

ADDITIONAL SUBSCRIPTION FORM (TOP-UP) ABSOLUTE INSIGHT FUNDS PLC ('THE COMPANY')



Completed forms should be faxed to the Administrator on +353 1523 3788 for the attention of Investor Services or mailed to Absolute Insight Funds Plc, Insight TA Team, 78, Sir John Rogerson's Quay, Dublin 2, Ireland. If you wish to transmit this form via e-mail please contact your Insight client contact team for details. Should you wish to deal by phone, please call Insight customer telephone number: +353 1242 5405 or +44 (0)20 3450 0874.

If faxing or emailing your dealing instruction, please ensure that you confirm that it has been received and accepted by Absolute Insight Funds Plc.

Defined terms used in this Additional Subscription form shall have the meaning ascribed to them in the Prospectus of the Company, unless otherwise stated.

The Absolute Insight Funds deal daily for subscription, redemption and switch requests on normal business days in Dublin ("Dealing Day"), and must be received by the Dealing Deadline for the relevant Fund. Applications received after the Dealing Deadline will be processed on the next Dealing Day.

ACCOUNT DETAILS

Account number

Designation (if applicable)

Registered account name

Tick if you wish to set up a new designation.

ADDITIONAL SUBSCRIPTION DETAILS

Please complete this section if you wish to make an Additional Subscription:

Fund name

Share class

Investment amount

Additional Subscription amount shall be equivalent or higher than the Minimum Additional Subscription for each relevant Fund.

SUBSCRIPTION INSTRUCTION

Payment can be made by either CHAPS or telegraphic transfer to the appropriate account. Funds should be sent to arrive no later than the 3rd business day after the deal is placed.

	GBP	EUR	USD	JPY	SEK	CHF	CAD
Bank name	Bank of America						
Payment method	CHAPS / TT	BACS	CHAPS / TT	CHAPS / TT	CHAPS / TT	CHAPS / TT	n/a
Sort code	16-50-50	30-16-35	16-50-50	n/a	n/a	n/a	891135
Account number	47311022		47311014	6550162927	22550019	n/a	40158019
Account name	Absolute Insight Funds plc						
IBAN / ABA number	GB39BOFA16505047311022	n/a	GB61BOFA16505047311014	026009593	n/a	GB17BOFA16505047311030	CH7308726000040158019
Swift code	BOFAGB22		BOFAGB22	BOFAUS3N	BOFAJPJX	BOFAGB22	BOFACH2X

Your payment should be made in one sum equal to the investment amount and net of any bank charges. Payments should be made in the relevant fund currency unless previously agreed with your Insight contact and be paid for value on the contractual settlement date of your trade. Payments which cannot be allocated will be returned to your bank.

FINANCIAL ADVISER AUTHORISATION

This section should be completed by your financial adviser, if applicable.

Financial adviser's stamp

Adviser's signature

Name

FCA number

SIGNATURE(S) OF INVESTMENT HOLDERS

I/We understand and accept that this application is made on the basis of, and subject to, the current terms and conditions found in the latest Prospectus.

I/We confirm that we have received, read and understood the provisions of the Key Investor Information Documents ("KIIDs") applicable to the Funds into which I am/we are applying to make an additional subscription.

I/We acknowledge that KIIDs can be obtained from the Insight Investment website www.insightinvestment.com and consent to being provided with the KIIDs in this form via the website.

PLEASE NOTE

Monies must originate from the account of the investor or from an appointed third party as previously notified in the original application form or in a subsequent written notification to the Administrator. Failure to complete these details accurately and in accordance with the original signed application form and forward monies within the time required for settlement (existence of authority required) will result in the loss of good value. I/We confirm that I/we have the authority to make this investment.

I/We acknowledge that my/our transaction form and all subsequent dealings shall be on the terms as detailed in the then current Prospectus and the terms and the statements set out in my/our Account Opening Form.

1. Full name

Signature

Date

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2. Full name

Signature

Date

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3. Full name

Signature

Date

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4. Full name

Signature

Date

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