONFIRMATION TO ANY SUBSEQUENT DESIGNATED ACCOUNTS IN THE NAME OF THIS INVESTOR.

DO NOT APPLY THE BELOW CONFIRMATION TO SUBSEQUENT DESIGNATIONS	<input type="checkbox"/>
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AML CONFIRMATION FOR NOMINEES / INTERMEDIARIES (continued)

Name of Regulated Entity

Name of Regulator

Address of Regulated Entity

We confirm that we are a designated body regulated for anti-money laundering purposes by the below regulator and hereby confirm the following in connection to the investor.

*** delete as applicable**

1. We / the investor* has performed the anti-money laundering and counter-terrorist financing identification for any parties on whose behalf the investor is purchasing shares ("underlying investors").
2. The evidence we / the investor* has obtained to verify the identity of the underlying investors, and where appropriate, their beneficial shareholders, meets the requirements of our national anti-money laundering and counter-terrorist financing legislation and regulations.
3. We confirm that all documents and information, which we / the investor* may have on our / the investor's* files relating to the identity of each underlying investor will be sent to a competent authority as soon as practicable upon the competent authority's request.
4. We confirm that all documents and information, which we / the investor* may have on our / the investor's files relating to the identity of each underlying investor will be sent to the Administrator of the Fund as soon as practicable upon its request, subject to applicable rules and regulations.
5. We / the investor* will retain these documents and information for a period of at least 5 years after the relationship with an underlying investor has ended.
6. We / the investor* will take measures to ensure that the underlying investors are neither individuals nor institutions against whom sanctions have been imposed by the EU or United Nations or persons or entities that are included on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Treasury's Department's Office of Foreign Asset Control ("OFAC").

Yours faithfully

Name

Authorised Signatory of Regulated Entity.

Title

This should be signed by an authorised member of the Compliance Department or Legal Department (*please state position*).

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3. FAX INSTRUCTIONS

The undersigned (the "Applicant") hereby authorises the Administrator and any other agents of the ICAV to act upon instructions by fax without a signature guarantee. To enable prompt investment, an initial subscription may be processed upon receipt of a faxed instruction and Shares may be issued. However, the original Application must be received promptly. In the case of faxed redemptions, the redemption will be traded but no redemption proceeds will be paid until the original Application has been received and all of the necessary anti-money laundering checks have been completed. Original bank details must be on file. The Applicant understands and agrees that any amendments to the information on the Application, including the section entitled "Repayment Account Details" (1) must be made in writing to the Administrator; (2) must contain the appropriate number of signatures and all such signatures must be signature guaranteed; and (3) can only be effected upon receipt of original documents. Absent their negligence, the Administrator, the ICAV and its agents shall not be liable for such redemptions or for the payments made to any unauthorised account. The Applicant agrees to indemnify and keep indemnified the Administrator, the Investment Manager and any other agents against any loss of any nature whatsoever arising to each of them as a result of any of them acting or not on fax instructions.

4. REPRESENTATIONS OF THE APPLICANT

- a. The Applicant represents and warrants that it (and each investor for which it is acting as nominee, if applicable ("Underlying Investor(s)")):
- (i) has reviewed the terms of the Prospectus and has concluded that its purchase of Shares is legal and proper under applicable tax, accounting and other relevant laws and regulations;
 - (ii) has the knowledge and experience in financial and business matters as to be capable of evaluating the merits and risks of an investment in the Shares and has determined that such an investment is suitable under its applicable investment criteria and that it is capable of and willing to assume related investment risks (financially or otherwise);
 - (iii) if applicable, is fully authorised by its corporate charter, by-laws and/or other constituent documents to purchase Shares and has duly empowered and authorised its advisor, trustee, broker or such other entity as is purchasing Shares on its behalf to do so, and the individual(s) executing and delivering this Application are duly empowered and authorised to do so;
 - (iv) understands that subscriptions and redemptions of Shares in non-base currencies will be subject to foreign-exchange risk, and that the foreign-exchange rate obtained by the Administrator may not be the best market rate;
 - (v) understands that (A) the ICAV and the Funds are not registered under the US Investment ICAV Act of 1940, as amended, (B) the Shares are not registered under the US Securities Act of 1933, as amended (the "1933 Act"), or under the securities laws of any State or other jurisdiction within the US, (C) the Shares may be resold only in transactions that are not subject to or are exempt from the registration requirements of the 1933 Act, and (D) the Shares may not be offered, sold or delivered, directly or indirectly, in the US, or to or for the account of any "US Persons", as such term is defined in the Prospectus;
 - (vi) (A) is not, and the account from which its subscription monies will be remitted is not, a US Person, (B) will not transfer or deliver, directly or indirectly, any Shares to a US Person, (C) was not solicited to purchase and did not acquire any Shares while present in the US, (D) it will notify the ICAV in the event it becomes a US Person at any time that it holds any Shares, (E) will not transfer or redeem any Shares while present in the US, its territories or possessions, or areas subject to its jurisdiction, and (F) agrees that if it is a bank, broker, dealer or nominee, and it is acquiring Shares on behalf of clients for investment purposes, that such clients are not US Persons, that it will notify the ICAV if it learns that any such client has become a US Person, that it will not at any time knowingly transfer or deliver Shares or any part thereof or interest therein to or for the account or benefit of a US Person and that it will not make any transfer or delivery thereof directly or indirectly into the US;
 - (vii) is a "non-United States Person" as defined in the Prospectus or, if it is acting as nominee, that each of its Underlying Investors is a "non-United States Person" as defined in the Prospectus;
 - (viii) understands that its Shares will be registered in the ICAV's Shareholder registry in its registration name set out in this Application. In the case of joint Applicants, the ICAV may accept any instructions regarding such Shares (including for redemptions) given by any one Applicant; and
 - (ix) has received the latest version of the KIID for the Fund(s) and Share Class(es) thereof to which this Application relates.
- b. The Applicant agrees that neither the ICAV, the Funds nor their agents, including the Funds' investment managers, distributors, custodian and Administrator (the "Agents"), shall be liable for any loss or damage whatsoever for A) unauthorised use of the fax or B) forging of any authorised signature which is reasonably believed to be genuine or C) any material misrepresentation made by the Applicant in the Application. The Applicant shall indemnify the ICAV, the Funds and their Agents from or against any and all liabilities, obligations, losses, damages, claims, penalties, actions, judgements, suits, costs, expenses or disbursements of any account or nature whatsoever which may be imposed and/or incurred by or asserted against them in reliance of any misrepresentation made by applicant herein or the acceptance of or acting in according with fax or telephone instructions properly received and apparently authorised by the Applicant. The aggregate liability of the Applicant for Losses, to the Funds and the Agents, shall be limited to the aggregate amount subscribed for in the Funds by the Applicant.
- c. The Applicant acknowledges and agrees that all of the representations, warranties, agreements, information and acknowledgments in this Application are deemed to be made or given as of the date the Applicant executes this Application and as of the date on which this Application is accepted by the ICAV. The Applicant agrees to immediately inform the ICAV in writing if any of the foregoing representations, warranties, agreements, or information should become untrue or incorrect or no longer accurate and complete in all respects.
- d. The Applicant acknowledges and agrees that it (or its Underlying Investor, if applicable) will not sell, exchange, transfer, assign, pledge, hypothecate or otherwise dispose of all or any part of the Applicant's Shares without the prior written approval of the ICAV and subject to the terms and conditions set out in the Prospectus and the Articles of the ICAV.

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4. REPRESENTATIONS OF THE APPLICANT *(continued)*

- e. The Applicant acknowledges and agrees that this Application (A) may be signed in any number of counterparts, all of which taken together shall constitute one Application, (B) is not transferable or assignable in whole or in part by the Applicant or the principal on whose behalf the Applicant is investing, and (C) is governed by and construed in accordance with the laws of the Republic of Ireland. Should any part of this Application for any reason be declared invalid, such decision shall not affect the validity of any remaining portion, which remaining portion shall remain in full force and effect as if the Application had been signed with the invalid portion eliminated.

5. REPAYMENT ACCOUNT DETAILS

Please indicate the following details about the bank account to which any payment to you from the ICAV, including redemption payments and cash dividend payments, should be made by the Administrator. Payment will be made by electronic transfer. The account must be in the name(s) of the registered shareholder(s). No thirdparty payments will be made. Redemptions will not be processed on non-cleared/verified accounts. Both the IBAN and SWIFT Code must be included for banks within the EU/EEA.

Bank Name	<input type="text"/>	Account Number	<input type="text"/>
Bank Address	<input type="text"/>	Account Name	<input type="text"/>
ABA No. / Sort Code	<input type="text"/>	SWIFT	<input type="text"/>
Reference	<input type="text"/>	IBAN	<input type="text"/>
Currency	<input type="text"/>		<input type="text"/>

Intermediary Bank Details:

Bank Name	<input type="text"/>		
SWIFT	<input type="text"/>	IBAN	<input type="text"/>

The ICAV will be required to withhold Irish tax on redemption proceeds, at the applicable rate, unless it has received from the registered shareholder the Declaration Form for non-Irish Residents or Declaration Form for Exempt Irish Residents, as appropriate. To be deemed valid, each registered shareholder must fully complete and sign the relevant declaration and include the relevant capacity of the authorised signatory (if applicable).

6. PRIVACY POLICY

The Investor acknowledges that, by completing this Application Form, it is providing personal information concerning itself and, if applicable, its Underlying Investor(s) ("Data"), which may constitute personal data within the meaning of the Irish Data Protection Acts 1988 to 2018, the EU Data Protection Directive 95/46/EC, the EU ePrivacy Directive 2002/58/EC (as amended), the General Data Protection Regulation (Regulation (EU) 2016/679) and the successor to the ePrivacy Directive) and any relevant transposition of, or successor or replacement to, those laws (the "Data Protection Legislation"). Where applicable, the Applicant agrees that it has provided the necessary notification or obtained the necessary consents and authorizations from its Underlying Investor(s) to provide Data concerning them in this Application. These Data will be used for the following purposes:

- (i) to manage and administer the Investor's holding in the Company and any related accounts on an ongoing basis as required for the performance of the contract between the Company and the Investor;
- (ii) for any other specific purposes where the Investor has given specific consent. Such consent may be subsequently withdrawn by the Investor at any time, without affecting the lawfulness of processing based on consent before its withdrawal;
- (iii) to carry out statistical analysis (including data profiling) and market research in the Company's legitimate business interest;
- (iv) to comply with legal and regulatory obligations applicable to the Investor, its Underlying Investor(s), if applicable, and the Company;
- (v) to be used in connection with disputes, in order to protect the legitimate interests of the Company; or
- (vi) for disclosure or transfer, whether in the European Union ("EU") or countries outside the EU, including without limitation the US, which may not have the same data protection laws as Ireland, to third parties including financial advisers, regulatory bodies, auditors, technology providers or to the Company and its delegates and its or their duly appointed agents and any of their respective related, associated or affiliated companies for the purposes specified above as required for the performance of the contract between the Company and the Investor or as needed in the Company's legitimate business interest.

In some jurisdictions, the local paying agents ("LPA") specified in the relevant sales documents may use Investor's Data where it is necessary for compliance with obligations arising from tax legislation, in order to discharge the LPA's duties as tax substitute for the payment of the fiscal withholdings applicable at investors' level to capital gains under the laws of such jurisdictions. Additionally, the LPA may use the Data for the purpose of performance of contractual duties in connection with their appointment as nominees of the underlying investors, and in order to facilitate the exercise of the corporate rights of such underlying investors as if they were registered shareholders. The LPA, in respect of these specific uses of the Data, act as a data controller.

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6. PRIVACY POLICY (continued)

An Investor's personal data may be disclosed by the Company to its delegates and service providers (including Investment Managers, Sub-Investment Managers, Distributors, Dealers, Shareholder Servicing Agents, the Administrator and the Depository), its duly authorised agents and any of its respective related, associated or affiliated companies, professional advisors, regulatory bodies, auditors and technology providers for the same purpose(s).

Investors' personal data may be transferred to countries which may not have the same or equivalent data protection laws as the European Union. If such transfer occurs, the Company will ensure that such processing of such personal data complies with Data Protection Legislation and, in particular, that appropriate measures are in place, such as entering into Model Contractual Clauses (as published by the European Commission) or ensuring that the recipient is Privacy Shield certified, if appropriate. If Investors require more information on the means of transfer of their data or a copy of the relevant safeguards, please contact the Administrator, by email at leggmason@statestreet.com, or by phone at +353 1 242 5568.

Pursuant to the Data Protection Legislation, Investors have several rights which they may exercise in respect of their personal data, namely:

- (i) the right of access to personal data held by the Company;
- (ii) the right to amend and rectify any inaccuracies in the personal data held by the Company;
- (iii) the right to erase the personal data held by the Company;
- (iv) the right to data portability of the personal data held by the Company; and
- (v) the right to request restriction of the processing of the personal data held by the Company.

In addition, Investors have the right to object to processing of personal data by the Company.

The above rights will be exercisable by Investors subject to limitations as provided for in the Data Protection Legislation. Investors may make a request to the Company to exercise these rights by contacting the Administrator, by email at leggmason@statestreet.com, or by phone at +353 1 242 5568.

Please note that Investors' personal data will be retained by the Company for the duration of their investment and otherwise in accordance with the Company's legal obligations including, but not limited to, the Company's record retention policy.

The Company is a data controller within the meaning of the Data Protection Legislation and undertakes to hold any personal information provided by Investor in confidence and in accordance with the Data Protection Legislation. Note that Investors have the right to lodge a complaint with the Office of the Data Protection Commissioner or their equivalent data protection regulator if they believe that the processing of their data has been unlawful.

7. PAYMENT INSTRUCTIONS

Shares will be held in the name of the registered shareholder(s) directly with the Administrator. Payment by wire transfer in the full amount of the purchase request is due in immediately available funds.

Payment should be made in the respective currency to:

USD	Beneficiary Bank:	Bank of America, N.A.	A/C Number:	6550462997
	Beneficiary Bank Swift Code:	BOFAUS3N	ABA Code:	026009593
	A/C Name:	Legg Mason Alternative Funds ICAV		
EUR	Beneficiary Bank:	Bank of America, N.A.	A/C Number:	52290013
	Beneficiary Bank Swift Code:	BOFAGB22	IBAN:	GB67 BOFA1650 5052290013
	A/C Name:	Legg Mason Alternative Funds ICAV		
GBP	Beneficiary Bank:	Bank of America, N.A.	A/C Number:	52290021
	Beneficiary Bank Swift Code:	BOFAGB22	IBAN:	GB45 BOFA 16505052290021
	A/C Name:	Legg Mason Alternative Funds ICAV		
CHF	Beneficiary Bank:	Bank of America, N.A. London re: Switzerland Branch	A/C Number:	50081010
	Beneficiary Bank Swift Code:	BOFACH2X	IBAN:	CH0908726000050081010
	A/C Name:	Legg Mason Alternative Funds ICAV		
SGD	Beneficiary Bank:	Bank of America, N.A.	A/C Number:	70154011
	Beneficiary Bank Swift Code:	BOFASG2X		
	A/C Name:	Legg Mason Alternative Funds ICAV		

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7. PAYMENT INSTRUCTIONS (continued)

AUD	Beneficiary Bank:	Bank of America, N.A.	A/C Number:	17281012
	Beneficiary Bank Swift Code:	BOFAAUSX		
	A/C Name:	Legg Mason Alternative Funds ICAV		
JPY	Beneficiary Bank:	Bank of America, N.A., Tokyo Branch	A/C Number:	22969012
	Beneficiary Bank Swift Code:	BOFAJPJX		
	A/C Name:	Legg Mason Alternative Funds ICAV		

8. TAX INFORMATION

The ICAV is obliged under Section 891E, Section 891F and Section 891G of the Irish Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor's tax arrangements. Please complete the relevant Schedule(s) as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information and other financial information with respect to an investor's interests in the Fund with relevant tax authorities.

All Applicants who are entities (and not individuals) should complete the attached Schedule A (Entity Self-Certification for FATCA and CRS) as directed.

All Applicants who are individuals (and not entities) should complete the attached Schedule B (Individual (Controlling Person's) Self-Certification for FATCA and CRS) as directed. Any individual who is a Controlling Person of an Applicant that is an entity should complete section 4 of Schedule B as directed.

9. REQUIRED CUSTOMER DUE DILIGENCE ("CDD") DOCUMENTATION

The following CDD documentation requirements are for the specified entity types in an EU Member State or equivalent jurisdiction. Applicants from certain jurisdictions may be required to provide further documentation on request. For more information regarding CDD, please contact the Administrator at LeggMasonTA@statestreet.com

Any copies of non-electronic documents must be certified by a suitable person. The certifying person should sign and date the document and include their name, address and professional registration number (if applicable). Suitable persons include:

- designated persons, as defined under the relevant anti-money laundering legislation ("AML") in an EU Member State, or equivalent jurisdiction (excluding Tier 1 jurisdictions)
- practicing solicitor or solicitor firm
- embassy or consular official
- legal advisor
- police officer
- accountant or accountancy firm
- notary public
- company secretary
- medical professional

Any documents not in English must be accompanied by a full and accurate English translation. The translator must provide their name and contact details and certify the translation as accurate.

Entity Type	Customer Due Diligence ("CDD") Requirements
<input type="checkbox"/> Individual	<p>a) Name Verification</p> <ul style="list-style-type: none"> ○ A certified copy of a passport, driver's licence or other government issued photo identification card (valid, in date, clearly legible and signature matches that on the original application form) <p>b) Address Verification</p> <ul style="list-style-type: none"> ○ One original or certified copy address verification received. This must be no more than 6 months old from account opening date. The address must match the registered address provided on the original application form. ○ A street address must be provided for the purpose of a registered address. A PO box or C/O address cannot be accepted as a registered address but can be used for mailing purposes
<input type="checkbox"/> Listed Company (Simplified)	<ul style="list-style-type: none"> • A listed company whose securities are admitted to trading on a regulated market based in an EU Member State or equivalent jurisdiction. <ul style="list-style-type: none"> ○ Please provide the name of the Stock Exchange: _____
<input type="checkbox"/> Regulated Creditor Financial Institution	<ul style="list-style-type: none"> • Regulated in an EU Member State or equivalent jurisdiction <ul style="list-style-type: none"> ○ Please provide URL to relevant website evidencing the entry in the regulatory authority's web-site: _____

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9. REQUIRED CUSTOMER DUE DILIGENCE (“CDD”) DOCUMENTATION *(continued)*

Entity Type	Customer Due Diligence (“CDD”) Requirements
<input type="checkbox"/> Designated Person	<ul style="list-style-type: none"> • Regulated in an EU Member State or equivalent jurisdiction <ul style="list-style-type: none"> ○ Please provide URL to relevant website evidencing the entry in the regulatory authority’s web-site: _____
<input type="checkbox"/> Regulated Collective Investment Scheme	<ul style="list-style-type: none"> • Regulated in an EU Member State or equivalent jurisdiction <ul style="list-style-type: none"> ○ Please provide URL to relevant website evidencing the entry in the regulatory authority’s web-site: _____
<input type="checkbox"/> Collective Investment Scheme (“CIS”) (Low Risk)	<ul style="list-style-type: none"> • Not regulated in an EU Member State or equivalent jurisdiction <ul style="list-style-type: none"> ○ Prospectus or offering memorandum which will confirm full name of CIS, registered address of CIS, name and address of scheme promoter, name and address of scheme administrator, name and address of entity carrying out anti-money laundering checks upon the scheme investors and confirmation that entity is regulated for AML purposes ○ Names of beneficial owners of the CIS (holding greater than 25%)
<input type="checkbox"/> Public Body (Simplified)	<ul style="list-style-type: none"> • A Public Body in an EU Member State or equivalent jurisdiction <ul style="list-style-type: none"> ○ Please provide URL to relevant website detailing status as a Public Body: _____ <p><i>Examples of institutions falling into this category include County Councils, Local Authorities, the European Central Bank, The European Investment Bank, the European Environment Agency, the public body is either accountable to an institution of the European Communities or to a public authority of a Member State</i></p>
<input type="checkbox"/> Public Body (Low Risk)	<ul style="list-style-type: none"> • A Public Body not in an EU Member State or equivalent jurisdiction <ul style="list-style-type: none"> ○ Original or certified copy of the constitutional documentation ○ Names of main public body officials
<input type="checkbox"/> Pension Scheme	<ul style="list-style-type: none"> • A Pension Scheme providing Retirement Benefits to Employees in an EU Member State or equivalent jurisdiction <ul style="list-style-type: none"> ○ Original or certified copy Revenue Commissioners or Tax approval document
<input type="checkbox"/> Pension Scheme (Low Risk)	<ul style="list-style-type: none"> • A Pension Scheme providing Retirement Benefits to Employees not in an EU Member State or equivalent jurisdiction <ul style="list-style-type: none"> ○ Original or certified copy of the constitution / formation document ○ Names of trustees/directors/Governors or equivalent ○ Original or certified copy of approval document from the tax authority
<input type="checkbox"/> Private Trust	<ul style="list-style-type: none"> ○ Original or certified copy of the trust deed ○ Verify the identity of two trustees, or one trustee and one authorised signatory in line with the procedures for identifying an individual investor ○ List of the all beneficiaries of the trust (may be located in the trust deed) ○ Where the beneficiary is a corporate entity, obtain details of the ultimate beneficial owner (if applicable) (may be located in the trust deed)

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9. REQUIRED CUSTOMER DUE DILIGENCE (“CDD”) DOCUMENTATION *(continued)*

Entity Type	Customer Due Diligence (“CDD”) Requirements
<input type="checkbox"/> Private Company (Unlisted Corporate Entity)	<ul style="list-style-type: none"> • Where the entity is NOT a wholly owned subsidiary of a public listed company on a regulated market in a low risk country, a SITE company or FSC regulated entity in Taiwan: <ul style="list-style-type: none"> ○ Original or certified copy of the certificate of incorporation or certificate of trade or printout from the relevant company's registration office confirming entity is "live" on the registry ○ Original or certified copy of the memorandum and articles of association or equivalent constitutional documentation ○ Original or certified copy of register of directors ○ The identity of at least two directors must be established (or one director and one authorised signatory) in line with the procedures for identifying an individual investor or if the director or authorised signatory is FCA (or equivalent) regulated, ID documents are not required but proof of regulatory status will suffice ○ Original or certified copy of register of members or shareholders ○ Identify the ultimate beneficial owner - this information can be provided by the customer, on the customer's behalf by a duly authorised representative or obtained from a reliable independent source (e.g. financial statements). • Where the entity IS a wholly owned subsidiary of a public listed company on a regulated market in a low risk country, a SITE company or FSC regulated entity in Taiwan: <ul style="list-style-type: none"> ○ All of the requirements above, ○ however, the following alternative methods of verifying the identity of a director for a low risk company can be used: <ul style="list-style-type: none"> - obtaining a copy of the annual audited accounts listing directors (where the necessary information is publicly accessible and considered by to be current and reliable); or - obtaining a relevant and up-to-date legal opinion from a reliable source documenting due diligence conducted, including in relation to information on directors; or - obtaining information from the relevant company or other registry such as the Companies House or known foreign equivalent; or - verify one or more directors in line with requirements for identifying an individual investor
<input type="checkbox"/> Partnership	<ul style="list-style-type: none"> ○ Original or certified copy of the partnership agreement or appropriate excerpts ○ Verify the identity of two partners, or one partner and one authorised signatory, to the formal arrangement in accordance with the requirement listed elsewhere within this document (based on their entity type and location) ○ List all the beneficiaries of the partnership - this information may be located in the partnership agreement. Where the beneficiary is a corporate entity, obtain details of the ultimate beneficial owner of that entity (if applicable)
<input type="checkbox"/> Registered Charity / Foundation	<ul style="list-style-type: none"> ○ Original or certified copy approval from the tax authority ○ Proof of registration status from the relevant charity commission or equivalent.
<input type="checkbox"/> Unregistered Charity / Foundation	<ul style="list-style-type: none"> ○ Original or certified copy of the Constitution/Formation document or original or certified copy of the audited accounts ○ Names of trustees/directors/board members or equivalent ○ Verify the identity of two trustees/directors/board members or equivalent, or one trustee/director/board member or equivalent and one authorised signatory in line with the procedures for identifying an individual investor. ○ Names of beneficiaries (if applicable)
<input type="checkbox"/> Clubs and Societies	<ul style="list-style-type: none"> • The following must be provided in original or certified copy form, on company headed paper and signed by an authorised signatory or company secretariat: <ul style="list-style-type: none"> ○ Full name and registered office address of the club/society ○ Legal status of the club/society ○ Purpose of the club/society ○ Names of all officers ○ Verify the identity of two of the officers of the club and society, or one officer and one authorised signatory in line with the procedures for identifying an individual investor.

Depending on its risk assessment of the Applicant, the Administrator may request additional documents from time to time. Initially, the Applicant may provide compliant CDD documents in copy format acceptable to the Administrator; however, the Applicant must provide original or certified copy documents within 28 days after its initial investment. If the Applicant fails to do so, the Applicant will be unable to buy more Shares until it does so. No redemption proceeds will be paid until original or certified copy documentation is received by the Administrator.

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9. REQUIRED CUSTOMER DUE DILIGENCE (“CDD”) DOCUMENTATION *(continued)*

PAYMENT INFORMATION

Please provide the following details for the bank from which your payment to the Fund is being wired:

Bank Name	<input type="text"/>	Account Number	<input type="text"/>
Bank Address	<input type="text"/>	Account Name	<input type="text"/>
ABA No. / Sort Code	<input type="text"/>	SWIFT	<input type="text"/>
Reference	<input type="text"/>	IBAN	<input type="text"/>

Intermediary Bank Details:

Bank Name	<input type="text"/>		
SWIFT	<input type="text"/>	IBAN	<input type="text"/>

You must wire the payment from an account in the name(s) of the registered shareholder(s).

SIGNING AUTHORITY

All non-individual investors must provide an original or certified copy of the entity's authorised signatory list (“ASL”), which must clearly reference who is authorised to sign and for what purposes. The ASL must be provided on headed paper that clearly identifies the entity's name and should include specimen signatures for the authorised signatories. If a party other than the registered shareholder(s) is signing the application or has trading authority on the account, an original or certified copy of the appropriate empowering document must also be provided to demonstrate the authority of the third party (and any of its representatives) to sign on behalf of the registered shareholder(s). Such documents may include an investment management agreement, custodian agreement, power of attorney, board mandate, trust deed, etc.

10. IRISH RESIDENTS ONLY

Pursuant to the Return of Values (Investment Undertakings) Regulations 2013 (S.I. 245 of 2013) (the “Regulations”), the Company is required to collect certain information from non-Excepted Share Holders. All Applicants, whether individuals, bodies corporate or unincorporated bodies of persons, which are Irish resident or ordinarily resident should review the list of Excepted Share Holders set out below.

If the Applicant is Irish resident or non-Irish resident and is not an Excepted Share Holder, please provide the following information and documentations:

Irish Tax Reference Number (TRN) /
PPS Number *(if applicable)*:

Any one of the following additional documents is required to verify the TRN or PPS Number (either a copy or the original is sufficient): P60, P45, P21 Balancing Statement, payslip (where employer is identified by name or tax number), Drug Payment Scheme Card, Tax Assessment, Tax Return Form, PAYE Notice of Tax Credits, Child Benefit Award Letter/Book, Pension Book, Social Services Card or Public Services Card. In addition, any printed documentation issued by the Irish Revenue Commissioners or by the Department of Social Protection which contains the Applicant's name, address and tax reference number will also be acceptable. In the case of joint account holders, the additional documentation is required for each Applicant. The documentation should be submitted with this Application.

Your personal information will be handled by the Administrator, the Company or its duly appointed delegates as Data Processor for the Company in accordance with the Data Protection Acts 1988 to 2003. Information provided herein will be processed for the purposes of complying with the Regulations and this may include disclosure to the Irish Revenue Commissioners.

Excepted Share Holders. The following entities will constitute Excepted Share Holders provided the Fund has obtained a duly completed appropriate declaration: - TCA 1997 reference, An investment undertaking – 739D(6)(c), An investment limited partnership 739D(6)(cc), etc, (the table in the return of values document can be listed)

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11. SUBSCRIPTION DETAILS

It is intended that issues of Shares will normally be made for each Dealing Day in respect of applications received on or prior to the relevant Dealing Deadline. Applications received after the Dealing Deadline for the relevant Dealing Day shall, unless the ICAV and/or the Administrator otherwise agree, be deemed to have been received by the following Dealing Deadline. See Prospectus for details of Dealing Deadline.

Investment in a fund is only suitable for investors who can afford the risks involved. The Funds are subject to investment risks, including the possible loss of the principal amount invested. Please read the Prospectus for additional details on the special risks and considerations of investing in a Fund.

For each share class of each sub-fund for which you are subscribing indicate in the appropriate row below:

- (i) the currency (e.g. US\$ & Euro) in which your subscription monies will be denominated and;
- (ii) either the amount of your subscription or the number of shares for which you are subscribing.

Sub-Fund Name	
---------------	--

Share Class Name	ISIN Code	Subscription Currency	Subscription Amount *	Number of Shares **

Sub-Fund Name	
---------------	--

Share Class Name	ISIN Code	Subscription Currency	Subscription Amount *	Number of Shares **

Sub-Fund Name	
---------------	--

Share Class Name	ISIN Code	Subscription Currency	Subscription Amount *	Number of Shares **

Sub-Fund Name	
---------------	--

Share Class Name	ISIN Code	Subscription Currency	Subscription Amount *	Number of Shares **

Sub-Fund Name	
---------------	--

Share Class Name	ISIN Code	Subscription Currency	Subscription Amount *	Number of Shares **

Sub-Fund Name	
---------------	--

Share Class Name	ISIN Code	Subscription Currency	Subscription Amount *	Number of Shares **

* PLEASE USE: ',' TO DESIGNATE '000'S AND A '.' TO DESIGNATE DECIMALS

** You can only choose this option if you are dealing in the fund's base currency.

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12. SIGNATURES

By signing and submitting this Application, the undersigned, subject to the terms and conditions of this Application and the ICAV's Memorandum and Articles of Association and current Prospectus, irrevocably offers on its behalf or on behalf of each investor in which it is acting as nominee to subscribe for and purchase Shares in each Fund as indicated in Section 11 of this Application. The acceptance of this offer, as evidenced by the issuance of Shares of the Funds subscribed for to the Applicant, will constitute an irrevocable agreement between the Applicant and the ICAV for the Applicant to purchase such Shares and for the ICAV to issue and sell the Shares to the Applicant.

FIRST AUTHORISED SIGNATORY

NAME AND TITLE *(if signing in a Corporate capacity)*

SECOND AUTHORISED SIGNATORY *(if applicable)*

NAME AND TITLE *(if signing in a Corporate capacity)*

THIRD AUTHORISED SIGNATORY *(if applicable)*

NAME AND TITLE *(if signing in a Corporate capacity)*

FOURTH AUTHORISED SIGNATORY *(if applicable)*

NAME AND TITLE *(if signing in a Corporate capacity)*

DATE *(dd/mm/yyyy)*

Note:

- (i) **Where there is more than one named holder on an account, all holders must sign.**
- (ii) A corporation must sign under the hand of a duly authorised person. At least two authorised persons must sign and should state their corporate positions.
- (iii) The right is reserved to reject any applications.
- (iv) If signed under a Power of Attorney, such Power or a duly certified copy must accompany the Application.

Legg Mason Alternative Funds ICAV Initial Application Form

SCHEDULE A: INDIVIDUAL (CONTROLLING PERSON'S) SELF-CERTIFICATION FOR FATCA AND CRS

INSTRUCTIONS FOR COMPLETION AND DATA PROTECTION NOTICE

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information and guidance on FATCA or CRS please refer to the Irish Revenue or OECD websites at:

<http://www.revenue.ie/en/business/aeoi/index.html>

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/> in the case of CRS only.

If any of the information below about the account holder's tax residence or FATCA/CRS classification changes in the future, please advise of these changes promptly.

Please note that where there are joint account holders each account holder is required to complete a separate Self-Certification form.

Section 1, 2, 3 and 5 must be completed by all Account holders or Controlling Persons.

Section 4 should only be completed by any individual who is a Controlling Person of an entity account holder which is a Passive Non-Financial Entity, or a Controlling Person of an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

(Mandatory fields are marked with an *)

1. ACCOUNT HOLDER / CONTROLLING PERSON IDENTIFICATION

Please fill in the whole form in **BLOCK CAPITALS** using black or blue ink

Account Holder / Controlling Person Name *

Account Designation (if applicable)

Current Residential Address *

(we are unable to accept a PO Box address)

Country *

Postcode *

Mailing Address

(if different than the 'Current Residential Address' supplied above)

Country

Postcode

Date of Birth (dd/mm/yyyy) *

Town or City of Birth *

Country of Birth *

2. FATCA DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES *

Please tick (✓) one of the below and complete as appropriate.

I confirm that [I am] / [the investor is] a U.S. citizen and/or resident in the U.S. for tax purposes and [my]/[its] U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

U.S. TIN:

I confirm that [I am not] / [the investor is not] a U.S. citizen or resident in the U.S. for tax purposes.

Legg Mason Alternative Funds ICAV Initial Application Form

SCHEDULE A: INDIVIDUAL (CONTROLLING PERSON'S) SELF-CERTIFICATION FOR FATCA AND CRS *(continued)*

3. COMMON REPORTING STANDARD (CRS) DECLARATION OF TAX RESIDENCY / RESIDENCIES * *(please confirm all Tax Residencies)*

Please indicate your / the investor's country of tax residence (if resident in more than one country please detail all countries of tax residence and associated taxpayer identification numbers ("TIN"). Please see the CRS Portal for more information on Tax Residency.

For further guidance on Tax Residence and TINs, please refer to the OECD CRS Information Portal

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a TIN, Or,
- b) You are tax resident only in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residency	Tax ID Number (TIN)	If TIN unavailable select (A, B or C) and check box below.

If a TIN is unavailable, please tick the appropriate box as follows;

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN (Please explain why you are unable to obtain a TIN

Reason C – No TIN is required. (Note: This should only be selected if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

4. TYPE OF CONTROLLING PERSON

(ONLY to be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution)

For Joint or multiple Controlling Person(s) please complete a separate "Individual (Including Controlling Persons) Self-Certification for FATCA and CRS" form for each Controlling Person.

Please Confirm the type of Controlling Person applicable under CRS that applies to you/the Account holder by ticking the appropriate box.	Please Tick	Entity Name
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		
Controlling Person of a legal person – senior management official		
Controlling Person of a trust – settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		
Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) – protector-equivalent		
Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent		
Controlling Person of a legal arrangement (non-trust) – other-equivalent		

Legg Mason Alternative Funds ICAV Initial Application Form

SCHEDULE A: INDIVIDUAL (CONTROLLING PERSON'S) SELF-CERTIFICATION FOR FATCA AND CRS *(continued)*

5. DECLARATION AND UNDERTAKINGS

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I acknowledge and consent to the fact that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) **is / are** maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

AUTHORISED SIGNATURE *

PRINT NAME *

CAPACITY IN WHICH DECLARATION IS MADE *(if Controlling Person)* *

DATE *(dd/mm/yyyy)*

Legg Mason Alternative Funds ICAV Initial Application Form

SCHEDULE B: ENTITY SELF-CERTIFICATION FOR FATCA AND CRS

INSTRUCTIONS FOR COMPLETION AND DATA PROTECTION NOTICE

Account holders that are Individuals or Controlling Persons should not complete this form and should complete the form entitled "Individual (including Controlling Persons) Self-Certification for FATCA and CRS".

We are obliged under Section 891E, Section 891F, and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this application form you are providing personal information, which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities located outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information and guidance on FATCA or CRS please refer to the Irish Revenue or the OECD website at:

<http://www.revenue.ie/en/business/aeoi/index.html>

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/> in the case of CRS only.

If any of the information below about the account holder's tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.

(Mandatory fields are marked with an *)

1. ACCOUNT HOLDER IDENTIFICATION

Please fill in the whole form in **BLOCK CAPITALS** using black or blue ink

Account Holder Name *			(the "Entity")
Country of Incorporation or Organisation			
Current Registered Address * (we are unable to accept a PO Box address)			
Country		Postcode	
Mailing Address (if different than the 'Current Registered Address' supplied above)			
Country		Postcode	

2. FATCA DECLARATION *

Please tick (✓) one of the below and complete as appropriate.

The Entity is a Specified U.S. Person and the Entity's U.S. Federal Taxpayer Identifying number (U.S. TIN) is as follows:

U.S. TIN:

The Entity is **not** a Specified U.S. Person. (please also complete Sections 3, 4 and 5)

The Entity is a US person but **not** a Specified U.S. Person. (please also complete Sections 4 and 5)

Indicate exemption: _____

Legg Mason Alternative Funds ICAV

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SCHEDULE B: ENTITY SELF-CERTIFICATION FOR FATCA AND CRS *(continued)*

3. ENTITY'S FATCA CLASSIFICATION *

The information provided in this section is for FATCA, please note your FATCA classification may differ from your CRS classification in Section 5:

3.1 Financial Institutions under FATCA

If the Entity is a Financial Institution, please tick one of the below categories and provide the Entity's GIIN at 3.2 or indicate at 3.3 the reason why you are unable to provide a GIIN.

I.	Irish Financial Institution or a Partner Jurisdiction Financial Institution.	
II.	Registered Deemed Compliant Foreign Financial Institution.	
III.	Participating Foreign Financial Institution.	

3.2 Please provide the Entity's Global Intermediary Identification number.

GIIN

3.3 If the Entity is a Financial Institution but unable to provide a GIIN, please tick one of the below reasons:

I.	The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN. Please provide the sponsor's name and sponsor's GIIN : Sponsor's Name: _____ Sponsor's GIIN: _____	
II.	The Entity is an Exempt Beneficial Owner: <i>(Please tick and confirm the category of Exempt Beneficial Owner);</i>	
	i. Government Entity	
	ii. International Organisation	
	iii. Foreign Central Bank	
	iv. Exempt retirement Fund	
	v. Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners	
III.	The Entity is a Certified Deemed Compliant Foreign Financial Institution. <i>(including a deemed compliant Financial Institution under Annex II of the IGA Agreement)</i> Indicate exemption: _____	
IV.	The Entity is a Non-Participating Foreign Financial Institution	
V.	The Entity is an Excepted Foreign Financial Institution Indicate exemption: _____	
VI.	The Entity is a Trustee Document Trust. Please provide your Trustee's name and GIIN Trustee's Name: _____ Trustee's GIIN: _____	

3.4 Non-Financial Institutions ("NFFE") under FATCA

If the Entity is **not** a Financial Institution, please confirm the Entity's FATCA classification below by ticking one of the below categories.

I.	Active (NFFE)	
II.	Passive (NFFE) <i>(please tick the box that applies)</i>	
	i. Passive (NFFE) with no Controlling Persons that are specified U.S. Persons	
	ii. Passive (NFFE) with Controlling Persons that are specified U.S. Persons. <i>If this box is ticked, please also complete section 6.1 for each of the Controlling Person(s) of the Entity and complete an "Individual (Including Controlling Person(s) Self-certification for FATCA and CRS" form for each Controlling Person(s) as outlined in section 6.2.</i>	
III.	Excepted (NFFE)	
IV.	Direct Reporting (NFFE) Please provide your GIIN: _____	

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4. COMMON REPORTING STANDARD (“CRS”) DECLARATION OF TAX RESIDENCY *
(Note that Entities may have more than one country of Tax Residence)

Please indicate the Entity’s country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers (“TIN”)).

Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence and TIN’s.

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a TIN
- Or
- b) You are tax resident only in a non-reportable Jurisdiction (i.e. Ireland or the USA)

c) Country of Tax Residency	Tax ID Number	If TIN unavailable select (A, B or C) and check box below.

If a TIN is unavailable, please tick the appropriate box as follows;

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN (Please explain why you are unable to obtain a TIN)

Reason C – No TIN is required. (Note: This should only be selected if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

Legg Mason Alternative Funds ICAV Initial Application Form

SCHEDULE B: ENTITY SELF-CERTIFICATION FOR FATCA AND CRS *(continued)*

5. ENTITY'S CRS CLASSIFICATION *

The information provided in this section is for CRS, please note an Entity's CRS classification may differ from its FATCA classification in section 3:

In addition, please note that the information that the Entity has to provide may differ depending on whether they are resident in a participating or non-participating CRS Jurisdiction.

For more information please see the CRS Standard and associated commentary.

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

5.1 Financial Institutions under CRS

If the Entity is a Financial Institution, Resident in either a Participating or Non-Participating CRS Jurisdiction please review and tick one of the below categories that applies and specify the type of Financial Institution below.

Note: Please check the Irish Revenue AEOI portal at the time of completion of this form to confirm whether your country of Tax Jurisdiction is considered Participating or Non-Participating for the purposes of CRS Due-Diligence in Ireland.

<https://www.revenue.ie/en/companies-and-charities/documents/aeoi/participating-jurisdictions.pdf>

I.	A Reporting Financial Institution resident in a participating CRS jurisdiction	
II.	A Financial Institution Resident in a Non-Participating Jurisdiction (Please also tick the box that applies)	
	An Investment Entity resident in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity in section 6 below and complete a separate individual self-certification form for each of your Controlling Persons)	
	An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution	
	Other Financial Institution, including a Depository Financial Institution, Custodial Institution or Specified Insurance Company	
III.	Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below:	
	Governmental Entity	
	International Organization	
	Central Bank	
	Broad Participation Retirement Fund	
	Narrow Participation Retirement Fund	
	Pension Fund of a Governmental Entity, International Organization, or Central Bank	
	Exempt Collective Investment Vehicle	
	Trust whose trustee reports all required information with respect to all CRS Reportable Accounts	
	Qualified Credit Card Issuer	
Other Entity defined under the domestic law as low risk of being used to evade tax. Specify the type provided in the domestic law: _____		

Legg Mason Alternative Funds ICAV Initial Application Form

SCHEDULE B: ENTITY SELF-CERTIFICATION FOR FATCA AND CRS *(continued)*

5. ENTITY'S CRS CLASSIFICATION *(continued)* *

5.2 Non Financial Institution ("NFE") under CRS

If the Entity is a not defined as a Financial Institution under CRS then please tick one of the below categories confirming if you are an Active NFE or Passive NFE.

I.	Active NFE – a corporation the stock of which is regularly traded on an established securities market. Please provide the name of the established securities market on which the corporation is regularly traded: _____	
II.	Active NFE – if you are a Related Entity of a regularly traded corporation. Please provide the name of the regularly traded corporation that the Entity is a Related Entity of: _____ Please provide details of the securities market on which the Entity is regularly traded: _____	
III.	Active NFE – a Government Entity or Central Bank.	
IV.	Active NFE – an International Organisation.	
V.	Active NFE – other than those listed in I, II, III or IV above. <i>(for example a start-up NFE or a non-profit NFE)</i>	
VI.	Passive NFE – If this box is ticked, please also complete Section 6.1 for each of the Controlling Person(s) of the Entity and a separate "Individual (including Controlling Person's Self-Certification for FATCA and CRS form" as indicated in section 6.2 for each Controlling Person(s)	

6. CONTROLLING PERSONS

NOTE: Please note that each Controlling Person must complete a separate "Individual (including Controlling Persons) FATCA and CRS Self-Certification" form.

If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

6.1 Controlling Person(s) of the Account Holder:

If you have ticked a Passive NFE with Controlling Persons in **either the FATCA or CRS Classification sections above**, then please also complete this section for each of the Controlling Person(s) of the account holder and provide a separate "Individual (including Controlling Persons) FATCA and CRS Self-Certification" form for each Controlling person as per 6.2 below:

Indicate the name of all Controlling Person(s) of the Account Holder:

I.	
II.	
III.	

Note: In case of a trust, Controlling Persons means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiary(ies), **AND** any other natural person(s) exercising ultimate effective control over the trust. With respect to an Entity that is a legal person, if there are no natural person(s) who exercise control over the Entity, then the Controlling Person will be the natural person who holds the position of senior managing official of the Entity.

6.2 Complete a separate "Individual (including Controlling Persons) Self-Certification for FATCA and CRS" form for each Controlling Person listed in Section 6.1.

Legg Mason Alternative Funds ICAV

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SCHEDULE B: ENTITY SELF-CERTIFICATION FOR FATCA AND CRS *(continued)*

7. DECLARATION AND UNDERTAKINGS

I / We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of **my / our** knowledge and belief, accurate and complete.

I / We acknowledge and consent to the fact that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) **is / are** maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I / We on behalf of the Entity undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstance (for guidance refer to Irish Revenue or OECD website) occurs which causes any of the information contained in this form to be incorrect.

FIRST AUTHORISED SIGNATORY *

PRINT NAME *

CAPACITY IN WHICH DECLARATION IS MADE *

SECOND AUTHORISED SIGNATORY *

PRINT NAME *

CAPACITY IN WHICH DECLARATION IS MADE *

THIRD AUTHORISED SIGNATORY *

PRINT NAME *

CAPACITY IN WHICH DECLARATION IS MADE *

FOURTH AUTHORISED SIGNATORY *

PRINT NAME *

CAPACITY IN WHICH DECLARATION IS MADE *

DATE (dd/mm/yyyy)

Legg Mason Alternative Funds ICAV Initial Application Form

SCHEDULE C: DECLARATION FORM (FOR NON-IRISH RESIDENTS)

Please ensure that the underlined text below is deleted as appropriate and that the form is signed and dated.

Applicants resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration which is in a format authorised by them, in order to receive payment without deduction of tax. It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of shares. Terms used in this declaration are defined below in the section entitled "Definitions".

This is a form authorised by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration. Please check appropriate box and sign below or complete the attached Declaration Form for Exempt Irish Residents. A Declaration Form must be submitted with the Application Form.

Please tick (✓) the relevant box

Declaration on own behalf.

I / we declare that I am / we are applying for shares on my own / our own behalf / on behalf of a company and that I am / we are / the company is entitled to the shares in respect of which this declaration is made and that:

- I am / we are / the company is not currently resident or ordinarily resident in Ireland; AND
- Should I / we / the company become resident in Ireland will so inform you, in writing, accordingly.

Declaration as an Intermediary.

I am / we are applying for shares on behalf of other persons who are beneficially entitled to the shares, and I / we declare that:

- To the best of my / our knowledge and belief, none of the beneficiaries are resident or ordinarily resident in Ireland; AND
- Unless I / we specifically notify you to the contrary at the time of application, all applications for shares made by me / us from the date of this application will be made on behalf of such persons, AND
- I / we will inform you accordingly, in writing, if I / we become aware that any person, on whose behalf I / we hold shares, becomes resident in Ireland.

Applicant's Name

Registered Address

(we are unable to accept a PO Box address)

Country

 Postcode

Signature of Applicant or Authorised Signatory *(Declarant)*

Capacity of Authorised Signatory *(if applicable)*

Date *(dd/mm/yyyy)*

IMPORTANT NOTES

- (1) Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.
- (2) To be valid, this declaration must be signed by the applicant. Where there is more than one applicant, each person must sign. If the applicant is a company, it must be signed by the company secretary or another authorised officer.
- (3) If this declaration is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature.
- (4) Applicants who are Exempt Irish Residents should contact the Administrator for the alternative declaration available for Exempt Irish Residents.

SCHEDULE C: DECLARATION FORM (FOR NON-IRISH RESIDENTS) (continued)

DEFINITIONS

- (i) "resident in Ireland" means (a) in the case of an individual, an individual who is resident in Ireland for tax purposes; (b) in the case of a trust, a trust that is resident in Ireland for tax purposes; and (c) in the case of a company, a company that is resident in Ireland for tax purposes.
- o An individual will be regarded as being resident in Ireland for a tax year if s/he spends 183 days or more in Ireland in that tax year; or (b) has a combined presence of 280 days in Ireland, taking into account the number of days spent in Ireland in that tax year together with the number of days spent in Ireland in the preceding year. Presence in a tax year by an individual of not more than 30 days in Ireland will not be reckoned for the purpose of applying the two year test. Presence in Ireland for a day means the personal presence of an individual at the end of the day (midnight).
 - o A trust will generally be resident in Ireland where all of the trustees are resident in Ireland.
 - o A company which has its central management and control in Ireland is resident in Ireland irrespective of where it is incorporated. A company which does not have its central management and control in Ireland but which is incorporated in Ireland is resident in Ireland except where (a) the company or a related company carries on a trade in Ireland, and either the company is ultimately controlled by persons resident in EU Member States or, in countries with which Ireland has a double taxation treaty, or the company or a related company are quoted companies on a recognised Stock Exchange in the EU or in a taxation treaty country; or (b) the company is regarded as not resident in Ireland under a double taxation treaty between Ireland and another country. It should be noted that the determination of a company's residence for tax purposes can be complex in certain cases and declarants are referred to the specific legislative provisions which are contained in section 23A Taxes Consolidation Act 1997.
- (ii) "ordinarily resident in Ireland" means (a) in the case of an individual, an individual who is ordinarily resident in Ireland for tax purposes; and (b) in the case of a trust, a trust that is ordinarily resident in Ireland for tax purposes. The term "ordinary residence" as distinct from "residence", relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity.
- An individual who has been resident in Ireland for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.
- An individual who has been ordinarily resident in Ireland ceases to be ordinarily resident at the end of the third consecutive tax year in which s/he is not resident. Thus, an individual who is resident and ordinarily resident in Ireland in 1999/2000 and departs from Ireland in that tax year will remain ordinarily resident up to the end of the tax year 2002/2003.
- (iii) "Exempt Irish Resident" means a person who is resident in Ireland or ordinarily resident in Ireland but who is permitted to own Shares under taxation legislation in Ireland or by practice or concession of the Irish Revenue Commissioners without prejudicing the tax status of the Company or rendering the Company liable to account for tax in Ireland in the event that such a person were to receive a distribution in respect of the Shares or to dispose of the Shares. See the alternative declaration for Exempt Irish Residents for a list of persons who currently qualify as "Exempt Irish Residents".
- (iv) An "intermediary" means a person who:
- o carries on a business which consists of, or includes, the receipt of payments from an investment undertaking resident in Ireland on behalf of other persons; or
 - o holds units in an investment undertaking on behalf of other persons.

INDEMNITY

By signing the above declaration I / we hereby agree to indemnify and hold harmless each of the Company, the Investment Manager and the Administrator (each an "Indemnified Party") from any claims, demands, proceedings, liabilities, damages, losses, costs and expenses directly or indirectly suffered or incurred by such Indemnified Party arising as a result of the declaration made herein being untrue or as a result of my / our failure to notify the Company, the Investment Manager or the Administrator of a change in my / our status which would render the Declaration contained herein untrue subsequent to the date of this declaration.

Legg Mason Alternative Funds ICAV

Initial Application Form

SCHEDULE D: DECLARATION FORM (FOR EXEMPT IRISH RESIDENTS)

Please ensure that the underlined text below is deleted as appropriate and that the form is signed and dated.

This is a form authorised by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration. Please check appropriate box and sign below. A Declaration Form must be submitted with the Application Form.

I declare that the information contained in this declaration is true and correct. I also declare that I am applying for the Shares on behalf of the Applicant named below who is entitled to the Shares in respect of which this declaration is made and is a person referred to in Section 739D(6) of the Taxes Consolidation Act, 1997, being a person who is (Please tick (✓) the relevant box):

- A Pension Scheme.
- A Company carrying on life business within the meaning of section 706 of the Taxes Consolidation Act, 1997.
- An investment undertaking.
- A special investment scheme.
- A unit trust to which section 731(5)(a) of the Taxes Consolidation Act, 1997 applies.
- A charity being a person referred to in section 739D(6)(f)(i) of the Taxes Consolidation Act, 1997.
- A qualifying management company.
- A specified company.
- Entitled to exemption from income tax and capital gains tax by virtue of section 784A(2) of the Taxes Consolidation Act, 1997.
(see further requirements for Qualifying Fund Manager below)

Additional requirements where the declaration is completed on behalf of a Charity

I also declare that at the time of making this declaration, the Shares in respect of which this declaration is made are held for charitable purposes only and:

- o form part of the assets of a body of persons or trust treated by the Revenue Commissioners as a body or trust established for charitable purposes only, or
- o are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Revenue Commissioners.
- o I undertake that, in the event that the person referred to in paragraph (7)(d) of Schedule 2B TCA 1997 ceases to be a person referred to in section 739D(6)(f)(i) TCA 1997, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

Additional requirements where the declaration is completed on behalf of a Qualifying Fund Manager

I also declare that at the time this declaration is made, the units in respect of which this declaration is made:

- o are assets of an *approved retirement fund / an approved minimum retirement fund, and
- o are managed by the declarant for the individual named below who is beneficially entitled to the shares.

I undertake that, if the shares cease to be assets of the *approved retirement fund / the approved minimum retirement fund, including a case where the shares are transferred to another such fund, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

Legg Mason Alternative Funds ICAV Initial Application Form

SCHEDULE D: DECLARATION FORM (FOR EXEMPT IRISH RESIDENTS) (continued)

Applicants Name	<input type="text"/>		
Registered Address <i>(we are unable to accept a PO Box address)</i>	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>
Irish Tax Reference Number ²	<input type="text"/>		
Authorised Signatory ³ <i>(Declarant)</i>	<input type="text"/>		
Capacity in which Declaration is made	<input type="text"/>		
Date <i>(dd/mm/yyyy)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT NOTES

- (1) This is a form authorised by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration.
- (2) Tax reference number in relation to a person, has the meaning assigned to it by section 885 TCA 1997 in relation to a "specified person" within the meaning of that section. In the case of a charity, quote the Charity Exemption Number (CHY) as issued by Revenue. In the case of a qualifying fund manager, quote the tax reference number of the beneficial owner of the Shares.
- (3) In the case of, (i) an exempt pension scheme, the administrator must sign the declaration (ii) a retirement annuity contract to which section 784 or 785 TCA 1997 applies, the person carrying on the business of granting annuities must sign the declaration (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other authorised officer of a body of persons or trust established for charitable purposes only within the meaning of sections 207 and 208 TCA 1997. In the case of a company, the declaration must be signed by the company secretary or other authorised officer. In the case of a unit trust it must be signed by the trustees. In any other case it must be signed by an authorised officer of the entity concerned or a person who holds a power of attorney from the entity. If the latter, a copy of the power of attorney should be furnished in support of this declaration.

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SCHEDULE E: DECLARATION FORM – POLITICALLY EXPOSED PERSONS

Please complete EITHER Section A or B below, with reference to the following definitions.

A Politically-Exposed Person (“PEP”) is an individual who has at any time in the preceding 12 months been, entrusted with a prominent public function. This includes the following individuals (but excluding any middle ranking or more junior official):

- a. a “specified official”;
- b. a member of the administrative, management or supervisory body of a state-owned enterprise;

A “specified official” is (including any such officials in an institution of the European Communities or an international body):

- a. a head of state, head of government, government minister or deputy or assistant government minister;
- b. a member of a parliament;
- c. a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal;
- d. a member of a court of auditors or of the board of a central bank;
- e. an ambassador, chargé d'affairs or high-ranking officer in the armed forces

An immediate family member of a PEP includes any of the following persons:

- a. any spouse of the PEP;
- b. any person who is considered to be equivalent to a spouse of the PEP under the national or other law of the place where the person or PEP resides;
- c. any child of the PEP;
- d. any spouse of a child of the PEP;
- e. any person considered to be equivalent to a spouse of a child of the PEP under the national or other law of the place where the person or child resides;
- f. any parent of the PEP;
- g. any other family member of the PEP who is of a class prescribed by the Minister for Justice under section 37(11) of the Act.

A close associate of a PEP includes any of the following persons

- a. any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the PEP;
- b. any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the PEP.

As an example, a “beneficial owner” of a body corporate is any individual who (other than a company having securities listed on a regulated market):

- a. ultimately owns or controls, whether through direct or indirect ownership or control (including through bearer shareholdings), more than 25 per cent of the shares or voting rights of the body; or
- b. otherwise exercises control over the management of the body.

SECTION A:

TO BE COMPLETED ONLY IF THE PEP RULES APPLY WITH REFERENCE TO THE ABOVE DEFINITIONS

The application is being made by a PEP / immediate family member of a PEP / close associate of a PEP

OR

The applicant has a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP

OR

The application is being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP

OR

It is intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

Name of PEP

Office of PEP

Address of PEP

(we are unable to accept a PO Box or C/O address)

Country

Postcode

Legg Mason Alternative Funds ICAV Initial Application Form

SCHEDULE E: DECLARATION FORM – POLITICALLY EXPOSED PERSONS *(continued)*

Telephone Number

Facsimile Number

Relationship of Applicant or Applicant's Beneficial Owner to PEP

Source of funds of the PEP

e.g. employment, savings, proceeds of sale, corporate dividends, inheritance, other (please specify)

Name:

Signature:

Date (dd/mm/yyyy)

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SECTION B:

PLEASE TICK BOX IF THE PEP RULES DO NOT APPLY WITH REFERENCE TO THE DEFINITIONS ABOVE:

I / we confirm that the application is **NOT** being made by a PEP / immediate family member of a PEP / close associate of a PEP

AND

the applicant does not have a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP

AND

the application is **NOT** being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP

AND

it is **NOT** intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

Name:

Signature:

Date (dd/mm/yyyy)

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