

APPLICATION FORM (WHOLESALE)

HOW TO COMPLETE THIS APPLICATION FORM

To invest in the Fund, you will need to complete and sign the 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 Manager 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.

Please send completed Application Form with relevant AML documentation to:

MUFG Corporate Markets
Renaissance Smaller Companies Fund Unit Registry
GPO Box 5482
Sydney NSW 2001

Alternatively scanned application forms with certified Know Your Client documentation can be sent via email as per the details below.

Email to renaissance@cm.mpms.mufg.com

How do you qualify as a Wholesale Investor

If you are applying for \$100,000 or more, you'll be automatically deemed a Wholesale Investor, and no additional documentation is required. If you are investing less than \$100,000 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 Unit holder 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 Unit holder:
 - 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.

Please contact the Manager if you need us to assist you in providing the appropriate documentation to certify that you are a Wholesale Investor.

Privacy

You acknowledge that any personal information you provide to us will be collected and handled in accordance with MUFG CM privacy policy, a copy of which can be found at www.mpms.mufg.com or posted / emailed to you if you contact MUFG CM at renaissance@cm.mpms.mufg.com. By submitting this form or any other paperwork relating to your investment you consent to your personal information being collected and handled by the unit registry in accordance with that policy.

Regular Information

Following acceptance of your application, you will be sent an application advice. You should check the details on the advice carefully and contact MUFG CM if you have any questions.

Additional Investment

Additional investments can be made using the Application Form.

If Unit holders choose to send Application and Redemption Request Forms by post, or email, they bear the risk of such requests not being received. Neither the Administrator nor Manager accept any responsibility or liability for any loss caused because of non-receipt or ineligibility of any email or for any loss caused in respect of any action taken as a consequence of such email instruction believed in good faith to have originated from properly authorised persons.

If You Have Any Questions

If you have any questions about any matter relating to the Fund, please contact Renaissance Smaller Companies at invest@renaissanceasset.com.au.

Examples of correct names and required signatures

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

APPLICATION FORM

Renaissance Smaller Companies Fund

This application form relates to the Information Memorandum dated July 2026 (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.

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
<input type="checkbox"/>	Individual/Joint investors	Group A	Sections 3, 4, 5
<input type="checkbox"/>	Trust/Superannuation fund with individual trustee(s)	Group B or C, & D	Sections 1, 4, 5
<input type="checkbox"/>	Trust/Superannuation fund with corporate trustee	Group B or C, & D	Sections 1, 2, 4, 5
<input type="checkbox"/>	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 email us at invest@renaissanceasset.com.au

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

GROUP A – 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)
- An identity card issued by a State or Territory Government that includes a photo

GROUP B – 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.
- 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).

GROUP C – 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.

GROUP E – 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.

GROUP F – 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.

GROUP G – 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 name(s)

Surname

Company name / Trustee Name (if applicable)

Telephone

Facsimile

Email (required, will be used for all correspondence)

Postal Address

Street

Suburb

State

Postcode

Country

2. Investment Details

Amount:

AUD \$

Please note the minimum initial investment amount is \$100,000.00 and the minimum additional investment amount is \$20,000.00.

Source of funds being invested:

Retirement income Employment income/savings Business activities Sale of assets

Inheritance/gift Financial investments Other

3. Payment Details

Electronic Funds Transfer (EFT) to:

Bank: ANZ Bank

BSB: 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. Distributions

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.

Reinvestment Payment into bank account (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	<input type="text"/>	Branch Name	<input type="text"/>
BSB	<input type="text"/>	Account Number	<input type="text"/>
Account Name	<input type="text"/>		

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:	<input type="text"/>		
Dealer Group:	<input type="text"/>		
Advisory Firm:	<input type="text"/>		
AFSL Number:	<input type="text"/>	Contact Phone:	<input type="text"/>
Contact Email:	<input type="text"/>		

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 <input checked="" type="checkbox"/> one of the following options)												
<input type="checkbox"/> Yes - please complete the below <input type="checkbox"/> 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 <input checked="" type="checkbox"/> one of the following options):												
<input type="checkbox"/> Company <input type="checkbox"/> Trust or Superannuation Fund <input type="checkbox"/> Individual <input type="checkbox"/> Other – please specify: _____												
Exemption Number (if applicable):												

INVESTOR 2												
Name:												
Are you a resident of Australia for taxation purposes? (Select <input checked="" type="checkbox"/> one of the following options)												
<input type="checkbox"/> Yes - please complete the below <input type="checkbox"/> 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 <input checked="" type="checkbox"/> one of the following options):												
<input type="checkbox"/> Company <input type="checkbox"/> Trust or Superannuation Fund <input type="checkbox"/> Individual <input type="checkbox"/> 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 select):

Corporate Trustee:

Full name of Company (please also complete section 2)

Individual Trustee(s):

Please fill out details of individual trustee(s) below (Individual'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)

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

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

1.3 Type of Trust (select only one of the following trust types and provide the information requested)

Registered managed investment scheme

Provide Australian Registered Scheme Number (ARSN)

Regulated trust (e.g. a Self-Managed Superfund)

Provide name of the regulator (e.g. ASIC, APRA, ATO)

Provide the trust's ABN or registration / licensing details

Government superannuation fund

Provide name of the legislation establishing the fund

Other trust type

Trust description (e.g. unregistered, fixed, family, unit)

Full name of settlor(s) ¹

¹ 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	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
2	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
3	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

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)

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) <input style="width: 98%; height: 25px;" type="text"/>	Surname <input style="width: 98%; height: 25px;" type="text"/>	Date of Birth (dd/mm/yyyy) <input style="width: 98%; height: 25px; text-align: center;" type="text" value="/ /"/>
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Residential address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Role (such as trustee or appointor)

Beneficial Owner 2

Full given name(s) <input style="width: 98%; height: 25px;" type="text"/>	Surname <input style="width: 98%; height: 25px;" type="text"/>	Date of Birth (dd/mm/yyyy) <input style="width: 98%; height: 25px; text-align: center;" type="text" value="/ /"/>
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Residential address (PO Box is NOT acceptable)

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 by ASIC or
foreign registration body

Registration number
(select the following
categories which apply to the
company and provide the
information requested)

ACN ARBN

Foreign body registration number

Please also provide name of the foreign registration body below:

**Country of formation /
incorporation / registration**

Registered office address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

2.2 Regulatory and listing details (select the following categories which apply to the company and provide the information requested)

Regulated company (subject to the supervision of a Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as company registration body. Examples include Australian Financial Services Licensees (AFSL); Australian Credit Licensees (ACL); or Registrable Superannuation Entity (RSE) Licensees)

Regulator name

Licence Details (e.g. AFSL, ACL, RSE)

Australian listed company or Foreign listed company as defined in the IFSA/FPA Guidelines

Name of market / exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market or exchange

Foreign company

Country of formation /
incorporation / registration

2.3 Company Type (select only ONE of the following categories)

Australian Listed Public Company

Section 2 now completed

Australian Proprietary/Private Company or Non- Listed Public Company

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 proprietary/private, non-listed public company and foreign companies)

How many directors are there? provide full name of each director

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

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

2.5 Beneficial Ownership Details (only needs to be completed for proprietary/private, non-listed public company and foreign companies that are not regulated companies as selected in Section 2.2)

Provide details of **ALL individuals** who owns directly, jointly or beneficially at least 25% of the company's issued share capital (through direct or indirect shareholdings).

Shareholder/Beneficial Owner 1

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Residential address (PO Box is NOT acceptable)

Street	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

Shareholder/Beneficial Owner 2

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Residential address (PO Box is NOT acceptable)

Street	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

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

SECTION 3 - INVESTOR TYPE : INDIVIDUAL OR JOINT INDIVIDUALS

INVESTOR 1

Investor's name must match investor's ID exactly.

Full given name(s)

Surname

Date of Birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full business name

ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

INVESTOR 2

Investor's name must match investor's ID exactly.

Full given name(s)

Surname

Date of Birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full business name

ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

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 MUFG CM 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 taxpayers, 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. Its goal is to allow tax authorities to obtain a clearer understanding of financial assets held abroad by their residents, for tax purposes. 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

Full Name

Full Name	
TIN	

Individual 2

Full Name

Full Name	
TIN	

- No** ► 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:

- **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 ▶ [Skip to section 5](#)

II. Superannuation Funds

Full legal name of the Superannuation Fund

3. Are you an Australian Retirement Fund? (refer to FATCA definitions in section 8)

- Yes ▶ [Skip to section 5](#)
 No ▶ [Continue to section III](#)

III. Entities (Company, Trust, Partnership, Association etc.)

Full legal name of the Entity

FATCA

4. Select only ONE of the following three FATCA categories that best describes the entity and provide the information requested.

U.S. person as defined under FATCA and U.S. Internal Revenue Code.

This includes but is not limited to company, trust or partnership that is established under the laws of a U.S. and is considered a U.S. resident for tax purposes.

(a) U.S. federal tax classification ▶ [Please confirm entity's U.S. federal tax classification below](#)

- Single-member LLC C Corporation S Corporation Partnership Trust/estate
 Limited liability company - C corporation Limited liability company - S corporation
 Limited liability company – Partnership Other ▶ [Please provide detail:](#) _____

(b) Are you exempt from FATCA reporting?

Yes ▶ [Please provide your FATCA exemption code](#)

FATCA exemption code

U.S. Tin

No ▶ [Please provide your U.S. Taxpayer Identification Number \(TIN\)](#)

Financial institution (FFI) ▶ [Select one of the options from \(a\) to \(e\) to confirm which type of FFI are you](#)

(a) Reporting IGA FFI or Participating FFI

▶ [Provide entity's GIIN and continue to question 5](#)

GIIN

(b) Sponsored FFI or Trustee Documented Trust

▶ [Please complete details of the Sponsoring entity or Trustee below and continue to question 5](#)

Name of Sponsoring entity or Trustee

GIIN of Sponsoring entity or Trustee

(c) FFI that does not need to register (e.g. Non-Reporting IGA FFI) ▶ [Please complete details below and continue to question 5](#)

FATCA status

GIIN (if applicable)

(d) Non-participating FFI ▶ [Note that information about 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 options from \(a\) to \(c\) to confirm which type of NFFE are you](#)

(a) Active NFFE ▶ [Continue to question 5](#)

(b) Passive NFFE with no controlling U.S. persons ▶ [Continue to question 5](#)

(c) Passive NFFE with controlling persons (refer to FATCA definitions in section 8) who are U.S. citizens or U.S. residents for tax purposes ▶ [Provide details of each of the controlling U.S. persons below \(if there are more than 2 controlling U.S. persons please provide their details on a separate page and attach to this form\) and continue to question 5:](#)

U.S. Person 1

- Controlling Person Beneficiary Trustee Owner
 Director Other – [please specify](#) _____

Full Name

Residential address (PO box is not acceptable)

U.S. Person 2

- Controlling Person Beneficiary Trustee Owner
 Director Other – [please specify](#) _____

Full Name

Residential address (PO box is not acceptable)

U.S. Taxpayer Identification Number (TIN)

U.S. Taxpayer Identification Number (TIN)

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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:

- 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:

No ▶ [Continue to section 5](#)

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 printout 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 MUFG CM will be collected and handled in accordance with the MUFG CM privacy policy, a copy of which can be found at www.mpms.mufg.com or posted / emailed to me if I contact MUFG CM at renaissance@mpms.mufg.com. 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*): _____

	Signature	Name and title (block letters please)	Date
1	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
2	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
3	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
4	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

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) _____

- Net assets of at least AUD \$2.5 million; or
 A gross income for each of the last 2 financial years of at least AUD\$250,000 a year

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

Name and title (block letters please)

Date

* **"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:

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

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
- A person who is a body registered under the Financial Corporations Act 1974; or
- A listed entity or a related body corporate of a listed entity; or
- 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

Suburb

State

Postcode

Country

Telephone

Facsimile

Email

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