

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 *different* 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 – Investor Details

A. INDIVIDUAL OR JOINT APPLICANTS

Investor 1 Title _____ Given name/s _____
 Surname _____ Date of birth ____/____/____

Residential address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

Postal address (if different from above) _____

Suburb _____ State _____ Postcode _____ Country _____

Note: This address will be used for all account correspondence; however we also require your residential address.

Phone no. (____) _____

Mobile no. _____

Facsimile no. (____) _____

E-mail address: _____

What is your occupation? Retired Other - please describe: _____

Are you a sole trader?: NO / YES then, please provide ABN/ARBN _____

Full business name: _____

Principal place of business (if any)(street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

TAX CERTIFICATIONS

Are you a US citizen? NO / YES

Are you a resident of a country other than Australia for tax purposes? NO / YES

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

If "Yes", please complete the table below for the countries outside of Australia in which you are 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: _____

ACCOUNT OPENING FOR A MINOR OR JOINT ACCOUNT

Are you opening an account on behalf of a minor (i.e. acting as trustee for a child under the age of 18)?

NO / YES - If 'Yes', please provide details of the minor in the section below.

Are you opening a joint account?

NO / YES - If 'Yes', please provide details of Investor 2 in the section below.

ATTACH: Certified copy of the current Australian driver's licence or passport of Investor 1.

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.

If this is joint application, please complete details for Investor 2. Otherwise, please proceed to Section 3.

Minor Given name/s: _____
 Surname: _____ Date of birth: ____/____/____
 Residential Address (Street Address only): _____
 Suburb: _____ State: _____ Postcode: _____ Country: _____

TAX CERTIFICATIONS

Is the minor a US citizen? NO / YES

Is the minor a resident of a country other than Australia for tax purposes? NO / YES

(Note: please select "Yes" if the minor is a dual resident in Australia and another country).

If "Yes", please complete the table below for the countries outside 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 the Minor.

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.

Investor 2 Title _____ Given name/s _____
 Surname _____ Date of birth ____/____/____
 Residential address (street address only) _____
 Suburb _____ State _____ Postcode _____ Country _____
 Phone no. (____) _____ Mobile no. _____
 Facsimile no. (____) _____
 E-mail address: _____
 What is your occupation? Retired Other - please describe: _____

TAX CERTIFICATIONS

Are you a US citizen? NO / YES

Are you a resident of a country other than Australia for tax purposes? NO / YES

(Note: please select "Yes" if the minor is a dual resident in Australia and another country).

If "Yes", please complete the table below for the countries outside 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

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.

B. PARTNERSHIP

B.1 PARTNERSHIP DETAILS

Full name of partnership: _____

Registered business name of partnership (if any): _____

ABN/ACN: _____

Country where partnership is established: Australia YES / NO 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): _____

Suburb _____ State _____ Postcode _____ Country _____

Note: This address will be used for all account correspondence; however 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: _____

Provide membership details: _____. Please provide the details requested for Partner 1 in B.2 below.

NO - How many partners are there? _____. Please 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 _____ Surname _____

Residential address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

Partner 3:

Given name/s _____ Surname _____

Residential address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

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

B.3 BENEFICIAL OWNER DETAILS

Category A Beneficial Owners

Please provide details for each individual who:

- ultimately owns 25% or more of the issued capital of the partnership through direct or indirect shareholdings, or
- is entitled (directly or indirectly) to exercise 25% or more of the voting rights of the partnership, including power to veto

Category B Beneficial Owners

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

*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.

Beneficial Owner 1:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

For a Category B Beneficial Owner, please describe role (e.g. Managing Partner):

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, please describe role (e.g. Managing Partner):

Beneficial Owner 3:

Full given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

For a Category B Beneficial Owner, please describe role (e.g. Managing Partner): _____

Beneficial Owner 4:

Full given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

For a Category B Beneficial Owner, please describe role (e.g. Senior Managing Partner):

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

B.4 TAX CERTIFICATIONS

1. Is the partnership's place of effective management situated outside of Australia? NO / YES If 'Yes, please complete table below.

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:

2. Please select ONE of the following categories and provide the information requested:

United States Partnership
(The partnership was created in the US, established under the laws of the US or is a US tax payer)

Is the partnership an exempt payee for US tax purposes?

YES - please provide the exemption code: _____

NO

Proceed to B.5 of Section 2.

Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

Provide the partnership's Global Intermediary Identification Number (GIIN), if applicable:

If the partnership does not have a GIIN, please advise of FATCA status:

Proceed to B.5 of Section 2.

Financial Institution – Investment Entity

Provide the partnership's Global Intermediary Identification Number (GIIN), if applicable:

If the partnership does not have a GIIN, please advise of FATCA status:

Is the partnership located outside of Australia and managed by another Financial Institution?

YES - please also tick 'Other' below and provide the information requested.

NO - *Proceed to B.5 of Section 2.*

Active Non-Financial Entity

(During the previous reporting period, less than 50% of the partnership's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

Proceed to B.5 of Section 2.

Other

(None of the above applies to the partnership)

Is any one of the Beneficial Owners or partners of the partnership, a US citizen? NO / YES

Is any one of the Beneficial Owners or partners of the partnership, a resident of a country other than Australia for tax purposes? NO / YES

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

If "Yes", please complete the table below for the countries outside of Australia in which they are a tax resident:

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 DOCUMENTS TO PROVIDE

- ATTACH: Certified copy of Partnership Agreement; and**
- ATTACH: Certified copy of the current Australian driver's licence or passport for Partner Number 1; and**
- ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owners listed in B.3 of Section 2; and**
- ATTACH: For partnerships regulated by a professional association, provide an original current membership certificate OR membership details independently sourced from the relevant association**

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.

C. AUSTRALIAN COMPANY

C.1 COMPANY DETAILS

Full company name as registered by ASIC: _____

Full business name (if any): _____

Country where registered / incorporated: Australia YES / NO - If 'No', please go to D. Foreign Company of section 2.

ACN _____

Describe the company's principal business activity: _____

Registered office address (street address only): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Postal address (if different from above): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Note: This address will be used for all account correspondence; however we also require your registered address.

Principal place of business (if different from registered address)(street address only):

Suburb: _____ State: _____ Postcode: _____ Country: _____

Phone no. (____) _____ Mobile no. _____

Facsimile Phone no. (____) _____ E-mail address: _____

C.2 COMPANY TYPE

Select only ONE of the following categories:

- Public company (companies whose name does not include Pty or Proprietary) – **proceed to C.3 of Section 2**
- Proprietary company (companies whose name ends with Proprietary Ltd or Pty Ltd, also known as private company) – provide the director details below:

Number of directors of the company: _____

Director 1: Given name/s: _____ Surname: _____

Director 2: Given name/s: _____ Surname: _____

Director 3: Given name/s: _____ Surname: _____

Director 4: Given name/s: _____ Surname: _____

(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

Please select any of the following category that applies to the company, and provide the information requested. *If none applies, please proceed to C.4 of Section 2.*

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 market 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 *licensed* and its activities are subject to the oversight of an Australian statutory regulator. In particular, its supervision is beyond that provided by ASIC for the company's registration. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees).
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 only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

For Category B Beneficial Owner, please describe role (e.g. Managing Director): _____

Beneficial Owner 2:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

For Category B Beneficial Owner, please describe role (e.g. Managing Director): _____

Beneficial Owner 3:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

For Category B Beneficial Owner, please describe role (e.g. Managing Director): _____

Beneficial Owner 4:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (Street Address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

For Category B Beneficial Owner, please describe role (e.g. Managing Director): _____

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

Proceed to C.5 of Section 2.

C.5 TAX CERTIFICATIONS

1. Is the company also a tax resident of a country outside of Australia? NO / YES If 'Yes, please complete table below.

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:

2. Please select only ONE of the following categories that apply to the company and provide the information requested:

Financial Institution
(The company is a custodial or depository institution, an investment entity or a specified insurance company)

Provide the company's Global Intermediary Identification Number (GIIN), if applicable: _____

If the company does not have a GIIN, please advise of FATCA status: _____

Proceed to C.6 of Section 2.

Public Listed Company, Majority Owned Subsidiary of an Australian Listed Company or an Australian Registered Charity

Proceed to C.6 of Section 2.

Active Non-Financial Entity
(During the previous reporting period, less than 50% of the company's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

Proceed to C.6 of Section 2.

Other
(None of the above applies to the company)

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

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

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

If "Yes", please complete the table below for the countries outside of Australia in which they are a tax resident:

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 C.6 of Section 2.

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 proceed to Section 3.

D. FOREIGN COMPANY

D.1 COMPANY DETAILS

Full name of foreign company : _____

Full business name (if any): _____

Country where formed/ registered / incorporated: _____

Describe the company's principal business activity:

Registered by a foreign body? **NO** / **YES** If 'Yes', provide name of registration body:

Is the foreign company registered with ASIC?

Yes Provide the Australian Registered Body Number (ARBN): _____

Provide EITHER : principal place of business address in Australia, OR local agent's name and address details

Address (street address only): _____

Suburb _____ State _____ Postcode _____ Country _____

Full name of local agent in Australia: _____

No Provide company identification number (if any) issued by the foreign registration body:

Date of company registration or incorporation: ____/____/____

Provide principal place of business in the company's country of formation or incorporation

Address (street address only): _____

Suburb _____ State _____ Postcode _____ Country _____

Registered address

Provide the registered address as registered with ASIC. If the company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

Address _____

Suburb _____ State _____ Postcode _____ Country _____

Postal address (if different from above) _____

Suburb _____ State _____ Postcode _____ Country _____

Note: This address will be used for all account correspondence; however we also require your registered address.

Phone no. (____) _____

Facsimile Phone no. (____) _____ E-mail address: _____

Proceed to D.2 of Section 2

D.2 COMPANY TYPE

Select only ONE of the following categories:

Public company (companies whose name does not include Pty or proprietary) – *proceed to D.3 of Section 2*

Proprietary company (companies whose name ends with Proprietary Ltd or Pty Ltd, also known as private company) – provide the details of all directors below:

List the number of directors for the company: _____

Director 1: Given name/s: _____ Surname: _____

Director 2: Given name/s: _____ Surname: _____

Director 3: Given name/s: _____ Surname: _____

Director 4: Given name/s: _____ Surname: _____

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

Proceed to D.3 of Section 2

D.3 REGULATORY/LISTING DETAILS

Please select any of the following category that applies to the company and provide the information requested. **If none applies, please proceed to D.4 of Section 2.**

Public listed company
(The company is a listed company on a financial market that is subject to disclosure requirements to ensure transparency of beneficial ownership comparable to similar public listing requirements in Australia)

Name of market/exchange/ disclosure regime: _____

Country: _____ *Proceed to D.5 of Section 2.*

Majority-owned subsidiary of an Australian public listed company
(The company that is majority owned by an Australian company that is listed on an Australian financial market, such as the ASX)

Australian listed company name: _____

Name of market/exchange: _____ *Proceed to D.5 of Section 2.*

Regulated in Australia
(The company is *licensed* and its activities are subject to the oversight of an Australian statutory regulator. In particular, its supervision is beyond that provided by ASIC for the company's registration. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees.)

Regulator Name: _____

Licence details (e.g. AFSL No. , ACL No., RSE No.): _____ *Proceed to D.5 of Section 2.*

D.4 BENEFICIAL OWNER DETAILS

This section is to be completed by a companies that is NOT public listed companies, majority owned by an Australian public listed company or company regulated in Australia as per D.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 control* 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 only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Beneficial Owner Category: A or B

For Category B beneficial Owner, please describe role (e.g. Managing Director): _____

Beneficial Owner 2:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Beneficial Owner Category: A or B

For Category B beneficial Owner, please describe role (e.g. Managing Director): _____

Beneficial Owner 3:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Beneficial Owner Category: A or B

For Category B beneficial Owner, please describe role (e.g. Managing Director): _____

Beneficial Owner 4:

Full given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Beneficial Owner Category: A or B Role (e.g. Managing Director): _____

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

Proceed to D.5 of Section 2.

D.5 TAX CERTIFICATIONS

Please select only ONE of the following categories that apply to the company, and provide the information requested:

1. Is the company a tax resident of a country outside of Australia? NO / YES If 'Yes, please complete table below.

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: _____

2. Please select only ONE of the following categories that apply to the company, and provide the information requested:

- United States Company**
(The company was created in the US, established under the laws of the US or is a US tax payer)

Is the company an exempt payee for US tax purposes? YES - please provide the exemption code: _____
NO

Proceed to D.6 of Section 2.

- Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company**

Provide the company's Global Intermediary Identification Number (GIIN), if applicable: _____

If the company does not have a GIIN, please advise of FATCA status: _____

Proceed to D.6 of Section 2.

- Financial Institution – Investment Entity**

Provide the company's Global Intermediary Identification Number (GIIN), if applicable: _____

If the company does not have a GIIN, please advise of FATCA status: _____

Is the company located outside of Australia and managed by another Financial Institution?
YES - please also tick 'Non-US Passive NFE' below and provide the information requested.
NO - **Proceed to D.6 of Section 2.**

- Public Listed Company, Majority Owned Subsidiary of a Public Listed Company or International Organisation**

Proceed to D.6 of Section 2.

A Charity or an Active Non-Financial Entity

(The company is a non-profit organisation; or during the previous reporting period, less than 50% of the company's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

Proceed to D.6 of Section 2.

Passive Non-Financial Entity

(None of the above applies to the company)

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

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

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

If "Yes", please complete the table below for the countries outside of Australia in which they are a tax resident:

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)

D.6 DOCUMENTS TO PROVIDE

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

ATTACH: For a company that is not registered with ASIC, provide a certified copy of the registration certificate

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.

E. SELF MANAGED SUPERANNUATION FUND (SMSF)

E.1 FUND DETAILS

Full Name of the fund: _____

ABN: _____

Registered office address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

Postal address (if different from above) _____

Suburb _____ State _____ Postcode _____ Country _____

Note: This address will be used for all account correspondence; however we also require your registered address.

Phone no. (____) _____

Facsimile no. (____) _____ E-mail address: _____

E.2 BENEFICIARY (MEMBER) DETAILS

Please provide details of all members of the SMSF

Beneficiary 1:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Occupation: Retired Other - please describe: _____

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: _____

Occupation: Retired Other - please describe: _____

Beneficiary 4:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Occupation: Retired Other - please describe: _____

E.3 TRUSTEE TYPE

SELECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED

INDIVIDUAL TRUSTEES – *complete E.4 of Section 2*

CORPORATE TRUSTEE – *complete E.5 of Section 2*

E.4 INDIVIDUAL TRUSTEES

I/we confirm that the member(s) listed in E.2 of Section 2 is/are also the trustee(s) of the SMSF.

If there is only ONE member in the SMSF, please provide details of the additional trustee below:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Occupation: Retired Other - please describe: _____

ATTACH: **Certified copy of the current Australian driver's licence or passport or each individual trustee**

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.

E.5 CORPORATE TRUSTEE

Full company name as registered by ASIC: _____

Full business name (if any): _____

ACN _____

Describe the company's principal business activity (not applicable if the company only acts as a corporate trustee):

Registered office address (street address only): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Postal address (if different from above): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Note: This address will be used for all account correspondence; however we also require your registered address.

Principal place of business (if different from Registered address)(street address only):

Suburb: _____ State: _____ Postcode: _____ Country: _____

I/we confirm that the member(s) listed in E.2 of Section 2 is/are also the director(s) of the corporate trustee of the SMSF.

If there is only ONE member in the SMSF and there is an additional director of the corporate trustee, please provide their details below:

Given name/s: _____ Surname: _____ Date of birth ____/____/____

Residential address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

Occupation: Retired Other - please describe: _____

ATTACH: Certified copy of the current Australian driver's licence or passport of each director of the corporate trustee

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.

F. AUSTRALIAN REGULATED TRUST (Excluding SMSF)

F.1 TRUST DETAILS

Full Name of the trust: _____

ABN: _____

Country where trust was established: Australia YES / NO If 'No', then please go to G. Unregulated Trust (including Foreign Trust) of Section 2.

Describe the trust's principal business activity: _____

Registered office address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

Postal address (if different from above) _____

Suburb _____ State _____ Postcode _____ Country _____

Note: This address will be used for all account correspondence; however we also require your registered address.

Phone no. (____) _____

Facsimile no. (____) _____ E-mail address: _____

F.2 TYPE OF REGULATED TRUST

Select ONE of the following categories that apply to the trust and provide the information required. **If none applies, then please go to G. Unregulated 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

Select 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

SELECT 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.*

F.5 INDIVIDUAL TRUSTEE

How many individual trustees does the trust have? _____. Please provide details of ALL individual trustees below:

Trustee 1:

Given name/s: _____ Surname: _____ Date of birth ____/____/____

Residential address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

What is your occupation? Retired Other - please describe: _____

Trustee 2:

Given name/s: _____ Surname: _____ Date of birth ____/____/____

Residential address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

What is your occupation? Retired Other - please describe: _____

Trustee 3:

Given name/s: _____ Surname: _____ Date of birth ____/____/____

Residential address (street address only) _____
Suburb _____ State _____ Postcode _____ Country _____

What is your occupation? Retired Other - please describe: _____

Trustee 4:

Given name/s: _____ Surname: _____ Date of birth ____/____/____

Residential address (street address only) _____
Suburb _____ State _____ Postcode _____ Country _____

What is your occupation? Retired Other - please describe: _____

Please proceed to Section 3.

G. UNREGULATED TRUST (INCLUDING FOREIGN TRUST)

G.1 TRUST DETAILS

Full name of the trust: _____

ABN: _____

Country where trust was established: Australia YES / NO If 'No', then please name country _____

Describe the trust's principal business activity: _____

Registered office address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

Postal address (if different from above) _____

Suburb _____ State _____ Postcode _____ Country _____

Note: This address will be used for all account correspondence; however we also require your registered address.

Phone no. (____) _____

Facsimile no. (____) _____ E-mail address: _____

G.2 TYPE OF UNREGULATED TRUST

Please select only ONE of the following categories:

- Family Trust Charitable Trust Testamentary Trust Unit Trust
 Other type, please provide description

Full name of trust settlor*: _____

(*settlor is the person who settles the initial sum or assets to create the trust)

G.3 BENEFICIARY DETAILS

Does the the trust identifies its beneficiaries by class, e.g. unit holders, family members of named person, charitable organisations/causes?

NO / 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)

G.4 BENEFICIAL OWNER DETAILS

Beneficial Owners

Are there any individuals who are entitled (directly or indirectly) to 25% or more of the trust income or assets?.

NO / YES - if 'Yes', then provide details of those individuals 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: _____ State: _____ Postcode: _____ Country: _____

Beneficial Owner 4:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

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

Appointer of the Trust

Does the trust have an appointer (i.e. an individual who has been granted specific powers by the trust deed to appoint or remove the trustees of the trust; may also be called the 'custodian' or 'principal')?

NO / YES - if 'Yes', then provide details of the appointer (or equivalent) below:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

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

Please proceed to G.5 of Section 2.

G.5 TAX CERTIFICATIONS

Please select only ONE of the following categories and provide the information requested:

1. Is the trust a tax resident outside of Australia? NO / YES If 'Yes, then please complete table below.

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

2. Please select only ONE of the following categories and provide the information requested:

United States Trust

(The trust was created in the US, established under the laws of the US or is a US taxpayer)

Is the trust an exempt payee for US tax purposes? YES - please provide the exemption code: _____

NO

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 Charity or Deceased Estate**
Please proceed to G.6 of Section 2.

- A Foreign Charity or an Active Non-Financial Entity**
 (The trust is a non-Australian non-profit trust; or during the previous reporting period, less than 50% of the entity's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.
Please proceed to G.6 of Section 2.

- 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 beneficiaries, trustees, settlors or beneficial owners, a resident of a country other than Australia for tax purposes?
 NO / YES

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

If "Yes", please complete the table below for the countries outside of Australia in which they are a tax resident:

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)

Please proceed to G.6 of Section 2.

G.6 DOCUMENTS TO PROVIDE

- ATTACH:** Certified copy of the current Australian driver's licence or passport of each Beneficial Owner and Appointer listed in G.4 of Section 2); and
- ATTACH:** Certified copy of the Trust Deed. If an extract of the Trust Deed is provided, at a minimum, the certified copy of the following pages must be included:
1. The cover page;
 2. The page which documents who the name of the trust and the trustee;
 3. The page with the date of the Trust Deed;
 4. The signed pages of the Trust Deed;
 5. The page that lists the name and/or class of the beneficiaries of the trust; and
 6. The page which documents the name of the settlor.

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 G.7 of Section 2.

G.7 TYPE OF TRUSTEE

SELECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED

- INDIVIDUAL TRUSTEES** – complete G.8 of Section 2.
- CORPORATE TRUSTEE** – complete C. Australian Company of Section 2 for Australian corporate trustee or D. Foreign Company for foreign corporate trustee.

G.8 INDIVIDUAL TRUSTEE

How many individual trustees are there? _____. Please provide details of ALL individual trustees below:

Trustee 1:

Given name/s: _____ Surname: _____ Date of birth ____/____/____

Residential address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

What is your occupation? Retired Other - please describe: _____

Trustee 2:

Given name/s: _____ Surname: _____ Date of birth ____/____/____

Residential address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

What is your occupation? Retired Other - please describe: _____

Trustee 3:

Given name/s: _____ Surname: _____ Date of birth ____/____/____

Residential address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

What is your occupation? Retired Other - please describe: _____

Trustee 4:

Given name/s: _____ Surname: _____ Date of birth ____/____/____

Residential address (street address only) _____

Suburb _____ State _____ Postcode _____ Country _____

What is your occupation? Retired Other - please describe: _____

ATTACH: **Certified copy of current Australian driver's licence or passport of each individual trustee**

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.

H. ASSOCIATION / REGISTERED CO-OPERATIVE

H.1 ASSOCIATION / REGISTERED CO-OPERATIVE DETAILS

The investor is a: incorporated association / unincorporated association / registered co-operative

Full name of association/registered co-operative: _____

Provide the ID number (if any) issued upon incorporation/registration: _____

Describe the objects/purpose/main activity of the association or co-operative:

Principal place of administration/operations (street address only): _____

Suburb _____ State _____ Postcode _____ Country _____

Registered office address (if different to the principal place of administration/operations) (street address only):

Suburb _____ State _____ Postcode _____ Country _____

Postal address: _____

Suburb _____ State _____ Postcode _____ Country _____

Note: This postal address will be used for all account correspondence.

Phone no. (____) _____

Facsimile no. (____) _____

E-mail address: _____

H.2 OFFICER DETAILS

Provide details of the following officers (or equivalent member of the governing committee, howsoever described by the association or co-operative):

Chairman /President (or equivalent):

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Secretary (or equivalent):

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Treasurer (or equivalent):

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Public Officer of the Incorporated Association (if any):

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Member of the Unincorporated Association (only applicable if this Application Form is signed by such member):

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

H.3 BENEFICIAL OWNER DETAILS

Are there any beneficial owners (i.e. individuals who directly or indirectly control the association or registered co-operative) who are different to the officers listed in H.2?

No / Yes – if 'Yes', please provide the details of the beneficial owners:

Given name/s: _____ Surname: _____

Date of birth: ____/____/____ Role: _____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

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

H.3 TAX CERTIFICATION

Is the association or registered co-operative a tax resident of a country outside of Australia? NO / YES If 'Yes, please complete table below.

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:

H.4 DOCUMENTS TO PROVIDE

Associations (incorporated and unincorporated)

- ATTACH: Certified copy of the constitution/rules of the association; and
- ATTACH: Certified copy of the current Australian driver's licence or passport of each officer listed in H.2 of Section 2; and
- ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in H.3 of Section 2.

Registered Co-operatives

- ATTACH: Certified copy of the register maintained by the co-operative; and
- ATTACH: Certified copy of the current Australian driver's licence or passport of each officer listed in H.2 of Section 2; and
- ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in H.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.

I. GOVERNMENT BODY

I.1 GOVERNMENT BODY DETAILS

Full name of government body:

Principal place of operations (street address only):

Suburb _____ State _____ Postcode _____ Country _____

Postal address:

Suburb _____ State _____ Postcode _____ Country _____

Note: This postal address will be used for all account correspondence.

Phone no. (____) _____

Facsimile no. (____) _____

E-mail address: _____

Legislation establishing the government body:

I.2 GOVERNMENT INFORMATION

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

Commonwealth of Australia Government Body - *Please proceed to I.4 of Section 2.*

Australian State or Territory Government Body - Please specify State or Territory:

Please proceed to I.4 of Section 2.

Foreign (non-Australian) Government Body – Please specify foreign country:

Please proceed to I.3 of Section 2.

I.3 BENEFICIAL OWNER DETAILS

This section is to be completed by a **foreign government body** only.

Please provide details of all individuals that directly or indirectly control the government body, such as the Chairman, President, Treasurer or Secretary of the government body.

Beneficial Owner 1:

Given name/s: _____ Surname: _____ Date of birth: _____
_____/_____/_____

Residential address (street address only)

Suburb: _____ State: _____ Postcode: _____ Country: _____

Please describe role: _____

Beneficial Owner 2:

Given name/s: _____ Surname: _____ Date of birth: _____
_____/_____/_____

Residential address (street address only)

Suburb: _____ State: _____ Postcode: _____ Country: _____

Please describe role: _____

Beneficial Owner 3:

Given name/s: _____ Surname: _____ Date of birth: _____
_____/_____/_____

Residential address (street address only)

Suburb: _____ State: _____ Postcode: _____ Country: _____

Please describe role: _____

Beneficial Owner 4:

Given name/s: _____ Surname: _____ Date of birth: ____/____/____

Residential address (street address only) _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Please describe role: _____

(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 investment:

Investor 1:

- Gainful employment/savings
 Inheritance/gift
 Financial investments
 Business activity
 Superannuation savings
 Other – please specify: _____

Investor 2 (for joint account):

- Gainful employment/savings
 Inheritance/gift
 Financial investments
 Business activity
 Superannuation savings
 Other – please specify: _____

3.b Payment Details

Payment Method:

- Electronic Funds Transfer, or
 Cheque

Payment is to be made in Australian Dollars by cheques or through the following accounts by Electronic Funds Transfer ('EFT'):

EFT:

Currency AUD
Country Australia
Payee RBCIS Firetrail [Investor Name]

BSB:

Account Number:

Deposit reference for EFT:

Please quote your deposit reference number

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 original application is posted in the mail to Registry.

For applications from existing clients*

Ensure that the application is posted or faxed to Registry.

Post: GPO Box 4471, SYDNEY NSW 2001

Fax: +612 8262 5492

You must ensure that instructions to the Registry are signed off by mandated signatories that have been previously provided to the Registry.

****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 – Distribution Election

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 for **distributions**:

Bank _____
Account Name _____
BSB No _____ Account No _____

Bank account details for **withdrawals** 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 section, you consent to give your financial adviser access to your statements (including via email).

Adviser Name _____
Name of Advisory Firm and / or Dealer Group _____
AFSL Number _____ Adviser Number _____
Address _____
Suburb _____ State _____ Postcode _____
Phone no. () _____ Mobile no. _____
Facsimile no. () _____
E-mail address: _____

Section 7 – Tax File Number (TFN) Notification or Exemption

You may choose to quote your Australian TFN or claim an exemption in relation to your investments in the Fund by completing this section. Collection of your TFN is authorised, and its use and disclosure are strictly regulated by the tax laws and Privacy Act. It is not an offence if you do not quote your Tax File Number or a valid exemption. However, if you do not, and you do not provide appropriate exemption information, we are required to withhold tax at the highest marginal tax rate from all income distributions made to you.

Note: *For Trusts and Superannuation Funds – provide the TFN of the Trust or Super Fund. TFNs for trustees cannot be accepted.*

For adults/guardians acting on behalf of a minor – provide the TFN of the adult/guardian AND the minor where indicated.

Investor 1

Full Name: _____
Tax File Number : _____
Basis for Tax File Number exemption (if applicable):

Investor 2 (if joint account)

Full Name: _____
Tax File Number : _____
Basis for Tax File Number exemption (if applicable):

Minor (if applicable)

Full Name: _____
Tax File Number : _____
Basis for Tax File Number 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 indicate how you wish to operate your Account.

- Any one of us to sign**, or
- 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 _____ Date ____/____/_____
Surname _____
Given Name/s _____
Capacity
 Sole Director Individual
 Director Office Holder
 Partner Trustee

Signatory 2

Signature _____ Date ____/____/_____
Surname _____
Given Name/s _____
Capacity
 Director Individual (joint account)
 Office Holder Trustee
 Partner

Signatory 3

Signature _____ Date ____/____/_____
Surname _____
Given Name/s _____
Capacity
 Director Office Holder
 Partner Trustee

Signatory 4

Signature _____ Date ____/____/_____
Surname _____
Given Name/s _____
Capacity
 Director Office Holder
 Partner Trustee

Post completed Application Form and accompanying documents to:

[Fund Name]
C/- RBC Investor Services Trust – Registry Operations
GPO Box 4471
SYDNEY NSW 2001