



Ongoing Due Diligence Questionnaire

Distributors of [**name of the Management Company**] Funds

In order for the Management Company to fulfil the duty to monitor distribution under the Agreement (the “Distribution”), we kindly ask you to complete this form regarding the activities during the last period between [MM/DD/YY] and [MM/DD/YY].

The content follows a standard according to the Swedish Investment Fund Association’s suggestions, where part 1 refers to general questions relating to your company and part 2 refers to specific questions relating to the activities under the Agreement/the distribution of the Funds. All questions are mandatory. If/When the space for your response is not enough, you may refer to an attachment.

In this form the following terms shall have the following meanings:

Agreement	means [the agreement relating to the Distribution of the Funds] entered into by your company and the Management Company
Funds	means any UCITS and AIFs covered by the Agreement
Management Company	means [name of the Management Company]

Practical Information

Name of the company	Click here to enter text.
Registration number	Click here to enter text.
Legal Entity Identifier (LEI)	Click here to enter text.
GIIN	Click here to enter text.
Contact Person	Click here to enter text.
Title of Contact Person	Click here to enter text.
Email Address of Contact Person	Click here to enter text.
Group email Address	Click here to enter text.
Telephone Number	Click here to enter text.
Website Address	Click here to enter text.
List of attachments	Click here to enter text.

1. General Information

General questions related to your company.

Corporate and Regulatory Overview

Questions	Response
1.1 Please include organisational chart which addresses: <ul style="list-style-type: none"> the organisation of your company, and the ownership structure (for listed companies please state ownership of 5 % or more). 	Click here to enter text.
1.2 Please describe any material changes in the organisation and/or ownership structure of your company.	Click here to enter text.
1.3 Please specify any changes in the regulatory license(s) your company holds in relation to the Distribution.	Click here to enter text.

Policies and procedures

Questions	Response
1.4 Please confirm that your company has appropriate internal control system and that the internal audit, compliance and risk management are organized as independent functions and report to the relevant management bodies, including the Board.	<input type="checkbox"/> Yes <input type="checkbox"/> No, please describe how mentioned functions are organized: Click here to enter text.
1.5 Please confirm that your company has implemented measures for maintaining the security, confidentiality and integrity of data as well as data losses or, as the case may be, manipulation of data by unauthorized persons.	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text.
1.6 Please confirm that your company has appropriate written policies and procedures in place including conflict of interests, ethics, inducements, remuneration, market abuse, personal transactions, complaints handling and outsourcing.	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text.
1.7 Please confirm that your company has an appropriate business continuity plan in place as well as disaster recovery plan and that necessary regular testing of those are in place with regards to the functions that your company provides in relation to the Distribution.	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text.
1.8 Please confirm that you have not received material internal and external Audit, Risk or Compliance remarks of relevance for the distribution of the Funds.	<input type="checkbox"/> Yes, we confirm that we have not received material remarks <input type="checkbox"/> No, we have received material remarks. Please explain: Click here to enter text.
1.9 Please confirm that your company has an appropriate escalation process in order to inform the Management Company of any material events and/or changes in relation to your company's regulatory status.	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text.



Questions**Response**

1.10	Has your company been subject to any legal or regulatory sanction, or material litigation?	<input type="checkbox"/> Yes. Please provide details of the sanction or litigation, outcome and relevant remedial actions: Click here to enter text. <input type="checkbox"/> No
1.11	Please confirm whether you adhere to FATCA and CRS (Common Reporting Standard) regulation.	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text.
1.12	Please confirm that your company's marketing activities, in relation to the Funds, complies with local laws and regulations on marketing in each country where the marketing takes place.	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text.
1.13	Please confirm that your company's remuneration process does not encourage any relevant member of staff involved in the distribution of the Funds to harm the interest of those Funds' investors.	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text.

Anti-Money Laundering (AML) & Combating the Financing of Terrorism (CFT)

Questions	Response
<p>1.14 Unless your company is publicly listed please provide information for your company regarding:</p> <ul style="list-style-type: none"> - Ultimate beneficial owners (including name, identification number, Politically Exposed Persons) - Where not available, please provide information in order for us to adequately define senior management official(s) of your company (i.e. alternative ultimate beneficial owner) 	<p>Click here to enter text.</p> <p>Click here to enter text.</p>
<p>1.15 Please tick the applicable policies you have in place in your company:</p> <p><input type="checkbox"/> The Wolfsberg Group Anti-Money Laundering Questionnaire, if yes, please provide (If provided, no need to tick the boxes below).</p> <p><input type="checkbox"/> Anti-Money Laundering (AML) & Combating the Financing of Terrorism (CFT)</p> <p><input type="checkbox"/> Know Your Customers (KYC) including identification and verification of customers and ultimate beneficial owners where applicable</p> <p style="padding-left: 20px;">Screening of clients against sanctions lists:</p> <p style="padding-left: 40px;"><input type="checkbox"/> UN <input type="checkbox"/> EU <input type="checkbox"/> OFAC <input type="checkbox"/> Other: Click here to enter text.</p> <p><input type="checkbox"/> Customers risk profile assessment</p> <p><input type="checkbox"/> Enhanced due diligence for “high risk” clients</p> <p><input type="checkbox"/> Appointment of an AML officer</p> <p><input type="checkbox"/> Record retention</p> <p><input type="checkbox"/> Prevent, detect and report suspicious transactions</p> <p><input type="checkbox"/> Monitoring of relationships with Politically Exposed Persons (PEPs) incl. family and close associates</p> <p><input type="checkbox"/> Screening of Ultimate Beneficial Owners against sanction lists</p> <p><input type="checkbox"/> Shell bank prohibition</p> <p><input type="checkbox"/> Mandatory AML and CFT training for relevant persons</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No. Please explain:</p> <p>Click here to enter text.</p>
<p>1.17 Is your program for AML and CFT reviewed on a regular basis, at least annually, by any of the following governing bodies? Please mark all relevant alternatives.</p>	<p><input type="checkbox"/> Board of Directors</p> <p><input type="checkbox"/> Audit committee</p> <p><input type="checkbox"/> Compliance function</p> <p><input type="checkbox"/> Internal auditor</p> <p><input type="checkbox"/> Risk committee/function</p> <p><input type="checkbox"/> Independent third party</p> <p><input type="checkbox"/> Other (please specify):</p> <p>Click here to enter text.</p>

2. Fund Distribution

Questions related to the distribution of the Funds under Agreement.

Marketing activities

Questions	Response																														
2.1 In what countries do you operate in relation to the Distribution of the Funds?	Click here to enter text.																														
2.2 Please tick (by specifying “N”, “P” or “N/P” respectively, where applicable) the relevant type of Funds distribution that you perform under the Agreement (including type of end investors and your company’s license(s) according to the below). N = Non-professional investors P = Professional investors (including eligible counterparties)																															
<table border="1"> <thead> <tr> <th>Type of company Type of services in relation to the Funds</th> <th>Credit institution/MiFID investment firm</th> <th>Fund Management Company (UCITS)</th> <th>Alternative Investment Fund Manager (AIFM)</th> <th>Other: Click here to enter text.</th> </tr> </thead> <tbody> <tr> <td>(A) Reception and transmission of orders or execution of orders on behalf of clients</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(B) Portfolio management</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(C) Non-independent investment advice in connection with (A)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(D) Independent investment advice in connection with (A)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(E) Other (e.g. marketing in connection with (A): Click here to enter text.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of company Type of services in relation to the Funds	Credit institution/MiFID investment firm	Fund Management Company (UCITS)	Alternative Investment Fund Manager (AIFM)	Other: Click here to enter text.	(A) Reception and transmission of orders or execution of orders on behalf of clients					(B) Portfolio management					(C) Non-independent investment advice in connection with (A)					(D) Independent investment advice in connection with (A)					(E) Other (e.g. marketing in connection with (A): Click here to enter text.					
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2.3 Please confirm that the distribution (i.e. any promotion, marketing, solicitation, selling etc.) of the Funds only takes place in jurisdictions as defined under the Agreement (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text.																														
2.4 Where allowed under the Agreement, have you distributed (i.e. any promotion, marketing, solicitation, selling etc.) the Funds in any country where the units are not authorised/registered for public marketing, relying on local rules regarding exemptions for the requirement of such authorisation/registration (e.g. rules regarding reverse solicitation or private placement rules)? If so, to what extent and in what jurisdiction(s)?	<input type="checkbox"/> Not allowed under the Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No Click here to enter text.																														
2.5 Please confirm that the investors are provided the relevant KIID in due time before subscription?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text.																														



Questions	Response
2.6 Has your company received complaints from investors or sub-distributors in relation to the Distribution and/or the Funds? If so, how many? Has your company reported complaints related to the Distribution and/or the Funds to the Management Company?	<input type="checkbox"/> Yes. Please explain: Click here to enter text. <input type="checkbox"/> No Click here to enter text. <input type="checkbox"/> Yes
2.7 If your company produces own marketing material regarding the Funds, please confirm that the material has been submitted to the Management Company (where required under the Agreement).	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text. <input type="checkbox"/> Not applicable, we do not produce such material
2.8 Is information about the Funds published on your Company's website? If yes, please provide the link	<input type="checkbox"/> Yes. Link: Click here to enter text. <input type="checkbox"/> No
2.9 Do you have appropriate procedures in place in order to ensure that only end-investors that are eligible to invest in the fund/unit-class are allowed to invest?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text.
2.10 Have you distributed the Funds out of scope of the target market and the distribution strategy as defined by the Management Company in the European MiFID Template (EMT)?	<input type="checkbox"/> Yes. Please explain: Click here to enter text. <input type="checkbox"/> No.
2.11 Please confirm whether you have marketed the Funds for the purpose of subscription of units within the Swedish premium pension system.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sub-distribution

Questions	Response
2.12 Do you market the Funds through a sub-distribution network? If yes, please fill out the questions below. What type of sub-distributors do you rely on, if any?	<input type="checkbox"/> Yes <input type="checkbox"/> No Click here to enter text.
2.13 Is there an agreement in place between your company and the sub-distributor(s) which is of substantially the same content as the Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No. Comments, if any: Click here to enter text.
2.14 Do you perform initial and ongoing due diligence on sub-distributors which content is materially the same as in this Ongoing Due Diligence Questionnaire?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain: Click here to enter text.



Questions

Response

2.15 Has the Ongoing Due Diligence relating to sub-distributors resulted in material findings such as malpractice, regulatory or financial failure?

If so, please indicate which actions have been taken (e.g. termination of contracts).

No
 Yes. Please indicate actions taken:
[Click here to enter text.](#)

I confirm that I have the authority to complete this questionnaire and that all the information and documentation provided herein is, to the best of my knowledge, true and correct.

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Signature:
Date: [Click here to enter text.](#)