ADDITIONAL SUBSCRIPTION, REDEMPTION AND SWITCH FORM

FOR INSTITUTIONAL INVESTORS ONLY

(Please send the completed and signed form to: State Street Bank Luxembourg S. A.. 49 Avenue J. F. Kennedy L-1855 Luxembourg. Fax: +352. 24. 52. 90. 38)

1. SHAREHOLDER INFORMATION

| Company Name: | | |
|------------------|-----------|------|
| Contact Name: | Tel.: | Fax: |
| Company Address: | | |
| Email Address: | | |
| Account Number: | | |

2. TRADE INSTRUCTION (please select the type of order) Please subscribe: Date: D D Μ Μ Y Y Amount (with decimals): Currency: Or No. of Shares (with decimals): Name of Sub-fund: Class: ISIN Code: 2. 2. Please redeem: Date: D D Μ Y Y Μ Amount (with decimal): Currency: Or No. of Shares (with decimals): Name of Sub-fund: Class: ISIN Code: Payment: please pay to the amended banking details (please provide the original pay to the account on record signed amended banking details.)

NEW MILLENNIUM

SOCIÉTÉ D'INVESTISSEMENT À CAPITAL VARIABLE

| 2. 3. Please switch: | | Date: | D | D | M | M | Y Y |
|---|---|--|--|---|---|--|---|
| Amount (with decimals): | | Currenc | y: | | | | |
| Or No. of Shares (with decimals): | | | | | | | |
| | FROM: | | | | | | |
| Name of Sub-fund: | | _ | | | С | ass: | |
| SIN Code: | | | | | | | |
| | то: | | | | | | |
| Name of Sub-fund: | | 7 | | | С | ass: | |
| SIN Code: | | | | | | | |
| ead and understood, the latest rele New Millennium SICAV. The KID can be accessed on www | ned declares that he/she/they has/have acce evant version of the Key Information Docume y.newmillenniumsicav.com, can be obtained ollowing email address: info@newmillenniums | ent ("KID") on free of charg | each | occasi | ion pri | or to | investing |
| Since the Transfer Agent has not the Transfer Agent cannot process the c | the confirmation from the Investor that relevand order. | ant KID has | been d | obtaine | ed by | <u>the Ir</u> | nvestor, t |
| undersigned is making the additiona dated, previously executed by the declarations contained in the initial jii) the information provided in the Ir but below; and (iv) the backgroun Subscription Form is true and corre- | scriptions and switches, the undersigned h al subscription or switch on the terms and cond undersigned and accepted by the Transfer Subscription Form are true and correct in all nstitutional investor quality section of the initia information provided to the Registrar and ect in all material respects as of the date set of e Company promptly in writing should there be | ditions contai Agent; (ii) the I material res al Subscriptio d Transfer A out below. Th | ned in e repre pects n Forn gent i ne und | the initesentation as of t n is con n cont ersign | itial Su tions, he da rrect a nectio ed ag | ubscri agree te set as of t n with rees t | ption For ements a t out belo the date s h the init o notify t |
| Authorized Signature | Print Name | D | D | Μ | М | Y | Y |
| | | | | | | | |

Authorized Signature

Print Name

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