

### How to Invest

To invest in the Fund, you will need to complete and sign the attached Application Form.

- Supply of Tax File Numbers (TFN) is discretionary. It is not an offence if you decide not to supply your TFN. If you do not supply your TFN, however, tax will be deducted from your income earned at the highest marginal tax rate (plus Medicare levy) and forwarded to the Australian Taxation Office. These deductions will appear on your statements. A form is attached for your convenience.
- Joint applications must be signed by all applicants. Joint investments will be deemed to be held as Joint Tenants.
- Applications under Power of Attorney must be accompanied by a certified copy or the original of the Power of Attorney with specimen signatures.

The minimum initial investment in the Fund is \$100,000 and additional investment is \$20,000. All investors will need to qualify as a Wholesale Investor. The Trustee may vary these minimum investment amounts from time to time.

Application monies should be received by 12.00pm (EST) by any Friday, unless this day is a public holiday in Sydney to receive that week's unit price. Application monies received after this time will receive the following week's unit price. Make payment by electronic transfer to:

Account Name:	Renaissance Smaller Companies Pty Ltd				
	ATF Renaissance Smaller Companies Fund Applications account				
Bank:	ANZ Bank				
BSB:	012-006				
Acc. No.:	8369 19279				

NB: Cash & cheques will not be accepted.

Please send completed Application Form with relevant AML documentation to:

Link Fund Solutions Renaissance Smaller Companies Fund Unitholder Services PO Box 5482 Sydney NSW 2001

Alternatively, you can email a scanned version to LFS\_Registry@linkgroup.com.

#### How do you qualify as a Wholesale Investor

If you are applying for \$500,000 or more, you will be automatically deemed a Wholesale Investor and no additional documentation is required. If you are investing less than \$500,000 and you are an Australian Investor, additional documentation will be required to certify that you are a Wholesale Investor in the form of:

- 1. An accountant's certificate certifying that the proposed Unitholder has:
  - net assets of at least A\$2.5million, or
  - gross income for each of the last two financial years of at least \$250,000.

#### OR

- 2. A statutory declaration that the proposed Unitholder:
  - is a trustee of a superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 with net assets of at least A\$10 million,
  - controls at least A\$10 million (including any amount held by an associate or under a trust that the investing entity manages),
  - is a manufacturer and employs 100 or more people, or the investing entity is not a manufacturer and employs 20 or more people,
  - holds an Australian financial services licence, or
  - is a 'professional investor' as otherwise defined in the Corporations Act.

### Examples of correct names and required signatures.

Type of Investor	Correct Name	Incorrect Name	Signature Required
<ul> <li>Individual/ joint investors</li> <li>use full name of each applicant, do not use initials</li> </ul>	Alexander John Smith Laura Sue Barden	Alex Smith Laura S Barden	signature of each applicant
<ul> <li>Company</li> <li>use full company title, do not use abbreviations</li> </ul>	ABC Pty Ltd XYZ Limited	ABC P/L, ABC Co, XYZ Inc.	<ul> <li>by two directors, or</li> <li>by a director and a secretary, or</li> <li>if there is only one director by that sole director</li> </ul>
<ul> <li>Trusts/minors</li> <li>use trustee(s)/ individual(s)name(s)</li> <li>use trust/minor name as designation</li> </ul>	Paul Ryan Smith ATF Smith Family Trust Paul Ryan Smith <joel smith=""></joel>	Paul Smith Family Trust Joel Smith	<ul> <li>signature of each trustee/ individual</li> <li>if trustee is a company see above</li> </ul>
<ul> <li>Superannuation fund</li> <li>use trustee(s)personal name(s)</li> <li>use fund name as designation</li> </ul>	Amy Rachel Wood ATF Amy Wood Super Fund ABC Pty Ltd ATF Smith Superannuation Fund	A R Wood Super Fund Smith Super Fund	<ul> <li>signature of each trustee</li> <li>if trustee is a company see above</li> </ul>
<ul> <li>Deceased estates</li> <li>use executor(s) personal names, do not use name of the deceased</li> </ul>	John Smith ATF Est of the Late Jane Smith	Estate of the Late Jane Smith	<ul> <li>signature of the executor(s)</li> </ul>

# **APPLICATION FORM**

### **Renaissance Smaller Companies Fund**

This application form relates to the Information Memorandum dated January 2017 (IM) issued by Renaissance Smaller Companies Pty Ltd ABN 88 103 874 102, AFSL No. 227074. Please read the IM in full before completing this Application Form. Unless otherwise specified, terms defined in the IM have the same meaning in this Application Form.

### INDIVIDUALS, COMPANIES, TRUSTS & TRUSTEE

### PART A: INVESTOR & INVESTMENT DETAILS (all investors must complete this section)

Investor Name:

Please refer to previous page for correct naming convention

#### Type of Investor: (Please tick applicable box)

Account Type	Identification Requirement Groups to Complete	Sections to Complete after Part A is completed		
Individual/Joint investors	Group A	Sections 3, 4, 5		
Trust/Superannuation fund with individual trustee(s)	Group B or C, & D	Sections 1, 4, 5		
Trust/Superannuation fund with corporate trustee	Group B or C, & D	Sections 1, 2, 4, 5		
Company	Group E, F or G	Sections 2, 4, 5		

### **AML Identity Verification Requirements**

- Identification documentation provided must be in the name of the Applicant.
- Non-English language documents must be translated by an accredited translator.
- Applications made without providing this information cannot be processed until all the necessary information has been provided.
- If you are unable to provide the identification documents described please call us on 02 8223 5000

#### These documents should be provided as an original or a CERTIFIED COPY of the original.

#### <u>GROUP A</u> – Individuals

Each individual investor, individual trustee, and beneficial owner must provide **one** of the following primary photographic ID:

- A current Australian driver's licence (or foreign equivalent) that includes a photo and signature
- □ An Australian or foreign passport (Australian passport can be expired within preceding 2 years)
- $\hfill\square$   $\hfill$  An identity card issued by a State or Territory Government that includes a photo

If you do NOT own one of the above ID documents, please provide one valid option from Column A and one valid option from Column B.

Colu	umn A	Column B
	Australian birth certificate Australian citizenship certificate	A document issued by the government within the last 12 months which contains the individual's name and residential address.
	Pension card issued by Department of Human Services (previously known as Centrelink)	A document issued by the Australian Taxation Office within the last 12 months which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.
	Health care card issued by Department of Human Services (previously known as Centrelink)	A document issued by a local government body or utilities provider within the preceding 3 months which contains the individual's name and residential address.

<u>GROUP B</u> – Registered Managed Investment Scheme, Regulated Superannuation Fund (including a self- managed super fund), Government Superannuation Fund or a trust registered with the Australian Charities and Not-for-profit Commission (ACNC)

Provide **one** of the following:

- □ A copy of the company search of the relevant regulator's website e.g. APRA, ASIC or the ATO
- □ A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.
- $\hfill\square$   $\hfill A copy from the ACNC of information registered about the trust as a charity$

All the above must show the Trust's full name and type (i.e. registered managed investment scheme, regulated superannuation fund (including a self- managed super fund) or government superannuation fund).

#### <u>GROUP C</u> – Other Trusts (unregulated)

**Provide Group A verification documents** for each beneficial owner of the trust who is directly or indirectly entitled to benefit from a 25% or greater interest in the trust, or who directly or indirectly controls the trust, **and** in relation to the Trust, the following:

□ A certified copy or certified extract\* of the Trust Deed. Extracts of Trust Deeds must include the name of the Trust, Trustees, Beneficiaries, Settlor and Settled Sum and be executed.

#### GROUP D – Trustees

- □ If you are an Individual Trustee please provide the identification documents listed under Group A.
- □ If you are a **Corporate Trustee** please provide the identification documents listed under Group E, F or G.
- □ If you are a combination of both please provide the identification documents for each investor type listed under Group A and E, F or G.

#### **<u>GROUP E</u>** – Regulated Australian Companies

Provide **one** of the following:

- □ A copy of information regarding the company's licence or other information held by the relevant Commonwealth, State or Territory regulatory body e.g. AFSL, RSL, ACL etc.
- □ If the company is listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code
- □ If the company is a majority owned subsidiary of a company listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code for the holding company
- □ An Annual Statement from ASIC issued in the previous 12 months
- □ A full company search issued in the previous 3 months
- □ A certificate of Company Registration

All of above must clearly show the company's full name, its type (i.e. public or proprietary) and ACN issued to the company.

#### <u>GROUP F</u> – Other Australian Companies (unregulated)

**Provide Group A verification documents** for each beneficial owner (including any shareholder who directly or indirectly owns or controls 25% or more of the issued capital, or who exerts control over the company), **and** in relation to the unregulated company, one of the following:

- □ An Annual Statement from ASIC issued in the previous 12 months
- □ A full company search issued in the previous 6 months
- □ A certificate of Company Registration

All of above must clearly show the company's full name, its type (i.e. public or private) and ACN issued to the company.

#### <u>GROUP G</u> – Non-Australian Companies

**Provide Group A verification documents** for each beneficial owner (including any shareholder who directly or indirectly owns or controls 25% or more the issued capital, or who exerts control over the company), **and** in relation to the foreign company, one of the following:

- □ A certified copy of the company's Certificate of Registration or incorporation issued by ASIC or the equivalent issued by the foreign jurisdiction's in which the company was incorporated, established or formed.
- □ A certified copy of the company's articles of association or constitution.
- □ A copy of a company search on the ASIC database or relevant foreign registration body. The company search from a foreign regulator must include the name of the regulator, the name of the company and the foreign registration number.

All of above must clearly show the company's full name, its type (i.e. public or private) and the ARBN issued by ASIC, or the identification number issued to the company by the foreign regulator.

# PART A: (continued)

### 1. Contact Details

Full given na	me(s)Surname
Company nar	me / Trustee Name (if applicable)
Telephone	Facsimile
Email (require	ed, will be used for all correspondence)
Postal Address	
Street	
Suburb	State     Postcode     Country
2. Inves	tment Details
Amount:	ND \$
Please note the m	inimum initial investment amount is \$100,000.00 and the minimum additional investment amount is \$20,000.00.
Source of funds b	eing invested:
🗆 reti	rement income 🛛 employment income/savings 🗂 business activities 🗖 sale of assets
🗆 inhe	eritance/gift
3. Paym	ent Details
	nds Transfer (EFT) to: Bank: ANZ Bank
	<b>BSB</b> : 012-006
	Account Number: 8369 19279 Account Name: Renaissance Smaller Companies Pty Ltd ATF Renaissance Smaller
	Companies Fund Applications Account Please include your Investor Name in the reference field of your EFT
4. Distri	butions
Distributions	Please confirm how you would like to receive any distributions – either paid into an Australian bank account or automatically reinvested as additional units in the Fund.
	<b>Reinvestment Payment into bank account</b> (as specified on the next page)
	If no election is made, any distributions will be reinvested.

### 5. Bank Account

### IMPORTANT INFORMATION:

Distributions and withdrawal proceeds can only be paid to an Australian bank account in the name of the investor and cannot be paid by cheque or to third party accounts. By completing this section, you confirm that any distributions and withdrawal proceeds sent by Electronic Funds Transfer (EFT) to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

If this section is not completed it may cause a delay in processing of your withdrawal proceeds. Additional security checks to verify bank account changes will be performed at the time of payment of your withdrawal proceeds.

Please pay distributions and withdrawal proceeds to the following bank account:

Beneficiary Bank	Branch Name	
BSB	Account Number	
Account Name		

#### 6. Financial Adviser (if applicable)

By completing this section, you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information.

Adviser Name:	
Dealer Group:	
Advisory Firm:	
AFSL Number:	Contact Phone:
Contact Email:	

#### 7. Taxation Details

Where the investment in the fund is held jointly by 2 or more unitholders taxation details for each unitholder needs to be provided. If there are more than 2 investors provide details on a separate sheet of paper and attach it to your application form.

INVESTOR 1									
Name:									
Are you a resident of Australia for taxation purposes? (Select ☑ one of the following options) □ Yes - please complete the below. □ No – please provide country of tax residence:									
Tax File Number (TFN) or Australian Business Number (ABN):									
Please indicate to whom this TFN or ABN belongs (Select ☑ one of the following □ Company	optio	ns):							
□ Trust or Superannuation Fund									
🗆 Individual									
Other – please specify:							 		
Exemption Number (if applicable):									
INVESTOR 2									
Name:									
Are you a resident of Australia for taxation purposes? (Select ☑ one of the following options) □ Yes - please complete the below. □ No – please provide country of tax residence:									
Tax File Number (TFN) or Australian Business Number (ABN):									
Please indicate to whom this TFN or ABN belongs (Select ☑ one of the following options): □ Company									
□ Trust or Superannuation Fund									
🗆 Individual									
Other – please specify:									
Exemption Number (if applicable):									

Please note: You are not obliged to provide your TFN but if you do not provide your TFN (or an ABN) and unless you claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). By inserting the TFN (or ABN) and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

## PART B: INVESTOR IDENTIFICATION

### SECTION 1 - INVESTOR TYPE: ALL TRUSTS (INCLUDING SUPERANNUATION FUNDS)

### **1.1 General Information**

Full name of trust							
Country where trust established							
1.2 Trustee Details							
How many trustees are there?							
Type of Trustee (please sel	ect):						
Corporate Trustee:							
Full name of Company (please also complete section 2)							
□ Individual Trustee(s):							
Please fill out details o	f individual trustee(s) below (Individ	al's name must match provided ID exactly):					
Individual Trustee 1							
Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)					
Residential address (PO Box	( is NOT acceptable)						
Street							
Suburb	State	Postcode Country					
Individual Trustee 2							
Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)					
Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)					
Full given name(s) Residential address (PO Box		Date of Birth (dd/mm/yyyy)					
		Date of Birth (dd/mm/yyyy)					
Residential address (PO Box		Date of Birth (dd/mm/yyyy)       /       Postcode   Country					
Residential address (PO Box Street Suburb	s is NOT acceptable) State						
Residential address (PO Box         Street         Suburb         If there are more trus	tees, provide details on a separate sh	Postcode Country					
Residential address (PO Box         Street         Suburb         If there are more trus	t is NOT acceptable) State tees, provide details on a separate sh	Postcode Country eet of paper and attached it to your application form.					
Residential address (PO Box Street	t is NOT acceptable) State tees, provide details on a separate sh	Postcode Country eet of paper and attached it to your application form.					
Residential address (PO Box Street Suburb If there are more trus 1.3 Type of Trust (select Registered managed in Provide Australian Reg	tis NOT acceptable) State tees, provide details on a separate shot only one of the following trust t trestment scheme	Postcode Country eet of paper and attached it to your application form.					
Residential address (PO Box         Street         Suburb         If there are more trus         1.3 Type of Trust (select         Registered managed in         Provide Australian Reg         Regulated trust (e.g. a)	t is NOT acceptable) State State tees, provide details on a separate sh ct ☑ only one of the following trust t <b>nvestment scheme</b> gistered Scheme Number (ARSN)	Postcode Country eet of paper and attached it to your application form.					
Residential address (PO Box Street Suburb If there are more trus I.3 Type of Trust (select Registered managed in Provide Australian Reg Regulated trust (e.g. a Provide name of the ref	tees, provide details on a separate short of the following trust t nvestment scheme gistered Scheme Number (ARSN) Self-Managed Superfund)	Postcode Country eet of paper and attached it to your application form.					
Residential address (PO Box Street Suburb If there are more trus I.3 Type of Trust (select Registered managed in Provide Australian Reg Regulated trust (e.g. a Provide name of the ref	tees, provide details on a separate short acceptable) State tees, provide details on a separate short tees only one of the following trust to truestment scheme gistered Scheme Number (ARSN) Self-Managed Superfund) egulator (e.g. ASIC, APRA, ATO) N or registration / licensing details	Postcode Country eet of paper and attached it to your application form.					
Residential address (PO Box         Street         Suburb         If there are more trus         1.3 Type of Trust (selection)         Registered managed in Provide Australian Registered managed in Provide Australian Registered trust (e.g. a Provide name of the registered trust (e.g. a Provide the trust's ABI         Government superant	tees, provide details on a separate short acceptable) State tees, provide details on a separate short tees only one of the following trust to truestment scheme gistered Scheme Number (ARSN) Self-Managed Superfund) egulator (e.g. ASIC, APRA, ATO) N or registration / licensing details	Postcode Country eet of paper and attached it to your application form.					
Residential address (PO Box         Street         Suburb         If there are more trus         1.3 Type of Trust (select         Registered managed in         Provide Australian Reg         Regulated trust (e.g. a         Provide name of the reg         Provide name of the reg         Provide name of the legen	tees, provide details on a separate sh tees, provide details on a separate sh trestment scheme gistered Scheme Number (ARSN) Self-Managed Superfund) egulator (e.g. ASIC, APRA, ATO) N or registration / licensing details muation fund	Postcode Country eet of paper and attached it to your application form.					
Residential address (PO Box         Street         Suburb         If there are more trus         1.3 Type of Trust (select         Registered managed in         Provide Australian Registered managed in         Provide trust (e.g. a         Provide the trust's ABI         Government superand         Provide name of the left         Other trust type	tees, provide details on a separate sh tees, provide details on a separate sh trestment scheme gistered Scheme Number (ARSN) Self-Managed Superfund) egulator (e.g. ASIC, APRA, ATO) N or registration / licensing details muation fund	Postcode Country eet of paper and attached it to your application form.					

<sup>1</sup> Provide name of settlor of the trust where the initial asset contribution to the trust was greater than \$10,000 (unless settlor is now deceased). Group A verification will also be required.

#### **1.4 Beneficiary Details** (only complete if "Other trust type" is selected in section 1.2 above)

### Do NOT complete if the trust is a registered managed investment scheme, regulated trust (SMSF) or government superannuation fund.

#### Does the Trust Deed name beneficiaries?

	Yes, how many?	provide	full name of each beneficiary below:
	Full given name(s)		Surname
1			
2			
3			

If there are more beneficiaries, provide details on a separate sheet of paper and attached it to your application form.

**No**, describe the class of beneficiary (e.g. unitholders, family members of named person, charitable purpose)

Provide details of the membership class(-es)

members of named person, charitable purpose)					

**1.5 Beneficial Ownership Details** (only complete if "Other trust type" is selected in section 1.2 above)

Do NOT complete if the trust is a registered managed investment scheme, regulated trust (SMSF) or government superannuation fund.

Please provide the names and details of any beneficial owner of the trust. A beneficial owner of a trust is any individual who has a 25% or more interest in the trust or who directly or indirectly controls\* the trust.

\* includes control by acting as trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the trustees; or the ability to appoint or remove the trustees.

#### Beneficial Owner 1

Full given name(s)	Surname		<u>D</u>	ate of Birth (dd/mm/yyyy)
				/ /
Residential address (PO Box is NOT acceptabl				
Street				
Suburb	State	Postcode	Country	
Role (such as trustee or appointor)				
Beneficial Owner 2				
Full given name(s)	Surname		D	ate of Birth (dd/mm/yyyy)
				/ /
Residential address (PO Box is NOT acceptabl	2)			
Street				
Suburb	State	Postcode	Country	
Role (such as trustee or appointor)				

□ If there are more beneficial owners, provide details on a separate sheet of paper and attach it to your application form.

### SECTION 2 - INVESTOR TYPE: AUSTRALIAN & FOREIGN COMPANY

Please note, if you are an Australian Company acting as trustee of a fund, please also complete Section 1.

2.1 General Information							
Full name as registered registration	l by ASIC or foreign body						
<b>Registration number</b> (select I the following categories which apply to the							
-	d provide the		registration number	registration	body below:		
Country of for incorporation	ormation / on / registration						
Registered o	office address (PO Bo	x is NOT acceptable	2)				
Street							
Suburb		State		Postcode		Country	
Principal pla	ce of business (if any	/) (PO Box is NOT ac	cceptable)				
Street							
Suburb		State		Postcode		Country	
2.2 Regula	atory and listing	details (select ☑	the following categori	es which app	ly to the comp	any and prov	ide the information requested)
compan		Examples include Au				-	yond that provided by ASIC as Licensees (ACL); or Registrable
Regulator na	ime						
Licence Deta RSE)	ils (e.g. AFSL, ACL,						
🗌 Australi	an listed company o	r Foreign listed con	npany as defined in th	e IFSA/FPA G	Guidelines		
Name of ma	rket / exchange						
□ Majority	v-owned subsidiary o	of an Australian list	ed company				
Australian lis name	ted company						
Name of ma	rket or exchange						
☐ Foreign	company						
Country of for incorporatio	ormation / n / registration						

2.3 Company Type (select	☑ only ONE of the f	ollowing categories)			
Australian Listed Public Co	mpany			Section 2 now cor	mpleted
Australian Proprietary/Priv	vate Company or No	n- Listed Public Com	pany	Go to Section 2.4	and 2.5 below.
Foreign Company				Go to Section 2.4	and 2.5 below
2.4 Directors (only needs to	be completed for pro	oprietary/private, nor	listed public co	mpany and foreig	n companies)
How many directors are there?	pro	vide full name of each	n director		
Full given name(s)			Surname		
2					
3					
1					
☐ If there are more directors,	, provide details on a	a separate sheet of p	aper and attach	ed it to your appl	lication form.
indirect shareholdings). Shareholder/Beneficial Owner Full given name(s) Residential address (PO Box is NO	1	Surname			ssued share capital (through direct or <b>Date of Birth</b> (dd/mm/yyyy)
Street					
Suburb	State		Postcode		Country
hareholder/Beneficial Owner	2				
Full given name(s)		Surname			Date of Birth (dd/mm/yyyy)
Residential address (PO Box is NO	OT acceptable)				
Street					
Suburb	State		Postcode		Country
		rs provide details on	a conorato cho	et of naner and a	ttach it to your application form.

### SECTION 3 - INVESTOR TYPE : INDIVIDUAL OR JOINT INDIVIDUALS

### **INVESTOR 1**

Investor's n	ame must match investor's ID e	xactly.					
Full giver	n name(s)		Surname			Date of Bir	<b>th</b> (dd/mm/yyyy)
						/	/
Residential	address (PO Box is NOT acceptable,	1					
Street							
Suburb		State		Postcode	Country		
COMPLET	E THIS PART IF INDIVIDUAL IS	S A SOLE TR	ADER				
Full busir	iess name				ABN (if any)		
Principal Pla	ace of Business (if any) (PO Box is	NOT acceptabl	e)				
Street							
Suburb		State		Postcode	Country		
INVESTOR	82						
Investor's n	ame must match investor's ID e	xactly.					
Investor's n	ame must match investor's ID e		Surname			Date of Bir	<b>th</b> (dd/mm/yyyy)
	ame must match investor's ID e		Gurname			Date of Bir	th (dd/mm/yyyy)
Full giver	ame must match investor's ID e	S	Gurname			Date of Bir	t <b>h</b> (dd/mm/yyyy) /
Full giver	name must match investor's ID e n name(s)	S	Surname			Date of Bir	th (dd/mm/yyyy)
Full giver	name must match investor's ID e n name(s)	S	Surname	Postcode	Country	Date of Bir	th (dd/mm/yyyy)
Full giver Residential Street Suburb	ame must match investor's ID e n name(s) address (PO Box is NOT acceptable,	State		Postcode	[	Date of Bir	th (dd/mm/yyyy)
Full giver Residential Street Suburb	ame must match investor's ID e n name(s) address (PO Box is NOT acceptable,	State		Postcode	Country	Date of Bir	<b>th</b> (dd/mm/yyyy)
Full giver Residential Street Suburb	ame must match investor's ID e n name(s) address (PO Box is NOT acceptable,	State		Postcode	[	Date of Bir	th (dd/mm/yyyy)
Full giver Residential Street Suburb COMPLETI Full busir	ame must match investor's ID e n name(s) address (PO Box is NOT acceptable)	State	ADER	Postcode	Country	Date of Bir	th (dd/mm/yyyy)
Full giver Residential Street Suburb COMPLETI Full busir	ame must match investor's ID e n name(s) address (PO Box is NOT acceptable,	State	ADER	Postcode	Country	Date of Bir	th (dd/mm/yyyy)
Full giver Residential Street Suburb COMPLETI Full busir Principal Pla	ame must match investor's ID e n name(s) address (PO Box is NOT acceptable)	State	ADER	Postcode	Country	Date of Bir	th (dd/mm/yyyy)

If there are more than 2 joint individual investors, provide details on a separate sheet of paper and attach it to your application form.

#### SECTION 4: FATCA & CRS – Self-certification Declaration

This certification must be completed by all investors to declare their FATCA & CRS status. Please refer to section 8 for explanations of terms before completing this form. Neither the Trustee of the Fund or Link Fund Solutions is able to provide you with tax or professional advice in respect of FATCA & CRS and we strongly encourage you to seek the advice of an experienced tax professional in relation to completing this form.

#### What are FATCA & CRS?

The U.S. Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS) are two ways in which a large number of governments are seeking the same thing – to improve global tax compliance. Both require financial institutions to capture relevant information on foreign tax payers, as follows:

- FATCA promotes cross border tax compliance by U.S. taxpayers, by implementing an international standard for the automatic exchange of
  information related to those taxpayers. Australia has entered into an inter-governmental agreement (IGA) with the U.S. to implement FATCA
  in Australia, to be administered through the ATO. The AUS-USA FATCA IGA requires the ATO to obtain detailed account information for U.S.
  citizens and/or taxpayers on an annual basis. The effect of this is that, to satisfy their FATCA obligations, relevant Australian financial
  institutions must identify any U.S. taxpayers and report those taxpayers' financial account data to the ATO.
- CRS is a global reporting standard, developed by the OECD, for the automatic exchange of information (AEoI). Its goal is to allow tax
  authorities to obtain a clearer understanding of financial assets held abroad by their residents, for tax purposes. Over 88 countries (refer to
  OECD link in section IV for participating jurisdictions) have agreed to share information on residents' assets and incomes in accordance with
  defined reporting standards. Once again, this means that financial institutions around the globe must provide tax authorities with taxpayer
  financial account data, and the financial institutions must therefore collect this information from their customers and pass it on.

#### I. Individual & Joint Investors

Please provide details for each individual. If there are more than 2 individuals, please provide their details on a separate page.

#### FATCA

#### 1. Are you a U.S. citizen or U.S. resident for tax purposes?

□ Yes ► Provide your Name & U.S. Taxpayer Identification Number (TIN) below and continue to question 2:

Individual 1	Individual 2
Full Name	Full Name
TIN	TIN
$\square$ No $\blacktriangleright$ Continue to question 2	

#### CRS

#### 2. Are you a tax resident of any other country outside of Australia?

□ Yes ► Provide details below and skip to section 5. If resident in more than one jurisdiction, please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)

#### Individual 1

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.			
2.			

#### Individual 2

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.			
2.			

If TIN or equivalent is not provided, please provide reason from the following options:

- o Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents
- **Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why you are unable to obtain a TIN:

II. Superannuation Funds	
Full legal name of the Superannuation Fund	
3. Are you an Australian Retirement Fund? (refer to FATCA definit	tions in section 8)
□ Yes ► Skip to section 5	
□ No ► Continue to section III	
III. Entities (Company, Trust, Partnership, Associatio	n etc.)
Full legal name of the Entity	
FATCA	
4. Select only ONE of the following three FATCA categories that b	
U.S. person as defined under FATCA and U.S. Internal Reven This includes but is not limited to company, trust or part U.S. resident for tax purposes.	tue code. tnership that is established under the laws of a U.S. and is considered a
(a) U.S. federal tax classification ► Please confirm entity's	U.S. federal tax classification below
	□ S Corporation □ Partnership □ Trust/estate
	Limited liability company - S corporation
	□ Other ► Please provide detail:
(b) Are you exempt from FATCA reporting?	
	FATCA exemption code
□ <b>Yes</b> ► <i>Please provide your FATCA exemption code</i>	e
	U.S. Tin
No > Please provide your U.S. Taxpayer Identifica	ntion Number (TIN)
□ Financial institution (FFI) ► Select one of the options from (a	a) to (e) to confirm which type of FFI are you
$\Box$ (a) Reporting IGA FFI or Participating FFI	GIIN
Provide entity's GIIN and continue to continue to que	stion 5
(b) Sponsored FFI or Trustee Documented Trust	
<ul> <li>Please complete details of the Sponsoring entity or T</li> </ul>	rustee below and continue to question 5
Name of Sponsoring entity or Trustee	GIIN of Sponsoring entity or Trustee
□ (c) FEI that does not need to register (e.g. Non-Renorti	ng IGA FFI) ▶ Please complete details below and continue to question 5
FATCA status	GIIN (if applicable)
	it you will be reported to ATO and IRS. Continue to question 5
□ (e) Exempt Beneficial Owner ► Continue to question 5	
□ Non-Financial Foreign Entity (NFFE) ► Select one of the opti	ions from (a) to (c) to confirm which type of NFFE are you
□ (a) Active NFFE ► Continue to question 5	
$\Box$ (b) Passive NFFE with no controlling U.S. persons $\blacktriangleright$ Co	ntinue to question 5
	CA definitions in section 8) who are U.S. citizens or U.S. residents for
	lling U.S. persons below (if there are more than 2 controlling U.S. ge and attach to this form) and continue to question 5:
U.S. Person 1	U.S. Person 2
□Controlling Person □Beneficiary □Trustee □Owner	□ Controlling Person □Beneficiary □Trustee □Owner
□Director □Other – <i>please specify</i>	Director Other – please specify
Full Name	Full Name
Full Name Residential address (PO box is not acceptable)	Full Name Residential address (PO box is not acceptable)

U.S. Taxpayer Identification Number (TIN)

U.S. Taxpayer Identification Number (TIN)

#### CRS

#### 5. Are you a tax resident of any other country outside of Australia?

□ Yes ► Provide details below and continue to question 6. If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.			
2.			

If TIN or equivalent is not provided, please provide reason from the following options:

- o Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents
- **Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- Reason C: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why you are unable to obtain a TIN:

#### □ **No** ► Continue to question 6

#### 6. Are you a Financial Institution for the purposes of CRS?

- □ Yes ► Continue to question 7
- □ No ► Skip to question 8

# 7. Are you an Investment Entity (Financial Institution) located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

- □ Yes ► Continue to question 9
- □ No ► Skip to section 5

#### 8. Are you an Active Non-Financial Entity (Active NFE)?

#### □ **Yes** ► Specify the type of Active NFE below and then skip to section 5

□ Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

- □ Corporation that is regularly traded or a related entity of a regularly traded corporation
- Governmental Entity, International Organisation or Central Bank

#### □ No ► You are a Passive Non-Financial Entity (Passive NFE). Continue to question 9

#### 9. Controlling Persons - Does one or more of the following apply to you:

- Is any natural person that exercises control over you (for corporations, this would include directors or beneficial owners who ultimately own 25% or more of the share capital) a tax resident of any country outside of Australia?
- If you are a trust, is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?

#### □ Yes ► Complete details below for these persons and continue to section 5

	Name	Date of Birth	Residential Address	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.						
2.						

#### If there are more than 2 controlling persons, please list them on a separate piece of paper

If TIN or equivalent is not provided, please provide reason from the following options:

- Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents
- Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- Reason C: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why you are unable to obtain a TIN:

#### **IV. Explanations**

#### **Common terms**

**Financial institution** (also referred to as *Foreign financial institution* or "*FFI*" under FATCA) - an entity created or organised outside of the U.S. and includes:

- Depository institution entity that accepts deposits in the ordinary course of banking or similar business (banks, credit unions), or
- b) Custodial institution entity that holds financial assets for the account of others as a substantial portion of its business (brokers, custodians), or
- c) Investments entity –means any entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:
  - trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange; interest rate and index instruments; transferable securities; or commodity futures trading;
  - individual and collective portfolio management; or
  - otherwise investing, administering, or managing funds or money on behalf of other persons.

**Non-Financial Foreign Entity ("NFFE")** - any non-U.S. entity that is not a financial institution. NFFE can be either *Active NFFE* or *Passive NFFE* (refer below for more details).

U.S. citizen or U.S. resident for tax purposes – includes:

- anyone born in the U.S. (who hasn't renounced their citizenship)
- anyone living in the U.S.
- a green card holder
- U.S. passport holder
- U.S. companies, trusts or partnerships

**Controlling Persons** - means the natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.

**GIIN** - Global Intermediary Identification Number is an IRS registration number for financial institutions.

**TIN** – is U.S. Taxpayer Identification Number and may include Social Security Number (SSN) or Employer Identification Number (EIN).

**IGA** - Agreement between the Government of Australia and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA.

#### Australian Retirement Fund

- Any plan, scheme, fund, trust, or other arrangement operated principally to administer or provide pension, retirement, superannuation, or death benefits that is a superannuation entity or public sector superannuation scheme (including an exempt public sector superannuation scheme) as defined in the Superannuation Industry (Supervision) Act 1993, or a constitutionally protected fund as defined in the Income Tax Assessment Act 1997.
- 2. A pooled superannuation trust as defined in the *Income Tax* Assessment Act 1997.
- Any Entity that is wholly owned by, and conducts investment activities, accepts deposits from, or holds financial assets exclusively for or on behalf of, one or more plans, schemes, funds, trusts, or other arrangements referred to in subparagraphs (1) or (2) of this paragraph.

#### **FATCA status**

FATCA status refers to entity classification under FATCA and may include:

- 1. Active NFFE any NFFE that meets following criteria:
  - NFFE where less than 50% of income is passive income (i.e. dividends, interest, annuities etc.) and less than 50% of its assets produce passive income; or
  - Entity's stock is regularly traded on established securities market (e.g. entity listed on ASX) or affiliated group of such entity; or
  - Entity organised in U.S. Territory and owned by its residents; or
  - Foreign government; or
  - International organisation; or
  - Foreign Central Bank of Issue; or
  - Any other specifically identified class of entities, including those posing a low risk of tax evasion, as determined by the IRS (e.g. start-up entities, entities in liquidation, not-for profit entities etc.)
- Passive NFFE with controlling U.S. persons any NFFE that is not an Active NFFE or is not a withholding foreign partnership or trust and has controlling U.S. persons.
- 3. **Passive NFFE with no controlling U.S. persons** any NFFE that is not an Active NFFE or is not a withholding foreign partnership or trust and where none of the entity's controlling persons are U.S. persons.
- Participating FFI an FFI that enters into an agreement with the IRS to undertake certain due diligence, withholding and reporting requirements for U.S. account holders in accordance with FATCA and is generally able to provide GIIN.
- Exempt Beneficial Owner this is non-reporting entity under FATCA and may include:
  - the Australian Government, State and local governments and local authorities and their wholly owned agencies or instrumentalities, including certain named entities;
  - International, intergovernmental and supranational organisations;
  - Reserve Bank of Australia and its subsidiaries;
  - Complying Australian superannuation funds (including selfmanaged super funds);
  - Investment entity wholly owned by exempt beneficial owners;
- Non-Reporting IGA FFI this is non-reporting entity (certified or registered deemed-compliant FFI) under FATCA and may include:
  - Financial institution with Australian client base (must satisfy all condition listed in paragraph III. A of Annex II of the IGA, including at least 98% of the U.S. dollar value of all account balances must be held by Australian residents);
  - Small local banks that meet criteria listed in the IGA;
  - Financial Institution that is not an Investment Entity with only Low-Value Accounts (i.e. with value of U.S.\$ 50,000 or less) and with total assets of no more than U.S.\$50 million;
  - Qualified credit card issuer (with customer deposits of U.S.\$50,000 or less);
  - Trustee-Documented Trust A trust established under the laws of Australia to the extent that the trustee of the trust is a Reporting U.S. Financial Institution, Reporting Model 1 FFI, or Participating FFI and reports all information required to be reported pursuant to the Agreement with respect to all U.S. Reportable Accounts of the trust;
  - Sponsored investment entity an investment entity established in Australia that has a Sponsoring entity;
  - Certain Investment Manager and Investment Advisors;
  - Certain Collective Investment Vehicles that meet criteria listed in the IGA.
- Non-Participating FFI an entity that does not comply with FATCA and generally will not fall into any of the below categories:
  - Participating FFI; or
  - Reporting FFI: or
  - Exempt Beneficial Owner

#### Further information about FATCA & CRS can found at:

http://www.irs.gov/fatca

http://treasury.gov.au/Policy-Topics/Taxation/Tax-Treaties/HTML/Intergovernmental-Agreement

- http://www.aph.gov.au/About\_Parliament/Parliamentary\_Departments/Parliamentary\_Library/pubs/rp/rp1314/QG/FATCA
- http://www..oecd.org/tax/automatic-exchange/international-framework-for-the-crs/
- http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/MCAA-Signatories.pdf

#### **SECTION 5: DECLARATION AND SIGNATURE**

- I acknowledge declare and agree that by signing this application form:
- I have received and read the IM to which this Application Form applies and have received and accepted the offer to invest in Australia.
- I declare that I am a wholesale investor as defined in section 761G of the Corporations Act
- If I have received the IM from the internet or other electronic means that I received it personally or a print out of it, accompanied by this Application
  Form.
- All details provided by me in this Application Form are true and correct.
- I agree to be bound by the terms and conditions of the current IM and of the Constitution of the Fund, as amended.
- That the Trustee/Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for units, including reinvestments, unless I notify the Trustee/Responsible Entity otherwise.
- None of Investment Manager, the Trustee/Responsible Entity or any other person guarantees the repayment of capital invested in, the Fund, the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I acknowledge that the Trustee/Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory
  authority in compliance with the AML Act. I will provide such information and assistance that may be requested by the Trustee/Responsible Entity
  to comply with its obligations under the AML Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- I acknowledge that the Trustee/Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory
  authority in compliance with the US Foreign Account Tax Compliance Act ("FATCA"). I will provide such information and assistance that may be
  requested by the Trustee/Responsible Entity to comply with its obligations under the FATCA Act and I indemnify it against any loss caused by my
  failure to provide such information or assistance.
- The monies used to fund my investment in the Fund are not derived from or related to any money laundering, terrorism financing or other illegal
  activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my investment in the Fund
  will not be used to finance any illegal activities.
- I am not a 'politically exposed' person or organisation for the purpose of any AML law.
- I acknowledge that any personal information I provide Link Fund Solutions ("LFS") will be collected and handled in accordance with the LFS privacy
  policy, a copy of which can be found at <u>www.linkfundsolutions.com</u> or posted / emailed to me if I contact LFS on +612 9547 4311 or
  <u>LFS registry@linkgroup.com</u>. By submitting this form or any other paperwork relating to my investment I consent to my/our personal information
  being collected and handled by the unit registry in accordance with that policy.
- I confirm that the Trustee/Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application
  and the units to which it relates given by me by facsimile. If instructions are given by facsimile, the onus is on me to ensure that such instructions
  are received in legible form and I undertake to confirm them in writing. I indemnify the Trustee/Responsible Entity and Administrator against any
  loss arising as a result of any of them acting on facsimile instructions. The Trustee/Responsible Entity and Administrator may rely conclusively upon
  and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith,
  to be genuine or to be signed by properly authorised persons.
- I acknowledge that the Trustee/Responsible Entity reserves the right to reject any application.

#### Account operating instructions (if no selection is made, all individuals to sign will be assumed)

Any individual to sign Any two individuals to sign All individuals to sign

Other (please specify- e.g. per attached Power of Attorney):	
other (please specify – e.g. per attached Power of Attorney).	

	Signature	Name and title (block letters please)	Date
1			
	Signature	Name and title (block letters please)	Date
2			
	Signature	Name and title (block letters please)	Date
3			
	Signature	Name and title (block letters please)	Date
4			

#### **CERTIFIED COPY OF AN ORIGINAL DOCUMENT**

Certified copy means a document that has been certified as a true copy of an original document.

**Certified extract** means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described in the sub-paragraphs below.

People who can certify documents or extracts are:

- a lawyer a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
- a judge of a court;
- a magistrate;
- a chief executive officer of a Commonwealth court;
- a registrar or deputy registrar of a court;
- a Justice of Peace;
- a notary public (for the purposes of the Statutory Declaration Regulations 1993);
- a police officer;
- a postal agent an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- the **post office** an **permanent employee** of The Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
- a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993);
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees; and
- an accountant a member of the institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.
- person authorised as a notary public in a foreign country

The eligible certifier must include the following information:

- Their full name
- Address
- Telephone number
- The date of certifying
- Capacity in which they are eligible to certify, and
- An official stamp/seal if applicable

The certified copy must include the statement, "I certify this is a true copy of the original document".

For photographic documents, the certified copy must include the statement, "I certify this is a true copy of the original document and the photograph is a true likeness".

**Documents that are written in a language that is not English** must be accompanied by an English translation prepared by an accredited translator.

Wholesale or Professional Investor Certificate
If you are investing less than \$500,000 you will need to complete this form or submit an equivalent qualified accountants certificate to satisfy the Trustee that you are a wholesale client
OPTION A: Wholesale Investor
This certificate is issued for the purposes of Section 708(8) and Section 761G of the Corporations Act 2001.
I hereby certify that the following person (or persons) has:
Please show the name of each person this applies to (print full legal name of the person – individual or company)
1)
2)
<ul> <li>Net assets of at least AUD \$2.5 million; or</li> <li>A gross income for each of the last 2 financial years of at least AUD\$250,000 a year</li> </ul>
Controlled Companies or Trusts
It is confirmed that for the purposes of the Corporation Act, that the above named person (or persons) controls the following companies or trusts:
Please list the name of the entities (include details of trusts for which the entity acts as a trustee)
I confirm that I am a qualified accountant as defined in section 88B of the Corporations Act.
I belong to (name of the professional body)
My membership designation number from this professional body is
I comply with this body's continuing professional education requirements.

Signature

\* "Qualified accountant" means a member of a professional body that is approved by ASIC in writing for the purpose of the definition. ASIC has indicated that it will approve any member of:

Name and title (block letters please)

- (a) The Australian Society of Certified Practicing Accountants ("ASPCA"), who is entitled to use the post-nominals "CPA" or "FCPA", and is subject to and complies with the ICAA's continuing professional development requirements;
- The Institute of Chartered Accountants in Australia ("the ICAA"), who is entitled to use the post-nominals of "CA", "ACA" or "FCA", and is subject to and complies with the ICAA's (b) continuing professional education requirements; or
- The National Institute of Accountants ("the NIA"), who is entitled to use the post-nominals "MNIA" or "FNIA", and it subject to and complies with NIA's continuing professional education (c) requirements.

\*\* In calculating the net assets of \$2,500,000 or gross income of \$250,000, the Unit holder may include the net assets or gross income (as relevant) of any company or trust the Unit holder controls [see Corporations Regulation 7.6.02AC].

\*\*\* Where the Unit holder is a company or trust controlled by someone who has a certificate from a qualified accountant, the Unit holder may be considered wholesale [see Corporations Regulation 7.6.02AB].

Date

#### **OPTION B: Professional Investor**

**Investor Name** 

I certify that I am (tick whichever box is applicable):

- □ A person who controls at least \$10 million (including any amount held by an associate or under a trust that the person manages) for the purpose of investment in securities; or
- □ A person who is a licensed or exempt dealer and is acting as principal. License No.:\_\_\_\_\_; or
- A regulated superannuation fund (APRA regulated), an approved deposit fund, a pooled superannuation trust, or a public sector superannuation scheme within the meaning of the Superannuation Industry (Supervision) Act 1993 if the fund, trust or scheme has net assets of at least \$10 million; or
- □ A person who is regulated by APRA (other than a trustee of a superannuation fund, an approved deposit fund, a pooled superannuation trust or a public sector superannuation scheme); or
- $\Box$  A person who is a body registered under the Financial Corporations Act 1974; or
- $\hfill\square$  A listed entity or a related body corporate of a listed entity; or
- $\hfill\square$  An exempt public authority; or
- □ A person who is a body corporate or an unincorporated body that carries on a business of investment in financial products, interests in land or other investments, and for those purposes invests funds received following an offer or invitation to the public where the terms of the offer provided for the funds subscribed to be invested for those purposes; or
- □ A foreign entity that, if established or incorporated in Australia, would be covered by one of the preceding paragraphs.

Details of the Managed Fund or Superannuation Fund/Trust/Scheme (block letters please)

Name					
Address					
Street					
				Γ	
Suburb	Sta	tate	Postcode	Country	
Telephone	Fa	acsimile	Email		
relephone	1a	acsimile	Linan		

I declare that I have read and understood this form, and that the information set out is true and correct.

Signature	Name of investor (block letters please)	Date