

Application Form

Firetrail Investment Funds

This application form relates to the class A units of the Firetrail Absolute Return Fund and class A units of the Firetrail Australian High conviction Fund ('Funds') issued by Pinnacle Fund services Limited (ABN 29 082 494 362, AFSL 238371) as the Responsible Entity ('RE'). The general information of the Fund can be found in each Product Disclosure Statement ('PDS').

Fund	APIR	ARSN
Firetrail Absolute Return Fund - class A units	WHT5134AU	624 135 879
Firetrail Australian High Conviction Fund - class A units	WHT3810AU	624 136 045

APPLICATION FORM

IMPORTANT INFORMATION

Defined terms in this Application Form have the definition given to them in the PDS.

THE PDS FOR EACH OF THE FUNDS MUST BE READ PRIOR TO COMPLETING THIS APPLICATION FORM.

The Registry service provider is RBC Investor services Trust ("Registry").

REGISTRY MAILING INFORMATION

Initial Investments - post original in the mail

to: [Fund Name]

C/- RBC Investor services Trust - Registry Operations

GPO Box 4471

SYDNEY NSW 2001

Additional Investments - please fax

to: [Fund Name] [Investor Name]

C/- RBC Investor services Trust - Registry Operations

+612 8262 5492

APPLICATION PAYMENT INFORMATION

Electronic Funds Transfer (EFT):

Payee: RBCIS FIRETRAIL [Investor Name]

BSB: 012-003

Account Number: 837 262 125

Cheque:

Cheques should be crossed "Not Negotiable" and made payable to: RBCIS FIRETRAIL [Investor Name]

APPLICATION FORM CHECKLIST

IMPORTANT INFORMATION

If you are not able to provide the *Anti-Money Laundering/Counter-Terrorism Financing (*AML/CTF) information requested in the Application Form, please refer to the FAQ or contact us for a list of alternative information you may supply.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

	Section 1 - Investment Details Nominate to open a new account or invest additional funds to an existing account					
	Section 2 – Investor Details Provide your details depending on the type of customer you are. Please complete only the pages that are relevant to you. (A) □ Individual (including Sole Trader, or adults acting as trustee for a Minor) or Joint Account (B) □ Partnership (C) □ Australian Company (D) □ Foreign Company (E) □ Self Managed Superannuation Fund (SMSF) (F) □ Australian Regulated Trust (other than SMSF) (G) □ Unregulated Trust (including foreign trusts) (H) □ Association or Registered Cooperative (I) □ Government Body					
	Note 1: If you believe the above investor categories do not adequately represent your legal structure or disposition, please contact us on 1300 010 311 or by e-mail at: invest@pinnacleinvestment.com.					
	Section 3 – Application Amount and Payment Details Indicate the amount you wish to invest in the Fund and the payment details for your investment for the Fund					
	Section 4 – Distribution Election Select your distribution payment method					
	Section 5 – Fund Information The information you may receive from us					
	Section 6 – Adviser Access Provide your adviser's details, if applicable, for access to your statements					
	Section 7 – Tax File Number Notification or Exemption Provide tax file number(s)					
	Section 8 – Declaration and Application Signatures Read the declaration, elect the account operating authority, and provide the appropriate signatures					
Section	1 – Do you have an existing account within a Firetrail investment fund?					
Yes	☐ The investment in this application will be in a <i>different</i> Firetrail investment fund but it will have the same name and capacity as my existing account, and there are no changes to any of my other details.					
	My current account number is Please go to Section 3.					
	If there are any changes to your other details, please to go Section 2.					
No	□ Go to Section 2					

Section 2 -	Section 2 – Investor Details						
A. INDIVIDU	AL OR JOINT APPLICANT	'S					
Investor 1	Title	Given name/s					
	Surname				Date of birth	/	
	Residential address (stree						
	Suburb		_ State	Postcode	Country		
	Postal address (if differen	t from above)					
	Suburb		_ State	Postcode	Country		
	Note: This address will be	e used for all accoun	t correspond	lence; however we also re	equire your residentia	I address.	
	Phone no. () Mobile no.						
	Facsimile no. ()						
	E-mail address: What is your occupation?						
	Are you a sole trader?:						
			piease pi	OVIDE ADIV/ARDIV			
	Full business name:						
	Principal place of busines	s (if any)(street addre	ess only)				
	Suburb		_ State	Postcode	Country		
TAX CERTIFI							
-	citizen? NO \square / YES \square sident of a country other the		purposes? N	IO □ / YES □			
•	e select "Yes" if you are a	-	· ·				
If "Yes", plea	se complete the table belo	ow for the countries	outside of A	ustralia in which you are a	tax resident:		
Count	ry of tax residency			Tax Identification Number (TIN) or equivalent number			
If applicable,	please specify the reason	for the non-availabili	ty of a tax id	entification number:			
Are you oper NO □ / Y Are you oper	PENING FOR A MINOR OF hing an account on behalf of ES — - If 'Yes', please provining a joint account? ES — - If 'Yes', please proving the province of the pro	of a minor (i.e. acting vide details of the min	nor in the se	ction below.	f 18)?		
□ ATTACH:	Certified copy of the o	current Australian d	river's licen	ce or passport of Investo	or 1.		
certifiers incorpermanent of with, or author of acceptable	ents that are not written in nent supplied must be co- lude registered legal prac- employees of Commonwe norised representative of, e certifiers.	ertified as a true co ctitioners, dentists a ealth, State or Territo an AFSL holder, wit	opy of the ond medical ory, or local the 2+ years	riginal by an acceptable practitioners; Justice of t government authority wi continuous service; CPA	e certifier. Within Au he Peace; police offi ith 2+ years continuc or CA. Refer to the F	ustralia, acceptable cers; notary public; ous service; officers	

Minor	Given name/s:						
					_ Date of birth:		
	Residential Addre	ss (Street Address only):					
	Suburb:		State:	Postcode:	Country:		
	IFICATIONS or a US citizen? NO	D□ / YES□					
		ntry other than Australia fo	or tax purposes?	NO □ / YES □			
		e minor is a dual resident i					
If "Yes", ple	ease complete the ta	ble below for the countrie	s outside of Aus	tralia in which the minor i	s a tax resident:		
Country	y of tax residency		Tax	Identification Number (1	TIN) or equivalent nu	ımber	
If applicable	e, please specify the	reason for the non-availab	oility of a tax iden	tification number:			
Each docul certifiers in permanent or authorise acceptable	ment supplied mus iclude registered leg employees of Comr ed representative of	written in English must be a to be certified as a true of gal practitioners, dentists monwealth, State or Terri f, an AFSL holder, with 2+	copy of the orig and medical pra tory, or local go	ginal by an acceptable c actitioners; Justice of the vernment authority with	certifier. Within Aust Peace; police office 2+ years continuous	ralia, acceptable rs; notary public; s service; officers with,	
Investor 2	Title	Given name/s					
	Surname				Date of birth	_//	
	Residential addres	ss (street address only)					
	Suburb		State	Postcode	Country		
	Phone no. (_)		Mobile no			
	Facsimile no. (_)					
	E-mail address:						
	_	pation? □Retired □Othe					
	vviiat is your occu	pation: Unetiled Uotil	51 - hicase aescii	JG			

TAX CERTIFICATIONS	
Are you a US citizen? NO \square / YES \square	
Are you a resident of a country other than Australia for tax purpos	
(Note: please select "Yes" if the minor is a dual resident in Austra	•
If "Yes", please complete the table below for the countries outside	e of Australia in which the minor is a tax resident:
Country of tax residency	Tax Identification Number (TIN) or equivalent number
If applicable, please specify the reason for the non-availability of a	tax identification number:
□ ATTACH: Certified copy of the current Australian driver's	licence or passport of Investor 2
Each document supplied must be certified as a true copy of certifiers include registered legal practitioners, dentists and me permanent employees of Commonwealth, State or Territory, or	anied by an English translation prepared by an accredited translator. If the original by an acceptable certifier. Within Australia, acceptable edical practitioners; Justice of the Peace; police officers; notary public; r local government authority with 2+ years continuous service; officers years continuous service; CPA or CA. Refer to the FAQ for the complete list
B. PARTNERSHIP	
B.1 PARTNERSHIP DETAILS	
Full name of partnership:	
ABN/ACN:	
Country where partnership is established: Australia YES \square / NO	D ☐ If 'No', then please name country:
Describe the partnership's principal business activity:	
Registered address (street address only):	
Suburb State	Postcode Country
Postal address (if different from above):	
SuburbState	Postcode Country
Note: This address will be used for all account correspondence; ho	owever we also require your registered address.
Phone no. ()	Mobile no
Facsimile Phone no. ()	
E-mail address:	
Is the partnership regulated by a professional association?	
YES - Provide name of association:	
	Please provide the details requested for Partner 1 in B.2
NO ☐ - How many partners are there? Please	e provide details of ALL partners in B.2 below.

B.2 PARTNER DETAILS				
Partner 1:				
Given name/s:		Surname:	Date of birth:/	
Residential address (street address only)			
Suburb	State	Postcode	Country	
Partner 2:				
Given name/s		S	urname	
Residential address (street address only				
Suburb	State	Postcode	Country	
Partner 3:				
Given name/s		S	urname	
Residential address (street address only				
			Country	
(If there are more partners, provide det				
B.3 BENEFICIAL OWNER DETAILS				
beneficial owner(s) of the partnership. *Control includes exercising control thr agreements, arrangements, understand Beneficial Owner 1:	rough the capacity t ding and practices.	o determine decisions about	ch as the Managing Partner) is/are taken to be the financial or operating policies; or by means of trus	sts,
		Surrianie	/Date of birth://	
Residential address (street address only		Doctordo	Country	
For a Category B Beneficial Owner, plea			Country:	
——————————————————————————————————————		g. Managing Farther). 		
Beneficial Owner 2: Full given name/s:		Surname:	Date of birth:/	
Residential address (street address only	/)			
Suburb:	State:	Postcode:	Country:	
For a Category B Beneficial Owner, plea	ase describe role (e.	g. Managing Partner): 		
			Date of birth:/	
			Country:	
For a Category B Beneficial Owner, plea	ase describe role (e.	g. Managing Partner):		

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Beneficial Owner 4:

Full given nan	ne/s:		_ Surname:	Date	e of birth:/_	/
Residential ac	ldress (street address only)					
Suburb:		State:	Postcode:	Country:		
For a Categor	y B Beneficial Owner, please d	lescribe role (e.g. Ser	ior Managing Partner):			
(If there are n	nore beneficial owners, provide	o dotails on a sonara	to choot and tick this hay	/ □\		
(II triere are ii	iore beneficial owners, provide	с истанэ он а эсрагат	e sheet and tick this box	. L.)		
B.4 TAX CER	TIFICATIONS					
	nership's place of effective ma	nagement situated o	utside of Australia? NO	☐ / YES ☐ If 'Yes, plea	se complete table	e below.
				·		
Country	of tax residency		number	nber (TIN) or equivalen		
If applicable, p	please specify the reason for th	ne non-availability of	a tax identification numb	er:		
2. Please sele	ect ONE of the following catego	ories and provide the	information requested:			
	States Partnership	C astablished under	the laws of the LIC or is	LIC toy payor		
	rtnership was created in the U		trie laws of trie US or is a	i US tax payer)		
	artnership an exempt payee for YES \square - please provide the ex					
	NO □					
Procee	d to B.5 of Section 2.					
☐ Financi	al Institution – Depository Ins	stitution, Custodial I	nstitution or Specified I	nsurance Company		
Provide	the partnership's Global Intern	mediary Identification	Number (GIIN), if applica	able:		
If the pa	artnership does not have a GIIN	N, please advise of FA	ATCA status:			
Procee	od to B.5 of Section 2.					
☐ Financi	al Institution – Investment Er	ntity				
Provide	the partnership's Global Intern	mediary Identification	n Number (GIIN), if applica	able:		
If the n	artnership does not have a GIIN		ATCA status:			
ii tile po	al thership does not have a dill	v, piease auvise oi r	ATCA Status.			
Is the pa	artnership located outside of A	Australia and manage	d by another Financial In	stitution?		
	YES □ - please also tick 'Othe NO □ - Proceed to B.5 of	er' below and provide				
☐ Active	Non-Financial Entity					
(During royaltie	the previous reporting period, s) and less than 50% of assets sistance from your tax adviser	held produced passive				
Procee	ed to B.5 of Section 2.					
Other						
	of the above applies to the part	tnership)				
Is any o	ne of the Beneficial Owners or	partners of the parti	nership, a US citizen?	NO \square / YES \square		
Is any o YES □	ne of the Beneficial Owners or	partners of the parti	nership, a resident of a c	ountry other than Austra	ilia for tax purpos	ses? NO□/
-	please select "Yes" if they are			•		
Active (During royaltie seek as Proceed ID Other (None of Is any of YES ID (Note:)	NO — - Proceed to B.5 of a Non-Financial Entity the previous reporting period, s) and less than 50% of assets sistance from your tax adviser and to B.5 of Section 2. If the above applies to the particle of the Beneficial Owners or one of the Beneficial Owners or	less than 50% of the held produced passion thereship) repartners of the particular partners of the particular dual resident in Autoresident i	partnership's gross incove income.) Refer to the nership, a US citizen? nership, a resident of a constralia and another coun	me was passive income FAQ for other types of A NO	active Non-Financ	cial Entities

Name of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.

(If more space is required, please use a separate sheet and tick this box □) **Proceed to B.5 of Section 2**.

B.5 DOCUME	NTS TO PROVIDE				
☐ ATTACH:	Certified copy of Partnership Agreer	ment; and			
☐ ATTACH:	: Certified copy of the current Australian driver's licence or passport for Partner Number 1; and				
☐ ATTACH:	Certified copy of the current Austral	lian driver's licence	e or passport of each Ben	eficial Owners listed in B.3 of Sec	tion 2; and
☐ ATTACH:	□ ATTACH: For partnerships regulated by a professional association, provide an original current membership certificate OR membership details independently sourced from the relevant association				
certifiers incorpermanent	nents that are not written in English must nent supplied must be certified as a clude registered legal practitioners, der employees of Commonwealth, State of norised representative of, an AFSL hold e certifiers.	true copy of the ontists and medical r Territory, or local	priginal by an acceptable practitioners; Justice of the government authority with	certifier. Within Australia, accept e Peace; police officers; notary pu h 2+ years continuous service; off	table ublic; ficers
Please proce	eed to Section 3.				
C. AUSTRAL	IAN COMPANY				
C.1 COMPA	ANY DETAILS				
Full company	name as registered by ASIC:				
Country when	name (if any): re registered / incorporated: Australia \	YES □ / NO □ - If '			
Describe the	company's principal business activity	:			
Registered of	fice address (street address only):				
Suburb:		State:	Postcode:	Country:	
Postal addres	ss (if different from above):				
Suburb:		State:	Postcode:	Country:	
	dress will be used for all account corres e of business (if different from registere			stered address.	
Suburb:		State:	Postcode:	Country:	
	()			, <u> </u>	
	one no. ()				
	ANY TYPE				
Select only C Public con Proprietary director Number of di	one of the following categories: hpany (companies whose name does not company (companies whose name edetails below: rectors of the company:	ends with Proprieta	ry Ltd or Pty Ltd, also kno	vn as private company) – provide	
	Given name/s:				
	Given name/s:				
	Given name/s:				
I HEACTOR A'	I-MAN DAMO/C.		Surnama'		

(If there are more directors, please provide details on a separate sheet and tick this box □)

Proceed to C.3 of Section 2

C.3 REGULATORY/LISTING DETAILS

ase select any of the following category that applies to the company, and provide the information requeste ceed to C.4 of Section 2.	ed. <i>If none applies, please</i>
Australian public listed company (companies that are listed on an Australian financial market such as the ASX)	
Name of market/exchange:	Proceed to C.5 of Section 2.
Majority-owned subsidiary of an Australian listed company (companies that are majority owned by an Australian company that is listed on an Australian Financial m	arket such as the ASX)
Australian listed company name:	
Name of market/exchange: Proceed to	C.5 of Section 2.
Australian regulated company	
(The company is <i>licensed</i> and its activities are subject to the oversight of an Australian statutory regulat supervision is beyond that provided by ASIC for the company's registration. Examples of regulated comp Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superant Licensees).	anies in Australia include
Regulator's Name:	_
Licence details (e.g. AFSL No. , ACL No., RSE No.):	. Proceed to C.5 of Section 2

C.4 BENEFICIAL OWNER DETAILS

This section to be completed for all companies that are NOT an Australian regulated companies, listed public company, or majority owned by an Australian public listed company as per C.3 of Section 2.

Category A Beneficial Owners

Please provide details for each individual who ultimately owns 25% or more of the company's issued share capital. This includes individuals with indirect ownership of 25% or more of the company.

Category B Beneficial Owners

If there are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly controls* the company. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or other directors) is/are taken to be the beneficial owner(s) of the company.

*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more including power to veto.

Beneficial Owner 1:						
Given name/s:		Surname:		_ Date of birth: _	/_	/
Residential address (street address or	nly)					
Suburb:	State:	Postcode:	Country:			
For Category B Beneficial Owner, plea	se describe role (e.g.	Managing Director):				
Beneficial Owner 2:						
Given name/s:		Surname:		_ Date of birth: _	/_	/
Residential address (street address or	nly)					
Suburb:	State:	Postcode:	Country:			
For Category B Beneficial Owner, plea	se describe role (e.g.	Managing Director):				
Beneficial Owner 3:						
Given name/s:		Surname:		_ Date of birth:	/	/
Residential address (street address or	nly)					
Suburb:	State:	Postcode:	Country:			
For Category B Beneficial Owner, plea	se describe role (e.g.	Managing Director):				
Beneficial Owner 4:						
Given name/s:		Surname:		_ Date of birth: _	/_	/
Residential address (Street Address or	nly)					
Suburb:	State:	Postcode:	Country:			
For Category B Beneficial Owner, plea						
(If there are more beneficial owners, p	orovide details on a s	eparate sheet and tick this bo	ox □)			

Proceed to C.5 of Section 2.

C.5	TAX CERTIFICATIONS	
1.	Is the company also a tax resident of a country outside of	f Australia? NO \square / YES \square If 'Yes, please complete table below.
	Country of tax residency	Tax Identification Number (TIN) or equivalent number
If a	applicable, please specify the reason for the non-availability o	of a tax identification number:
2.	Please select only ONE of the following categories that apply Financial Institution (The company is a custodial or depository institution, an in-	
	Provide the company's Global Intermediary Identification N If the company does not have a GIIN, please advise of FATO	
	Proceed to C.6 of Section 2.	
	Public Listed Company, Majority Owned Subsidiary of a	n Australian Listed Company or an Australian Registered Charity
	Proceed to C.6 of Section 2.	
		company's gross income was passive income (e.g. dividends, interests and ve income.) Refer to the FAQ for other types of Active Non-Financial Entities of
	Proceed to C.6 of Section 2.	

"Yes", please complet	e the table below for the countries ou	tside of Australia in which they are a t	ax resident:
Name of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.

Is any one of the company's Beneficial Owners, a resident of a country other than Australia for tax purposes? NO \Box / YES \Box

(If more space is required, please use a separate sheet and tick this box □)

Is any one of the company's Beneficial Owners a US citizen? NO \Box / YES \Box

(Note: please select "Yes" if they are a dual resident in Australia and another country).

Proceed to C.6 of Section 2.

(None of the above applies to the company)

C.6 DOCUMENTS TO PROVIDE

Australian regulated company, Australian listed public company, or majority owned by an Australian public listed company as per C.3 of Section 2.

□ NO ATTACHMENT REQUIRED

Please proceed to Section 3.

For all other companies

☐ ATTACH: Certified copy of the current Australian driver's licence or passport of each of Beneficial Owner listed in C.4 of Section 2.

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please pro	oceed to Section 3.				
D. FOREIG	GN COMPANY				
D.1 COMPA	ANY DETAILS				
Full name o	of foreign company :				
Full busines	ss name (if any):				
Country wh	nere formed/ registered / incorporat	ed:			
Describe th	he company's principal business ac	ctivity:			
Registered	by a foreign body? NO ☐ / YES ☐	If 'Yes', provide name of re	gistration body:		
Is the fore □ Yes	eign company registered with ASI Provide the Australian Registered Provide EITHER : □ principal place	d Body Number (ARBN): _		 ent's name and address details	
	Address (street address only):				
	Suburb	State	Postcode	Country	
	Full name of local agent in Austra	lia:			
□ No	Provide company identification r	number (if any) issued by t	he foreign registration be	ody:	
	Date of company registration or	incorporation:/	/		
	Provide principal place of busine	ss in the company's coun	try of formation or incorp	ooration	
	Address (street address only):				
	Suburb	State	Postcode	Country	
of formation		ny).	-	provide the registered address in the	country
Suburb		State	Postcode	Country	
Postal addr	ress (if different from above)				
	address will be used for all account	State correspondence; however	Postcode we also require your regi	Countrystered address.	
Phone no.					
	Phone no. ()	E-mail addres	S:		
	o D.2 of Section 2				
	MPANY TYPE				
☐ Public co	ONE of the following categories: ompany (companies whose name ary company (companies whose name directors below:			D.3 of Section 2 wn as private company) – provide the	e details
	mber of directors for the company: _	 			
Director 1:	: Given name/s:		Şurname.		
	Given name/s:				
	Given name/s:				

(If there are more directors, please provide details on a separate sheet and tick this box \Box)

Proceed to D.3 of Section 2

D.3	REGULATORY/LISTING DETAILS				
	ise select any of the following categor ceed to D.4 of Section 2.	y that applies	to the company and provide the	e information requested. If no	ne applies, please
	Public listed company (The company is a listed company or beneficial ownership comparable to	ı a financial m similar public	narket that is subject to disclosur listing requirements in Australia	re requirements to ensure tran	nsparency of
	Name of market/exchange/ disclosur	e regime:			
	Country:		Proceed to D.5 of Sec	tion 2.	
	Majority-owned subsidiary of an Au (The company that is majority owned			n Australian financial market, s	such as the ASX)
	Australian listed company name:				
	Name of market/exchange:				Section 2.
	Regulated in Australia (The company is <i>licensed</i> and its act supervision is beyond that provided the Australian Financial Services License Licensees.)	by ASIC for the	e company's registration. Examp	oles of regulated companies in	Australia include
	Regulator Name:				
	Licence details (e.g. AFSL No. , ACL N	lo., RSE No.):_		Proce	ed to D.5 of Section 2.
D.4	BENEFICIAL OWNER DETAILS				
	s section is to be completed by a compa npany regulated in Australia as per D.3 (OT public listed companies, major	rity owned by an Australian pub	lic listed company or
Cat	egory A Beneficial Owners				
	ase provide details for each individual w rect ownership of 25% or more of the c		owns 25% or more of the compar	ny's issued share capital. This ir	ncludes individuals with
Cat	egory B Beneficial Owners				
pers	nere are no Category A Beneficial Owne son can be identified then the most ser be the beneficial owner(s) of the compan	ior managing	le details of each individual who d official(s) of the company (such as	lirectly or indirectly control* the s the managing director or othe	e company. If no such r directors) is/are taker
	ontrol includes exercising control throug eements, arrangements, understanding				by means of trusts,
Ber	neficial Owner 1:				
	en name/s:		Surname:	Date of birth: _	/
Res	idential address (street address only) _				
	ourb:				
	neficial Owner Category: A □ or B □				
	Category B beneficial Owner, please de	escribe role (e.	g. Managing Director):		
Don	neficial Owner 2:				
	en name/s:		Surname:	Date of birth:	/ /
	idential address (street address only) _				
	ourb:	_	Posicode:	Country	
	neficial Owner Category: A □ or B □				
For	Category B beneficial Owner, please de	escribe role (e.	g. Managing Director):		

Beneficial Owner 3:			
Given name/s:		Surname:	Date of birth://
esidential address (street address only			
Suburb:	State:	Postcode:	Country:
eneficial Owner Category: A \square or B \square			
or Category B beneficial Owner, please	describe role (e.g	. Managing Director):	
Beneficial Owner 4:			
Full given name/s: //		Surname:	Date of birth:
)		
			Country:
			country.
If there are more beneficial owners, pro			
•	viue uelalis Uli a s	ерагате знеет ани нек тів вох	<i>i</i> □ <i>)</i>
Proceed to D.5 of Section 2.			
.5 TAX CERTIFICATIONS			
ase select only ONE of the following ca	tegories that apply	to the company, and provide t	the information requested:
,	,		·
. Is the company a tax resident of a co	ountry outside of A	Australia? NO □ / YES □ If 'Ye	es, please complete table below.
Country of tax residency		Tax Identification Numb	per (TIN) or equivalent number
If applicable, please specify the reason	n for the non-avai	lability of a tax identification nu	mber:
Please select only ONE of the follow	ing categories tha	t apply to the company, and pro	ovide the information requested:
☐ United States Company			
United States Company (The company was created in the	US, established ur	nder the laws of the US or is a U	JS tax payer)
Is the company an exempt payee	for US tax purpose	es? YES 🗆 - please provide the	exemption code:
	NO) 🗆	
Proceed to D.6 of Section 2	2.		
Financial Institution – Depositor	/ Institution, Cust	odial Institution or Specified I	nsurance Company
Provide the company's Global Inte	rmediary Identific	ation Number (GIIN), if applicabl	le:
If the company does not have a G	IIN. please advise	of FATCA status:	
Proceed to D.6 of Section 2.	m v, prodoc davico		
Proceed to D.6 of Section 2.			
☐ Financial Institution – Investmer	t Entity		
Provide the company's Global Inte	rmediary Identific	ation Number (GIIN), if applicab	le:
If the company does not have a G	III. place advice	of EATCA status:	
If the company does not have a G	picase auvise (JI FATCA SIGIUS.	
Is the company located outside of	Australia and mar	naged by another Financial Insti	tution?
YES □ - please also tick 'I NO □ - <i>Proceed to D.a</i>		E' below and provide the inforr	mation requested.
NO □ - 1-100660 10 D.0	oi Joodoli Z.		
☐ Public Listed Company, Majority	Owned Subsidia	ry of a Public Listed Company	or International Organisation
Proceed to D.6 of Section 2	a		

	passive income (e.g. dividen	-Financial Entity t organisation; or during the previous ds, interests and royalties) and less nancial Entities or seek assistance fr	than 50% of assets held produc	% of the company's gross incored passive income.) Refer to the	ne was ne FAQ for
	Proceed to D.6 of Section .	2.			
Г	Passive Non-Financial Entir (None of the above applies t				
		Beneficial Owners a US citizen? NO			
		Beneficial Owners, a resident of a c f they are a dual resident in Australia		tax purposes? NO □ / YES □	
	•	e table below for the countries outs	•	e a tax resident:	
	, produce comprete an		ac c., iaca ana n	0 4 (44) (100) 401	
	Name of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number		ease
	(If more snace is required in	 lease use a separate sheet and tick	this hox □\		
	(п тыге зрасе із гединей, р.	icase use a separate sheet and tick	III3 DOX 🗆)		
D.6	DOCUMENTS TO PROVIDE				
	• •	ne current Australian driver's licen	• •		ction 2.
	ATTACH: For a company tha	t is not registered with ASIC, provi	de a certified copy of the regi	stration certificate	
Not	e: Documents that are not writ	ten in English must be accompanied	l by an English translation prepa	nred by an accredited translato	r.
cer per wit	tifiers include registered legal manent employees of Commo	be certified as a true copy of the practitioners, dentists and medica onwealth, State or Territory, or loca re of, an AFSL holder, with 2+ years	Il practitioners; Justice of the Fal government authority with 2	Peace; police officers; notary P+ years continuous service; o	oublic; officers
Plea	ase proceed to Section 3.				
E. :	SELF MANAGED SUPERANNUA	ATION FUND (SMSF)			
	FUND DETAILS	, , , , , , , , , , , , , , , , , , ,			
L. I	FUND DETAILS				
Full	Name of the fund:				
ABN	1:				
_		ddress only)			
Sub	urb	State	Postcode	Country	
Pos	tal address (if different from abo	ove)			
Sub	urb	State state	Postcode	Country	
Not	e: This address will be used for	all account correspondence; however	er we also require your registe	red address.	
Pho	ne no. ()				
Fac	simile no. ()	E-mail address:			

Beneficiary 1: Given name/s: Residential address (street address only) Suburb: Occupation: □Retired □Other - please				
Residential address (street address only)		Surname:		Date of birth: / /
Suburb:				
Beneficiary 2:				
Given name/s:		Surname:		Date of birth://
Residential address (street address only)				
Suburb:	State:	Postcode:	Country: _	
Occupation: □Retired □Other - please	describe:			
Beneficiary 3:				
Full given name/s:		Surname:		Date of birth://
Residential address (street address only)				
Suburb:	State:	Postcode:	Country: _	
Residential address (street address only)				
Suburb:	State:	Postcode:	Country:	
Occupation: Retired Other - please	describe:			
TRUSTEE TYPE				
ELECT THE TRUSTEE TYPE AND PROCEI I INDIVIDUAL TRUSTEES – <i>complete E.</i> I CORPORATE TRUSTEE – <i>complete E.</i>	4 of Section 2)		
L INDIVIDUAL TRUSTEES	in E O of Cootion	a 2 ia/ara alaa tha truotaa/a\	of the CMCE	
4 INDIVIDUAL TRUSTEES	III E.∠ UI Sectior			
I/we confirm that the member(s) listed	anco provido data	ans or the additional trustee D	JEIUW.	
I/we confirm that the member(s) listed there is only ONE member in the SMSF, plo	•	Curnama:	D.	ato of hirth:
I/we confirm that the member(s) listed there is only ONE member in the SMSF, playen name/s:	·			
I/we confirm that the member(s) listed there is only ONE member in the SMSF, playen name/s:	· 			
I/we confirm that the member(s) listed there is only ONE member in the SMSF, playen name/s:	·			
I/we confirm that the member(s) listed there is only ONE member in the SMSF, playen name/s:	State:scribe:	Postcode:	Country:	

E.5 CORPORATE TRUSTEE				
Full company name as registered by ASIC:				
Full business name (if any):				
ACN				
Describe the company's principal business activity	y (not applicable if the	e company only acts a	s a corporate trustee):	
Registered office address (street address only):				
Suburb:	State:	Postcode:	Country:	
Postal address (if different from above):				
Suburb: Note: This address will be used for all account corre	State:	Postcode:	Country:	
Principal place of business (if different from Register			egistered address.	
Suburb:	State:	Postcode:	Country:	
☐ I/we confirm that the member(s) listed in E.2 o	f Section 2 is/are als	o the director(s) of the	e corporate trustee of t	he SMSF.
If there is only ONE member in the SMSF and there i	is an additional directo	or of the corporate trus	tee, please provide their	details below:
Given name/s:	Surname	:	Date of birth _	/
Residential address (street address only)				
			-	
Occupation: Retired Other - please describe: ATTACH: Certified copy of the current Aus	stralian driver's licence of the accompanied by a true copy of the or entists and medical p or Territory, or local g	ce or passport of each an English translation iginal by an acceptable ractitioners; Justice of government authority was	n director of the corpor prepared by an accredit ble certifier. Within Aus the Peace; police office with 2+ years continuou	rate trustee ed translator. tralia, acceptable ers; notary public; as service; officers
Occupation: Retired Other - please describe: ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, de permanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hol of acceptable certifiers.	stralian driver's licence of the accompanied by a true copy of the or entists and medical p or Territory, or local g	ce or passport of each an English translation iginal by an acceptable ractitioners; Justice of government authority was	n director of the corpor prepared by an accredit ble certifier. Within Aus the Peace; police office with 2+ years continuou	rate trustee ed translator. tralia, acceptable ers; notary public; as service; officers
Occupation: Retired Other - please describe: ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, depermanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hole of acceptable certifiers. Please proceed to Section 3.	etralian driver's licency est be accompanied by a true copy of the or entists and medical p or Territory, or local g lder, with 2+ years co	ce or passport of each an English translation iginal by an acceptable ractitioners; Justice of government authority was	n director of the corpor prepared by an accredit ble certifier. Within Aus the Peace; police office with 2+ years continuou	rate trustee ed translator. tralia, acceptable ers; notary public; as service; officers
Occupation: Retired Other - please describe: ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, depermanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hole of acceptable certifiers. Please proceed to Section 3. F. AUSTRALIAN REGULATED TRUST (Excluding SI	etralian driver's licency est be accompanied by a true copy of the or entists and medical p or Territory, or local g lder, with 2+ years co	ce or passport of each an English translation iginal by an acceptable ractitioners; Justice of government authority was	n director of the corpor prepared by an accredit ble certifier. Within Aus the Peace; police office with 2+ years continuou	rate trustee ed translator. tralia, acceptable ers; notary public; as service; officers
Occupation: Retired Other - please describe: ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, depermanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hole of acceptable certifiers. Please proceed to Section 3. F. AUSTRALIAN REGULATED TRUST (Excluding SIF.1 TRUST DETAILS	stralian driver's licency est be accompanied by a true copy of the or entists and medical p or Territory, or local g lder, with 2+ years co	ce or passport of each an English translation riginal by an acceptal ractitioners; Justice of government authority wontinuous service; CPA	n director of the corpor prepared by an accredit ble certifier. Within Aus the Peace; police office with 2+ years continuou	rate trustee ed translator. tralia, acceptable ers; notary public; as service; officers
Occupation: Retired Other - please describe: ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, de permanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hole of acceptable certifiers. Please proceed to Section 3. F. AUSTRALIAN REGULATED TRUST (Excluding SI F.1 TRUST DETAILS Full Name of the trust:	etralian driver's licence of the accompanied by a true copy of the orentists and medical por Territory, or local golder, with 2+ years commended.	ce or passport of each an English translation riginal by an acceptal ractitioners; Justice of government authority wontinuous service; CPA	n director of the corpor prepared by an accredit ble certifier. Within Aus the Peace; police office with 2+ years continuou	rate trustee ed translator. tralia, acceptable ers; notary public; as service; officers
Occupation: Retired Other - please describe: ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, de permanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hole of acceptable certifiers. Please proceed to Section 3. F. AUSTRALIAN REGULATED TRUST (Excluding SI F.1 TRUST DETAILS Full Name of the trust: ABN: Country where trust was established: Australia YES	etralian driver's licency est be accompanied by a true copy of the or entists and medical p or Territory, or local g lder, with 2+ years co	ce or passport of each an English translation riginal by an acceptable ractitioners; Justice of government authority wontinuous service; CPA	n director of the corpor prepared by an accredit ole certifier. Within Aus the Peace; police office with 2+ years continuou A or CA. Refer to the FA	rate trustee ed translator. tralia, acceptable ers; notary public; as service; officers Q for the complete lis
Occupation: Retired Other - please describe: ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, depermanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hole of acceptable certifiers. Please proceed to Section 3. F. AUSTRALIAN REGULATED TRUST (Excluding SIF.1 TRUST DETAILS Full Name of the trust: ABN: Country where trust was established: Australia YES Section 2.	tralian driver's licence of the accompanied by a true copy of the orentists and medical por Territory, or local glider, with 2+ years comments. MSF)	ce or passport of each an English translation iginal by an acceptable ractitioners; Justice of government authority on tinuous service; CPA	n director of the corpor prepared by an accredite ile certifier. Within Aus the Peace; police office with 2+ years continuou a or CA. Refer to the FA	rate trustee eed translator. tralia, acceptable ers; notary public; is service; officers Q for the complete lis
Occupation: □Retired □Other - please describe: □ ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, de permanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hol of acceptable certifiers. Please proceed to Section 3. F. AUSTRALIAN REGULATED TRUST (Excluding SI F.1 TRUST DETAILS Full Name of the trust: ABN: □ Country where trust was established: Australia YES Section 2. Describe the trust's principal business activity: □ □	stralian driver's licency st be accompanied by a true copy of the or entists and medical p or Territory, or local g lder, with 2+ years co MSF) S	ce or passport of each an English translation riginal by an acceptal ractitioners; Justice of government authority wontinuous service; CPA	n director of the corpor prepared by an accredit ble certifier. Within Aus the Peace; police office with 2+ years continuou A or CA. Refer to the FA	ate trustee ed translator. tralia, acceptable ers; notary public; as service; officers Q for the complete lis
Occupation: □Retired □Other - please describe: □ ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, de permanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hole of acceptable certifiers. Please proceed to Section 3. F. AUSTRALIAN REGULATED TRUST (Excluding SI F.1 TRUST DETAILS Full Name of the trust: ABN: Country where trust was established: Australia YES Section 2. Describe the trust's principal business activity: Registered office address (street address only)	etralian driver's licence of the accompanied by a true copy of the orentists and medical por Territory, or local golder, with 2+ years community. MSF) S	ce or passport of each an English translation riginal by an acceptable ractitioners; Justice of government authority wontinuous service; CPA	n director of the corpor prepared by an accredite ile certifier. Within Aus the Peace; police office with 2+ years continuou A or CA. Refer to the FA	rate trustee ed translator. tralia, acceptable ers; notary public; is service; officers Q for the complete lis
Occupation: Retired Other - please describe: ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, de permanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hole of acceptable certifiers. Please proceed to Section 3. F. AUSTRALIAN REGULATED TRUST (Excluding SI F.1 TRUST DETAILS Full Name of the trust: ABN: Country where trust was established: Australia YES Section 2. Describe the trust's principal business activity: Registered office address (street address only) Suburb Suburb	stralian driver's licency at the accompanied by a true copy of the orentists and medical professor territory, or local golder, with 2+ years comments. MSF) S	ce or passport of each an English translation riginal by an acceptable ractitioners; Justice of government authority to ontinuous service; CPA	n director of the corpor prepared by an accredit ble certifier. Within Aus the Peace; police office with 2+ years continuou a or CA. Refer to the FA	ate trustee ed translator. tralia, acceptable ers; notary public; is service; officers Q for the complete lis
Occupation: Retired Other - please describe: ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, de permanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hole of acceptable certifiers. Please proceed to Section 3. F. AUSTRALIAN REGULATED TRUST (Excluding SI F.1 TRUST DETAILS Full Name of the trust: ABN: Country where trust was established: Australia YES Section 2. Describe the trust's principal business activity: Registered office address (street address only) Suburb Postal address (if different from above) Suburb	tralian driver's licence of the accompanied by a true copy of the orentists and medical por Territory, or local golder, with 2+ years community. MSF) State State	ce or passport of each an English translation iginal by an acceptal ractitioners; Justice of government authority wontinuous service; CPA then please go to G. U Postcode Postcode	n director of the corpor prepared by an accredite ple certifier. Within Aus the Peace; police office with 2+ years continuou or CA. Refer to the FA hregulated Trust (include	rate trustee ed translator. tralia, acceptable ers; notary public; as service; officers Q for the complete lis
Occupation: □Retired □Other - please describe: □ ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, de permanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hole of acceptable certifiers. Please proceed to Section 3. F. AUSTRALIAN REGULATED TRUST (Excluding SI F.1 TRUST DETAILS Full Name of the trust: ABN: Country where trust was established: Australia YES Section 2. Describe the trust's principal business activity: Registered office address (street address only) Suburb Postal address (if different from above) Suburb Note: This address will be used for all account corre	tralian driver's licence of the accompanied by a true copy of the orentists and medical por Territory, or local golder, with 2+ years community. MSF) State State	ce or passport of each an English translation iginal by an acceptal ractitioners; Justice of government authority wontinuous service; CPA then please go to G. U Postcode Postcode	n director of the corpor prepared by an accredite ple certifier. Within Aus the Peace; police office with 2+ years continuou or CA. Refer to the FA hregulated Trust (include	rate trustee ed translator. tralia, acceptable ers; notary public; as service; officers Q for the complete lis
□ ATTACH: Certified copy of the current Aus Note: Documents that are not written in English must Each document supplied must be certified as a certifiers include registered legal practitioners, de permanent employees of Commonwealth, State of with, or authorised representative of, an AFSL hol of acceptable certifiers. Please proceed to Section 3. F. AUSTRALIAN REGULATED TRUST (Excluding SI F.1 TRUST DETAILS Full Name of the trust: ABN: Country where trust was established: Australia YES Section 2. Describe the trust's principal business activity: Registered office address (street address only) Suburb Postal address (if different from above)	etralian driver's licence set be accompanied by a true copy of the orentists and medical por Territory, or local glider, with 2+ years community. MSF) State State State spondence; however	ce or passport of each an English translation iginal by an acceptal ractitioners; Justice of government authority wontinuous service; CPA then please go to G. U Postcode Postcode	n director of the corpor prepared by an accredite ple certifier. Within Aus the Peace; police office with 2+ years continuou or CA. Refer to the FA hregulated Trust (include	rate trustee ed translator. tralia, acceptable ers; notary public; as service; officers Q for the complete lis

	TYPE OF REGULATED TRUST
	ct ONE of the following categories that apply to the trust and provide the information required. If none applies, then please go to G. egulated Trust (Including Foreign Trust) of Section 2.
	Registered managed investment scheme – provide Australian Registered Scheme Number (ARSN):
	Unregistered managed investment scheme (where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies):
	Provide the unregistered managed investment scheme's ABN:
	☐ Please attach a copy of an offer document or trust deed of the unregistered managed investment scheme
	Government superannuation fund – provide name of the legislation establishing the fund:
	Other regulated Trust (i.e. a trust that is registered and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund):
	Provide name of regulator (e.g. ASIC, APRA):
	Provide the trust's registration/licensing details (e.g. RSE No.):
F.3	TAX CERTIFICATIONS
Sele	ect ONE of the following categories that apply to the trust and provide the information required:
	Australian regulated superannuation fund: Include government super funds, APRA regulated super funds and pooled superannuation trusts - please proceed to F.4 of Section 2.
	Other Australian regulated trust: Please provide the trust's Global Intermediary Identification Number (GIIN), if applicable:
	If the trust does not have a GIIN, please advise of FATCA status:
	Please proceed to F.4 of Section 2.
F.4	TRUSTEE TYPE
	TRUSTEE TYPE ECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED
SEL	
SEL	ECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED INDIVIDUAL TRUSTEES – complete F.5 of Section 2. CORPORATE TRUSTEE – complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D.
SEL	ECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED INDIVIDUAL TRUSTEES – complete F.5 of Section 2.
SEL	ECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED INDIVIDUAL TRUSTEES – complete F.5 of Section 2. CORPORATE TRUSTEE – complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D.
SEL	ECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED INDIVIDUAL TRUSTEES – complete F.5 of Section 2. CORPORATE TRUSTEE – complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company.
SEL	ECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED INDIVIDUAL TRUSTEES – complete F.5 of Section 2. CORPORATE TRUSTEE – complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company. INDIVIDUAL TRUSTEE
SEL F.5 How	INDIVIDUAL TRUSTEE — complete F.5 of Section 2. CORPORATE TRUSTEE — complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company. INDIVIDUAL TRUSTEE IMPRINTED INDIVIDUAL TRUSTEE IMPRINTED
SEL F.5 How Trus	INDIVIDUAL TRUSTEE — complete F.5 of Section 2. CORPORATE TRUSTEE — complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company. INDIVIDUAL TRUSTEE I many individual trustees does the trust have? Please provide details of ALL individual trustees below: Stee 1:
SEL F.5 How Trus Give	INDIVIDUAL TRUSTEES – complete F.5 of Section 2. CORPORATE TRUSTEE – complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company. INDIVIDUAL TRUSTEE I many individual trustees does the trust have? Please provide details of ALL individual trustees below: Stee 1: In name/s: Date of birth/
SEL F.5 How Trus Give	INDIVIDUAL TRUSTEE — complete F.5 of Section 2. CORPORATE TRUSTEE — complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company. INDIVIDUAL TRUSTEE In many individual trustees does the trust have? Please provide details of ALL individual trustees below: Stee 1: In name/s: Date of birth/ Corporate trustee is an Australian Company or D. Foreign Company.
SEL F.5 How Trus Give Resi Sub	INDIVIDUAL TRUSTEE - complete F.5 of Section 2. CORPORATE TRUSTEE - complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company. INDIVIDUAL TRUSTEE I many individual trustees does the trust have? Please provide details of ALL individual trustees below: Istee 1: In name/s: Date of birth/ dential address (street address only)
F.5 How Trus Give Resi Sub Wha	INDIVIDUAL TRUSTEES – complete F.5 of Section 2. CORPORATE TRUSTEE – complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company. INDIVIDUAL TRUSTEE I many individual trustees does the trust have? Please provide details of ALL individual trustees below: I stee 1: In name/s: Date of birth/
F.5 How Trus Give Resi Sub Wha Trus Give	INDIVIDUAL TRUSTEES – complete F.5 of Section 2. CORPORATE TRUSTEE – complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company. INDIVIDUAL TRUSTEE In many individual trustees does the trust have? Please provide details of ALL individual trustees below: INDIVIDUAL TRUSTEE In many individual trustees does the trust have? Please provide details of ALL individual trustees below: INDIVIDUAL TRUSTEE In many individual trustees does the trust have? Please provide details of ALL individual trustees below: INDIVIDUAL TRUSTEE INDIVIDUAL
F.5 How Trus Give Resi Wha Trus Give Resi	INDIVIDUAL TRUSTEES – complete F.5 of Section 2. CORPORATE TRUSTEE – complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company. INDIVIDUAL TRUSTEE In many individual trustees does the trust have?
F.5 How Trus Give Resi Sub Wha Trus Give Resi Sub	INDIVIDUAL TRUSTEE TYPE AND PROCEED AS DIRECTED INDIVIDUAL TRUSTEE - complete F.5 of Section 2. CORPORATE TRUSTEE - complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company. INDIVIDUAL TRUSTEE INDIVIDUAL TRUSTEE IN many individual trustees does the trust have?
F.5 How Trus Give Resi Sub Wha Trus Give Resi Sub Wha	INDIVIDUAL TRUSTEE TYPE AND PROCEED AS DIRECTED INDIVIDUAL TRUSTEE - complete F. 5 of Section 2. CORPORATE TRUSTEE - complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company. INDIVIDUAL TRUSTEE INDIVIDUAL

Residential address (street address or	nly)			
Suburb	State	Postcode	Country	
What is your occupation? □Retired	□Other - please describe	e:		
Trustee 4:				
Given name/s:		Surname:	Date of birth	//
Residential address (street address or	nly)			
Suburb	State	Postcode	Country	
What is your occupation? $\hfill\square Retired$	□Other - please describe	e:		
Please proceed to Section 3.				
G. UNREGULATED TRUST (INCLUDI	NG FOREIGN TRUST)			
G.1 TRUST DETAILS				
Full name of the trust:				
ABN:				
Country where trust was established:) □ If 'No', then please nan	ne country	
Describe the trust's principal business	s activity:			
Registered office address (street addr	ess only)			
Suburb	State	Postcode _	Country	
Postal address (if different from above	e)			
			Country	
Note: This address will be used for al	·	e; however we also require y	your registered address.	
Phone no. ()				
Facsimile no. ()	E-mail ad	dress:		
G.2 TYPE OF UNREGULATED TRU	IST			
Please select only ONE of the following	ng categories:			
☐ Family Trust☐ Other type, please provide de	aritable Trust escription	☐ Testamentary Trust	☐ Unit Trust	
Full name of trust settlor*:			· · · · · · · · · · · · · · · · · · ·	
(*settlor is the person who settles th	e initial sum or assets to	create the trust)		

G.3 BENEFICIARY DETAILS

Does the trust identifies its beneficiaries by class, e.g. unit holders, far \square NO / \square YES - If 'Yes, then details of the class(es) of beneficiaries:	
Does the trust identifies its beneficiaries by name? □ NO / □ YES - If 'Yes, then provide details of all beneficiaries below.	
How many beneficiaries are in the trust?	
Beneficiary 1: Given name(s)/Entity Name(s):	Surname:
Beneficiary 2:	
Given name(s)/Entity Name(s):	Surname:
Beneficiary 3:	
Given name(s)/Entity Name(s):	Surname:
Beneficiary 4: Given name(s)/Entity Name(s):	Surname:

(If there are more beneficiaries, provide details on a separate sheet and tick this box \Box)

G.4 BENEFICIAL OWNER DETAILS				
Beneficial Owners Are there any individuals who are entitled (directions)	ectly or indirectly)	to 25% or more of the trust inc	ome or as	sets?.
\square NO / \square YES $$ - if 'Yes', then provide deta	ils of those individ	uals below:		
Beneficial Owner 1:				
Given name/s:	:	Surname:		_ Date of birth:/
Residential address (street address only)				
Suburb:	State:	Postcode:	_ Country:	
Beneficial Owner 2:				
Given name/s:		Surname:		_ Date of birth:/
Residential address (street address only)				
Suburb:	State:	Postcode:	_ Country:	
Beneficial Owner 3:				
Given name/s:	:	Surname:		_ Date of birth:/
Residential address (street address only)				
Suburb:S	State:	Postcode:	_ Country:	
Beneficial Owner 4:				
Given name/s:	!	Surname:		_ Date of birth:/
Residential address (street address only)				
Suburb:S			_ Country:	
Appointer of the Trust	,	·		
Does the trust have an appointer (i.e. an indivior of the trust; may also be called the 'custodian		granted specific powers by the	e trust de	ed to appoint or remove the trustees
\square NO $/$ \square YES $$ - if 'Yes', then provide deta	ils of the appointer	(or equivalent) below:		
Given name/s:	!	Surname:		Date of birth:/
Residential address (street address only)				
		Postcode:	_ Country:	
(If there are more appointers, provide details	s on a separate she	et and tick this box □)		
Please proceed to G.5 of Section 2.				
G.5 TAX CERTIFICATIONS				
Please select only ONE of the following catego 1. Is the trust a tax resident outside of Austra			e table belo	DW.
Country of tax residency		ntification Number (TIN) or ent number	If no reas	TIN available, please describe on.
2. Please select only ONE of the following ca	tegories and provid	le the information requested:		
United States Trust (The trust was created in the US, estable	ished under the lav	vs of the US or is a US taxpayer)	
Is the trust an exempt payee for US tax	purposes? YES □ NO □	- please provide the exemption	n code:	

Please proceed to G.6 of Section 2.

	Financial Institution or Trust with a Trustee that is a Financial Institution (The trust was primarily established for custodial or investment purposes; or if the trustee of the trust is a Financial Institution) Please provide the trust's Global Intermediary Identification Number (GIIN), if applicable:					
	If the trust does not have a GIIN, please advise of FATCA status:					
	Please proceed to G.6 of Section 2.					
	Australian Registered Please proceed to G.6	Charity or Deceased Estate of Section 2.				
	(The trust is a non-Aust passive income (e.g. div	vidends, interests and royalties) and le on-Financial Entities or seek assistand		% of the entity's gross income was I passive income.) Refer to the FAQ for		
	Other (None of the above applies to the trust) Is any one of the trust's beneficiaries, trustees, settlors or beneficial owners, a US citizen? NO YES					
	Is any one of the trust's NO \square / YES \square	s beneficiaries, trustees, settlors or be	eneficial owners, a resident of a count	ry other than Australia for tax purposes?		
	•	es" if they are a dual resident in Aust	•			
			outside of Australia in which they are a			
	Name of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.		
	(If more space is required	 , please use a separate sheet and ticl	k this box □)			
	Please proceed to G.6 of					
G.6	DOCUMENTS TO PRO		w's license or personant of each Don	raficial Oursey and Appaintage listed		
□ #	ATTACH: Certified co in G.4 of Sec		r's licence or passport of each Ber	neficial Owner and Appointer listed		
		py of the Trust Deed. If an extract g pages must be included:	of the Trust Deed is provided, at a	a minimum, the certified copy of		
	 The cover page The page which 	h documents who the name of the	e trust and the trustee;			
	3. The page with	the date of the Trust Deed; ges of the Trust Deed;				
	The page that I	ists the name and/or class of the				
	Documents that are not v		ied by an English translation prepared			
Each certif	document supplied musers include registered leg	st be certified as a true copy of th gal practitioners, dentists and medic	ne original by an acceptable certific cal practitioners; Justice of the Peace	er. Within Australia, acceptable e; police officers; notary public;		
			cal government authority with 2+ yentinuous service; CPA or CA. Refer to	ears continuous service; officers with, of the FAO for the complete list of		
	table certifiers.	.,				
Plos						
1 100	ise proceed to G.7 of Sec	ction 2.				
	·	ction 2.				
G.7	TYPE OF TRUSTEE	ction 2.				
G.7	TYPE OF TRUSTEE	AND PROCEED AS DIRECTED				
G.7 SEL	TYPE OF TRUSTEE ECT THE TRUSTEE TYPE					
G.7	TYPE OF TRUSTEE ECT THE TRUSTEE TYPE INDIVIDUAL TRUSTEES -	AND PROCEED AS DIRECTED complete G.8 of Section 2.	of Section 2 for Australian corporate	e trustee or D. Foreign Company for		

How many individual trustees are there	e?	Please provide details of ALI	_ individual truste	es below:		
Trustee 1:						
Given name/s:		Surname:		_Date of birth	/	/
Residential address (street address on	ly)					
Suburb	State	Postcode	Country _			
What is your occupation? □Retired □	□Other - please de	escribe:				
Trustee 2:						
Given name/s:		Surname:		Date of birth	/	/
Residential address (street address on	ly)					
Suburb	State	Postcode	Country _			
What is your occupation? □Retired □	□Other - please de	escribe:				
Trustee 3:						
Given name/s:		Surname:		Date of birth	/	/
Residential address (street address on	ly)					
Suburb	State	Postcode	Country _			
What is your occupation? □Retired □	□Other - please de	escribe:				
Trustee 4:						
Given name/s:		Surname:		Date of birth	/	/
Residential address (street address on	lv)					
	·)/					
Suburb	State	Postcode	Country _			
Suburb What is your occupation? □Retired □	State Other - please de	Postcode	Country _			
Suburb	State State Other - please de rent Australian dr ertified as a true (titioners, dentists alth, State or Terri	Postcode escribe: river's licence or passport of copy of the original by an act and medical practitioners; Justory, or local government aut	each individual	trustee er. Within Austra e; police officers;	lia, accer notary p ervice; o	otable ublic; fficers with,
Suburb	State	Postcode escribe: river's licence or passport of copy of the original by an act and medical practitioners; Justory, or local government aut	each individual	trustee er. Within Austra e; police officers;	lia, accer notary p ervice; o	otable ublic; fficers with,
Suburb	State	Postcode escribe: river's licence or passport of copy of the original by an ac and medical practitioners; Justory, or local government aut years continuous service; CF	each individual	trustee er. Within Austra e; police officers;	lia, accer notary p ervice; o	otable ublic; fficers with,
Suburb	State	Postcode escribe: river's licence or passport of copy of the original by an ac and medical practitioners; Justory, or local government aut years continuous service; CF	each individual	trustee er. Within Austra e; police officers;	lia, accer notary p ervice; o	otable ublic; fficers with,
Suburb	State	Postcode escribe: river's licence or passport of copy of the original by an action and medical practitioners; Justory, or local government autory, or local government autory expenses continuous service; CF	each individual eceptable certification of the Peach hority with 2+ year or CA. Refer to	trustee er. Within Austra e; police officers; ears continuous s o the FAQ for the	lia, accer notary p ervice; o	otable ublic; fficers with,
What is your occupation? □Retired □ □ ATTACH: Certified copy of currence document supplied must be certifiers include registered legal practermanent employees of Commonwer authorised representative of, an AFS occupable certifiers. Please proceed to Section 3. H. ASSOCIATION / REGISTERED COMMON ASSOCIATION	State	Postcode	each individual acceptable certificatice of the Peach hority with 2+ year or CA. Refer to the Peach or CA. Refer to the Peach or CA.	trustee er. Within Austra e; police officers; ears continuous s o the FAQ for the	lia, accep notary p ervice; o complet	otable ublic; fficers with,
What is your occupation? □Retired □ □ ATTACH: Certified copy of currench document supplied must be certifiers include registered legal practermanent employees of Commonwear authorised representative of, an AFCCCEPTABLE CERTIFICATION / REGISTERED COMMON / REGISTERED	StateS	Postcode	each individual eceptable certificatice of the Peach hority with 2+ your PA or CA. Refer to a registered co-o	trustee er. Within Austra e; police officers; ears continuous s o the FAQ for the	lia, accep notary p ervice; o complet	otable ublic; fficers with,
What is your occupation? □Retired □ □ ATTACH: Certified copy of currence of the copy of currence of c	State	Postcode	each individual eceptable certificatice of the Peach hority with 2+ your PA or CA. Refer to a registered co-o	trustee er. Within Austra e; police officers; ears continuous s o the FAQ for the	lia, accep notary p ervice; o complet	otable ublic; fficers with,
What is your occupation? □Retired □ □ ATTACH: Certified copy of currance depth of the copy of the cop	State	Postcode	each individual receptable certification of the Peach hority with 2+ year or CA. Refer the Peach or CA. Refer the	trustee er. Within Austra e; police officers; ears continuous s o the FAQ for the	lia, accep notary p ervice; o complet	otable ublic; fficers with, e list of
What is your occupation? □Retired □ □ ATTACH: Certified copy of currency of currency of currency of currency of currency of comment supplied must be certifiers include registered legal practermanent employees of Commonwear authorised representative of, an AFI occeptable certifiers. Please proceed to Section 3. H. ASSOCIATION / REGISTERED COMMON OF COM	State	Postcode	each individual cceptable certificatice of the Peach hority with 2+ year or CA. Refer to a registered co-o	trustee er. Within Austra e; police officers; ears continuous s o the FAQ for the	lia, accep notary p ervice; o complet	otable ublic; fficers with, e list of

Suburb	State	Postcode	Country	
Postal address:				
	State	Postcode	Country	
·	· 			
Facsimile no. ()				
E-mail address:				
H.2 OFFICER DETAILS				
Provide details of the following officers (operative): Chairman /President (or equivalent):	or equivalent member o	f the governing commit	tee, howsoever described b	y the association or co-
Given name/s:	Su	rname:	Date of birth:	/
Residential address (street address only) _				
Suburb:	State:	Postcode:	Country:	
Secretary (or equivalent):				
Given name/s:	Su	rname:	Date of birth:	//
Residential address (street address only) _				
Suburb:	State:	Postcode:	Country:	
Treasurer (or equivalent):				
Given name/s:	Su	rname:	Date of birth:	//
Residential address (street address only) _				
Suburb:	State:	Postcode:	Country:	
Public Officer of the Incorporated Asso	ociation (if any):			
Given name/s:	Su	rname:	Date of birth:	/
Residential address (street address only) _				
Suburb:	State:	Postcode:	Country:	
Member of the Unincorporated Associ	ation (only applicable if	this Application Form is	s signed by such member):	
Given name/s:				
Residential address (street address only) _				
Suburb:	State:	Postcode:	Country:	
H.3 BENEFICIAL OWNER DETAILS				
Are there any beneficial owners (i.e. individual the officers listed in H.2?	duals who directly or indir	rectly control the associa	ation or registered co-operativ	re) who are different to
$\hfill\Box$ No / $\hfill\Box$ Yes – if 'Yes', please provide the	ne details of the benefici	al owners:		
Given name/s:		Surname	2:	
Date of birth://	Role:		_	
Residential address (street address on	ly)			
Suburb:	State:	Postcode:	Country:	

(If there are more beneficial owners, provide details on a separate sheet and tick this box \square)

H.3 TAX CERTIFIC	CATION				
Is the association below.	n or registered co-operative a	tax resident of a c	ountry outside of Austra	alia? NO □ / YES □ If 'Ye	es, please complete table
Country of tax	c residency		Tax Identification Numl number	ber (TIN) or equivalent	
If applicable, pleas	se specify the reason for the I	non-availability of a	a tax identification numb	per:	
H.4 DOCUMENTS	TO PROVIDE				
	porated and unincorporated				
	fied copy of the constitution fied copy of the current Aus			ach officer listed in H 2 of	Spetion 2: and
	fied copy of the current Aus				
Registered Co-oper	atives				
	ied copy of the register ma			anda affia an linta d in 110 at	Continuo or and
	fied copy of the current Aus fied copy of the current Aus				
of acceptable certif Please proceed to . I. GOVERNMENT B	Section 3.	nolder, with 2+ yea	ars continuous service;	CPA or CA. Refer to the I	FAQ for the complete list
I.1 GOVERNMENT	F BODY DETAILS				
Full name of govern	ment body:				
Principal place of op	erations (street address only):			
Suburb		State	Postcode	Country	
Postal address:					
Suburb		State	Postcode	Country	
Note: This postal ad	dress will be used for all acco	ount corresponden	ce.		
Phone no. ()_					
Facsimile no. ()		_			
E-mail address:					
Legislation establish	ing the government body:				
I.2 GOVERNMENT	INFORMATION				

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Select ONE of the following categories that apply to the government body.

	Commonwealth of Australia Govern Australian State or Territory Govern	•	•		
			 Please procee	ed to I.4 of Secti	ion 2.
	Foreign (non-Australian) Governmen	nt Body – Pleas	e specify foreign country:		
			Please proceed to	I.3 of Section 2.	
1.3	BENEFICIAL OWNER DETAILS				
This	section is to be completed by a foreig	n government	body only.		
	ase provide details of all individuals that secretary of the government body.	t directly or ind	irectly control the government I	body, such as the	e Chairman, President, Treasurer
Ber	neficial Owner 1:				
	en name/s:		Surname:		Date of birth:
	idential address (street address only)				
Sub	urb:	State:	Postcode:	Country:	
Plea	ase describe role:				
Ber	eficial Owner 2:				
	en name/s:		Surname:		Date of birth:
	//idential address (street address only)				
Sub	urb:	State:	Postcode:	Country:	
Plea	ase describe role:				
Ber	neficial Owner 3:				
	en name/s:		Surname:		Date of birth:
	//idential address (street address only)				
Sub	urb:	State:	Postcode:	Country:	
Plea	ase describe role:				
	neficial Owner 4:				
Give	en name/s:		Surname:		Date of birth://
Res	idential address (street address only) _				
Sub	urb:	State:	Postcode:	Country:	
Plea	ase describe role:				

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(If there are more beneficial owners, provide details on a separate sheet and tick this box □)

I.4 DOCUMENTS TO PROVIDE

Australian Government Bodies
NO ATTACHMENT REQUIRED

Please proceed to Section 3.

Foreign Government Bodies

☐ ATTACH: Certified copy of the extract of the legislation establishing the government body; and

☐ ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in I.3 of Section 2.

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.

Section 3 – Application Amount and Payment Details

Fund Name	APIR Code	ISIN	Initial investment (\$)
Firetrail Absolute Return Fund – class A units	WHT5134AU	AU60WHT51348	
Firetrail Australian High Conviction Fund – class A units	WHY3810AU	AU60WHT38105	

Minimum initial investment for the Firetrail Absolute Return Fund and the Firetrail Australian High Conviction Fund is \$20,000 or as agreed with the Responsible Entity.

3.a Source of Investment				
Please identify the source of your investm	nent:			
Investor 1:				
	Inheritance/gift ☐ Other – please specify:			
Investor 2 (for joint account):				
. ,	Inheritance/gift ☐ Other – please specify:	☐ Financial investments	☐ Business activity	
3.b Payment Details				
Payment Method:				
☐ Electronic Funds Transfer, or☐ Cheque				
Payment is to be made in Australian Dollars	s by cheques or through the	following accounts by Electronic Fi	unds Transfer ('EFT'):	
EFT:				
Currency	AUD			
Country Australia				
Payee	RBCIS Firetrail [Investor Name]			
BSB:				
Account Number:				
Deposit reference for EFT: Please quote your deposit reference numb	ber			
Cheque: Cheques should be crossed "Not Negotiable" and made payable to: RBCIS Firetrail [Investor Name] Please note that you will incur a fee if your cheque is dishonoured.				
Please note:				
For new applications				
Ensure that the <u>original</u> application is <u>pos</u>	sted in the mail to Registry.			
For applications from existing clients*				
Ensure that the application is <u>posted</u> or <u>fa</u>	axed to Registry.			
Post: GPO Box 4471, SYDNEY NSW 2001 Fax: +612 8262 5492				
You must ensure that instructions to the the Registry.	e Registry are signed off b	by mandated signatories that ha	ve been previously provided to	
*For the purposes of satisfying AML requirements, an existing client is one that currently has an account in a Firetrail investment fund and their details as currently held by Registry have not changed. Please complete Section 2 if any details have changed.				

Section	4 -	Distr	ibutior	١Fl	ection

DISTRIBUTION

Please specify how you would like any distributions from the Fund to be paid. I/we wish to have my distributions*

- ☐ Reinvested as additional units in the Fund*, or
- ☐ Paid in cash (Australian dollars only) into my/our account below**
- Unless otherwise instructed, distributions will be reinvested in additional units.
- ** Where distributions are paid directly to a bank account, they will only be paid in Australian (AUD) dollars.
 Bank account details stated on the Application Form should be for an account that will receive and accept AUD payments.

4.a Nominated Bank Account

Note: We can not transfer proceeds to third party bank accounts. Nominated bank account name must be in the same name as the investor(s).

For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.

Bank account details fo	istributions:
Bank _	
Account Name	
BSB No	Account No
Bank account details fo	vithdrawals if different from above:
Bank ₋	
Account Name	
BSB No	Account No

Section 5 - Information you may receive

Account information

We are required by law to send information including transaction advices and holding statements in relation to your account.

Annual Financial Reports

The Annual Financial Reports of the Fund will be available in a timely, cost effective and environmentally friendly manner via our website at www.firetrail.com by 30 September each year.

Section 6 – Adviser Access of your Account Information

By filling in this s	ection, you conser	ıt to give your financial	adviser acces	s to your state	ments (including via email).
Adviser Name					
Name of Advisory	Firm and / or Deale	r Group			
AFSL Number		Ac	dviser Number		
Address					
Suburb				State	Postcode
Phone no. ()				
E-mail address: _					
Section 7 – Tax Fi	le Number (TFN) N	lotification or Exemptio	n		
section. Collection an offence if you d	n of your TFN is aut lo not quote your Ta	horised, and its use and ax File Number or a valid	disclosure are lexemption. H	strictly regulate lowever, if you	estments in the Fund by completing this ed by the tax laws and Privacy Act. It is not do not, and you do not provide appropriate m all income distributions made to you.
					Fund. TFNs for trustees cannot be
accepted.	-	·		•	
For adu indicated		ng on behalf of a minor	- provide the	TFN of the adu	ult/guardian AND the minor where
maroatoa	'				
<u>Investor 1</u> Full Name:					
Basis for Tax File N	umber exemption (if	applicable):			
Investor 2 (if join	t account)				
Tax File Number :					
Basis for Tax File N	umber exemption (if	аррисавіе):			
Minor (if applicab	<u>le)</u>				
Full Name:					
Basis for Tax File N	umber exemption (if	applicable):			

Section 8 - Declaration and Application Signature

I/We declare that I/we:

- have read and understood in full the relevant PDS and Additional Information to the PDS to which this application relates, which is available at www.firetrail.com;
- agree that the terms and conditions of the PDS and Additional Information to the PDS form part of this declaration;
- have read, understood and agree to all declarations, conditions and acknowledgements contained in the PDS and Additional Information to the PDS, specifically the terms and conditions in the 'Additional Information' section of the PDS or Additional Information to the PDS;
- acknowledge that the Responsible Entity may require us to provide any additional documentation or other information to enable
 compliance with any laws relating to anti-money laundering and counter terrorism financing ('AML/CTF') or any other law, including
 the Foreign Account Tax Compliance Act ('FATCA') and OECD Common Reporting Standard ('CRS');
- acknowledge, accept and declare that all the details given in this application are true and correct, and I/we undertake
- to inform you of any changes to the information supplied as and when they occur;
- have received and accepted this offer in Australia or New Zealand;
- have received personally a complete and unaltered latest PDS and Additional Information to the PDS prior to completing the Application Form;
- certify that if we are signing under a Power of Attorney, the Power of Attorney has not been revoked; and
- confirm that the details of my/our investment can be provided to the specified adviser group by the means and format that they
 direct.

Section 8A - Account Operating Authority

Please in	idicate ho	W VOILV	wish to	operate vour	Account

Any one of us to sign, o
All of us to sign, or
Any two of us to sign

If you select 'any one of us to sign', each of you (including any person you appoint as an authorised representative) will be able to transact on, or otherwise operate your account independently of the others.

If you do not select an option, we will assume that 'any one of us to sign' option will apply.

Section 8B - Signatory

Signatory Requirements

- Individual Investor the individual investor must sign (if adult is acting as trustee for minor, the adult/guardian must sign)
- Joint Applicants all investors must sign
- Company at least two directors; or a director and company secretary; or by sole director (where applicable), must sign. If signing as authorised signatories of the company, a certified copy of the authorised signatory list must be provided.
- SMSF all individual trustees or directors of the corporate trustee must sign
- Trusts all individual trustees must sign; if a corporate trustee, then sign as for a company
- Partnership each partner must sign
- Association or registered co-operative each office bearer must sign
- Government Body relevant principal officer/authorised signatory must sign
- Power of Attorney If signing under a Power of Attorney, please attach an original certified copy of the Power of Attorney. The front page and the signature pages of the document must be certified at a minimum. Provide an original certified copy of identification documents for the Attorney(s) as required for individuals (i.e. Australian Driver's Licence or photo page of current Passport) or company (refer to C.6 or D.6 of section 2). All Attorneys must be identified.
- Authorised representatives to appoint an individual or company as your authorised representative to: apply for units in the Fund(s) and sign all documents necessary for this purpose; and make requests to redeem all or some of your units, please complete the Authorised Representative Form (Individual or Company) and attach it to this Application Form.

Signatory 1			
Signature Surname Given Name/s Capacity	□ Sole Director □ Director □ Partner	☐ Individual ☐ Office Hold ☐ Trustee	Date/der
Signatory 2			
Signature Surname Given Name/s Capacity	□ Director □ Office Holder □ Partner	□ Individual (j	Date/oint account)
Signatory 3			
Signature Surname Given Name/s Capacity	□ Director □ Partner		Date/
Signatory 4			
Signature Surname Given Name/s Capacity	□ Director □ Partner		Date/
Post completed	Application Form and accompanying documents to		
[Fund Name] C/- RBC Investor	Services Trust – Registry Operations		

GPO Box 4471 SYDNEY NSW 2001