

## Application Form

- If completing by hand, use a black or blue pen and print within the boxes in **BLOCK LETTERS**
- Use ticks in boxes where applicable
- The applicant must complete online or by hand, print and sign this form
- Keep a photocopy of your completed Application Form for your records
- Please ensure all relevant sections are complete before submitting this form

This application form is part of the Product Disclosure Statements (each a "PDS") dated 19 September 2016 and issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975) relating to units in one of the following Funds:

SGH ICE - Professional Investor (APIR ETL0374AU)

SGH20 - Professional Investor (APIR ETL0373AU)

SGH LaSalle Global Property Rich Fund - Professional Investor (APIR ETL0400AU)

SGH Property Income Fund - Professional Investor (APIR ETL0376AU)

Each PDS contains information about investing in the Fund. You should read the PDS before applying for units in the Fund.

- A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS.
- EQT will provide you with a copy of each PDS and the Application Form on request without charge (*If you make an error while completing your application form, do not use correction fluid. Cross out your mistakes and initial your changes.*)

### US Persons:

**This offer is not open to any US Person. Please refer to the relevant Product Disclosure Statement and the accompanying Reference Guide for further information.**

## Section 1 – Introduction

### Are you an existing investor?

**YES** – my details are:

Account Number	
Account Name	
Contact Telephone Number (Including Country Code)	

Now go to section 8.

**NO** – only complete the sections relevant to you, as indicated below:

Select One	Account Type	Sections to Complete	Identification Requirement Groups to Complete
<input type="checkbox"/>	Individual(s)	Section 1, Section 2, Section 7	Group A
<input type="checkbox"/>	Partnership(s)	Section 1, Section 3, Section 7	Group A & B
<input type="checkbox"/>	Trust/Superannuation fund with an individual trustee	Section 1, Section 2, Section 4, Section 7	Group C or D, & E
<input type="checkbox"/>	Trust/Superannuation fund with a corporate trustee	Section 1, Section 4, Section 5, Section 7	Group C or D, & E
<input type="checkbox"/>	Company	Section 1, Section 5, Section 7	Group F or G
<b>And complete these if you would like to appoint a power of attorney or agent</b>			
<input type="checkbox"/>	Power of attorney or agent	Section 6	Group H
<input type="checkbox"/>	Financial Adviser	Section 7	Group H

**Post your completed application to:**

**FundBPO  
Unit Registry  
GPO BOX 4968  
Sydney NSW 2001 Phone: 1300 133 451 or 02 8259 8888  
Email: SGHinvestorservices@fundbpo.com**

## AML/Identification Requirements

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing ('AML/CTF') compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

- Identification documentation provided must be in the name of the Applicant.
- Non-English language documents must be translated by an accredited translator.
- Applications made without providing this information cannot be processed until all the necessary information has been provided.
- If you are unable to provide the identification documents described please call FundBPO on 1300 133 451 or 02 8259 8888. **These documents should be provided as a CERTIFIED COPY of the original.**

### GROUP A – Individuals

Each individual investor, individual trustee, partner or individual agent must provide one of the following:

- A current Australian driver's licence (or foreign equivalent) that includes a photo
- An Australian passport
- A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that provides your signature
- An identity card issued by a State or Territory Government that includes a photo

### GROUP B – Partnerships

Provide one of the following:

- A certified copy or certified extract of the partnership agreement
- A certified copy or certified extract of minutes of a partnership meeting
- A notice issued by the Australian Taxation Office ("ATO") within the last 12 months
- An original or certified copy of a certificate of registration of business name issued by a government agency in Australia
- Group A verification requirements for each partner and beneficial owner of the Partnership

### GROUP C – Registered Managed Investment Scheme, Regulated Superannuation Fund (including self- managed) or Government Superannuation Fund

Provide one of the following:

- A copy of the company search on the ATO database
- A copy of the company search of the relevant regulator's website
- A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website

### GROUP D – Other Trusts

Provide one of the following:

- A certified copy or certified extract of the Trust Deed
- Signed meeting minutes showing the full name of the trust
- Annual report or audited financial statements
- A certified copy of a notice issued by the ATO within the previous 12 months
- And Group A verification requirements for each beneficial owner of the trust

### GROUP E – Trustees

- If you are an **Individual Trustee** – please provide the identification documents listed under Group A
- If you are a **Corporate Trustee** – please provide the identification documents listed under Group F or G.
- If you are a **combination** of both – please complete for one trustee from each investor type listed under Group A and F or G

### GROUP F – Australian Companies

Provide one of the following:

- A certified copy of the Certificate of Registration or Licence
- A copy of a company search on the ASIC database
- A copy of information regarding the company / trustee's licence or other information held by the relevant Commonwealth, State or Territory regulatory body All of above must clearly show the company's full name and type (i.e. public or private).
- And Group A verification requirements for each beneficial owner (senior managing official and shareholder) listed in Section 5.4 of the application.

### GROUP G – Non-Australian Companies

Provide one of the following:

- A certified copy of the company's Certificate of Registration or incorporation (issued by ASIC or equivalent in the domestic jurisdiction) showing the company's registration number
  - A certified copy of the company's articles of association or constitution
  - A copy of a company search on the ASIC database or relevant foreign registration body
- All of above must clearly show the company's full name and type (i.e. public or private).
- Group A verification requirements for each beneficial owner (senior managing official and shareholder) listed in Section 5.4 of the application.

### GROUP H – Agents

- If you are an **Individual Agent** – please provide the identification documents listed under Group A
- If you are a **Corporate Agent** – please provide the identification documents listed under Group F or G

## Important Information

### **Additional information required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and the Foreign Account Tax Compliance Act.**

In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (the 'AML/CTF Act') and the Foreign Account Tax Compliance Act (the 'FATCA') the Responsible Entity is required to collect additional information about you. The Responsible Entity may also ask you to provide certified copies of certain identification documents along with the Application Form.

Under the AML/CTF Act and FATCA, the Responsible Entity is prohibited from processing your application until all of the information and supporting documentation requested in this form has been received. In most cases, the information that you provide in this form will satisfy the AML/CTF Act & FATCA. However, in some instances the Responsible Entity may contact you to request further information. It may also be necessary for the Responsible Entity to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act and FATCA.

## Declarations

When you complete this Application Form you make the following declarations:

- I/We have read the PDS to which this Application Form applies and agree to be bound by the terms and conditions of the PDS and the Constitution of the Fund in which I/we have chosen to invest.
- I/We acknowledge that EQT is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank.
- If I/we have provided an email address, I/we consent to receive ongoing investor information including PDS information, confirmations of transactions and additional information as applicable via email.
- I/We hereby consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services which I/we have engaged the services of EQT or its related bodies corporate and to foreign government agencies (if necessary).
- I/We hereby acknowledge and agree that EQT have outlined in the PDS provided to me/us how and where I/we can obtain a copy of the EQT Group Privacy Statement.
- I/we hereby confirm that the personal information that I/we have provided to EQT is correct and current in every detail, and should these details change, I/we shall promptly advise EQT in writing of the change(s).
- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify EQT from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application.
- I/We have received and accepted this offer in Australia.
- I/We acknowledge that EQT does not guarantee the repayment of capital or the performance of the Fund or any particular rate of return from the Fund.
- I/We acknowledge that an investment in the Fund is not a deposit with or liability of EQT and is subject to investment risk including possible delays in repayment and loss of income or capital invested.
- If I/we have completed and lodged the relevant sections on authorised representatives/agents on the Application Form then I/we agree to release, discharge and agree to indemnify EQT from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from EQT acting on the instructions of my/our authorised representatives, agents and/or nominees.
- I/We have considered our personal circumstances and, where appropriate, obtained investment and / or taxation advice.
- If this is a joint application each of us agrees that our investment is held as joint tenants.
- I/We acknowledge that I am/we are 18 years of age or over and I am/we are eligible to hold units in the Fund in which I/we have chosen to invest.
- I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:
  - I/we are ineligible to hold units in a Fund or have provided misleading information in my/our Application Form; or
  - I/we owe any amounts to EQT, then I/we appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund.
- I/We agree to provide further information or personal details to the Responsible Entity if required to meet its obligations under anti-money laundering and counter-terrorism legislation and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.
- I/We hereby declare that I/we are not a US Person as defined in the PDS.

## Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements. For

more information about the use of TFNs for investments, contact the enquiries section of your local branch of the ATO. Once provided, your TFN will be applied automatically to any future investments in the Fund where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Exempt investors should attach a copy of the certificate of exemption. For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

**When you sign this Application Form you declare that you have read and agree to the declarations above.**

## Section 2 – Individual(s) or Individual Trustee(s)

Complete this section if you are investing in your own name or as an individual trustee.

For AML requirements please refer to page 2.

### 2.1 Type of investor

Tick one box only and complete the specified parts of this section.

<input type="checkbox"/> Individual – complete 2.2	<input type="checkbox"/> Sole Trader – complete 2.2 and 2.4
<input type="checkbox"/> Jointly with another individual(s) – complete 2.2, 2.3 and 2.5	<input type="checkbox"/> Individual trustee for an individual – complete 2.2, 2.3 and 2.5 (if there is more than one individual trustee)
<input type="checkbox"/> Individual trustee for a trust – complete 2.2 and 2.3 (also complete section 4)	

### 2.2 Investor 1

Title	Given Name(s)	Surname

Telephone Number (Including Country Code) (daytime)

Date of Birth (DDMMYY)

Tax File Number (TFN) – or exemption code

Reason for TFN Exemption

#### Street Address (not a PO Box)

Unit Number	Street Number	Street Name

Suburb	State	Post Code

Country of Birth

Are you a foreign resident for tax purposes?

- No  
 Yes, please advise country of residence

Do you hold dual citizenship?

- No  
 Yes, please advise which countries

### 2.3 Investor 2

Title	Given Name(s)	Surname

Telephone Number (Including Country Code) (daytime)

Date of Birth (DDMMYY)

Tax File Number (TFN) – or exemption code

Reason for TFN Exemption

#### Street Address (not a PO Box)

Unit Number	Street Number	Street Name

Suburb	State	Post Code

Country of Birth

Are you a foreign resident for tax purposes?

- No  
 Yes, please advise country of residence

Do you hold dual citizenship?

- No
- Yes, please advise which countries

**2.4 Sole Trader Details**

Business Name (if applicable, in full)

Australian Business Number (ABN) (if obtained)\*

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Street Address

Suburb

State

Postcode

Country

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**2.5 Signing Authority**

Please tick to indicate signing requirements for future instructions (e.g. withdrawals, change of account details, etc.)

- Only one investor required to sign
- All investors must sign

\* See page 3 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs

**Section 3 – Partnerships**

Complete this section if you are investing for a partnership or as a partner.

**For AML requirements please refer to page 2.**

**3.1 General Information**

Full Name of Partnership

Registered Business Names of Partnership (if any)

Country where Partnership is established

Tax File Number (TFN) – or exemption code

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Reason for TFN Exemption

**3.2 Type of Partnership**

Is the partnership regulated by a professional association?

- Yes, please provide details

Name of Association

Membership Details

- No, provide number of partners

**Partner 1**

Title Given Name (s)

Surname

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Telephone Number (including Country Code) (daytime)

Date of Birth (DDMMYY)

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Unit Street Number Street Name

Suburb

State

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Postcode

Country

Country of Birth

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**Partner 2**

Title Given Name (s)

Surname

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Telephone Number (including Country Code) (daytime)

Date of Birth (DDMMYY)

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Unit Street Number Street Name

Suburb

State

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Postcode		Country		Country of Birth	

**Section 4 – Trust / Superannuation Fund**

Complete this section if you are investing for a trust or superannuation fund.

**For AML requirements please refer to page 2.**

**4.1 General Information**

Full Name of Trust or Superannuation Fund

Full Name of Business (if any)

Country where Trust established

Tax File Number (TFN) – or exemption code

Reason for TFN Exemption

**4.2 Trustee Details**

How many trustees are there?

- Individual** - at least one trustee must complete Section 2 of this form
- Company** - at least one trustee must complete Section 5 of this form
- Combination** - at least one trustee from each investor type must complete the relevant section of this form

**4.3 Type of Trust**

- Registered Managed Investment Scheme**

Australian Registered Scheme Number (ARSN)

- Regulated Trust** (including self managed superannuation funds)

Name of Regulator (e.g. ASIC, APRA, ATO)

Registration/License Details

Australian Business Number (ABN)\*

- Other Trust** (also complete section 4.4)

Please Describe

**4.4 Beneficiaries**

Complete Section 4.4 and 4.5 only if you ticked 'Other Trust' in 4.3

**Does the Trust Deed name beneficiaries?**

- Yes**, how many?

Provide the full name of each beneficiary: (If more than 8, please provide as an attachment)

1	2
3	4
5	6
7	8

- No**, describe the class of beneficiary: (e.g. the name of the family group, class of unit holders, the charitable purpose of charity name)

\* See page 3 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

**4.5 Beneficial Owners**

Please provide the **Full Name, Date of Birth** and **Residential Address** of any beneficial owner of the trust. A Beneficial owner of a trust is any individual who has a **25% or more interest** in the trust or **controls the trust**. This includes the **appointer** of the trust (who holds the power to appoint or remove the trustees of the trust), the **settlor** of any trust over \$10,000 upon establishment, and **beneficiaries with at least a 25% interest** in the trust. All beneficial owners will need to provide AML verification documents as per page 2. Please provide beneficial owners as an attachment if there is insufficient space below:


**Section 5 – Company / Corporate Trustee**

Complete this section if you are investing for a company or where a company is acting as a trustee.

**For AML requirements please refer to page 2.**

**5.1 Company Type**

- Australian Listed Public Company – complete 5.2**
- Australian Proprietary Company or non-listed public company – complete 5.2 and 5.4**
- Foreign Company – complete all sections**

**5.2 Company Details**

Company Name	ACN/ABN (if registered in Australia)

Tax File Number (TFN) – or exemption code

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Reason for TFN Exemption

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Given Name(s) of Contact Person

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Registered Street Address (Not PO Box) Suburb

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State Post Code Country

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**Principal place of business in Australia**

**Note for non-Australian companies:** you must provide a local agent name and address if you do not have a principal place of business in Australia.

- Tick if the same as above, otherwise provide:

Registered Street Address (Not PO Box) Suburb

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State Post Code

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**5.3 Additional Details for non-Australian Company**

- Tick if the company is registered with ASIC

Australian Registered Body Number (ARBN)

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- Tick if the company is registered with a regulatory body

Name of Regulatory Body Company Identification Number Issued (if any)

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Registered Company Address (Not PO Box) Suburb

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State Post Code Country

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**5.4 Beneficial owner**

**a. Managing Officials:** All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf):

1	2
3	4

If there are more than 4 directors please provide as an attachment.

**b. Shareholders: All proprietary or non-listed public domestic companies and foreign companies must** provide details of each shareholder who owns directly, jointly or beneficially at least 25% of the company's issued capital.

**Shareholder 1**

Full Name

Registered Street Address (Not PO Box)

Suburb

State

Post Code

Country

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**Shareholder 2**

Full Name

Registered Street Address (Not PO Box)

Suburb

State

Post Code

Country

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*If there are more than 2 shareholders that each have at least 25% of the company's issued capital, provide as an attachment.*

*\* See page 2 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.*

**Section 6 – Authorised representative or agent**

*Complete this section if you are completing this Application Form as an agent under a direct authority such as a Power of Attorney. You must also complete the section relevant to the investor/applicant that you are acting on behalf of.*

**For AML requirements please refer to page 2.**

**6.1 Appointment of Power of Attorney**

- I would like to appoint an authorised representative to operate on this account **OR**
- I am an agent under Power of Attorney or the investor's legal or nominated representative - complete 6.2

Full name of authorised representative / agent

Title of role held with applicant

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Signature

**6.2 Power of Attorney Documentation**

You must attach a valid Power of Attorney.

- The document is an original or certified copy
- The document is signed by the applicant / investor
- The document is current and complete
- The document permits the attorney / agent (you) to transact on behalf of the applicant / investor

**Section 7 – Financial adviser**

*By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser / authorised representative / agent access to your account information unless you indicate otherwise by ticking the box below.*

**For AML requirements please refer to page 2.**

**7.1 Financial adviser**

I am a financial adviser completing this application form as an authorised representative or agent.

Name of Adviser

AFSL Number

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Dealer Group

Name of Advisory Firm

Postal Address

Suburb

State

Post Code

Country

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Email Address of Advisory Firm (required)

Email Address of Adviser

Business Telephone

Facsimile

**7.2 Financial Adviser Declaration**

- I/We hereby declare that I/we are not a US Person as defined in the PDS
- I/We hereby declare that the investor is not a US Person as defined in the PDS
- I have completed an appropriate customer identification procedure (CID) on this investor which meets the AML/CTF Act. Please refer to page 2 for more information.

**AND EITHER**

- I have attached the relevant CID documents

**OR**

- I have not attached the CID documents however I will retain them and agree to provide them to EQT on request. I also agree to forward these documents to EQT if I ever become unable to retain the documents.

I have provided personal financial advice to the investor(s) named in this Application taking into account their personal needs, objectives, financial and taxation situation (having regard to the nature and any complexities of this product), have complied with all requirements of the Corporations Act and applicable law in relation to this investment by the investor(s) and have provided the Investor with a statement of advice. If I cease being the financial advisor for the Investor I will notify the Administrator at that time.

**Financial Adviser Signature**

**Date**

**7.3 Access to Information**

Unless you elect otherwise, your financial adviser will have access to your account information and will receive copies of all statements and transaction confirmations.

- Please tick this box if you **DO NOT** want your financial adviser to have access to information about your investment.
- Please tick this box if you **DO NOT** want copies of statements and transaction confirmations sent to your adviser.

**Section 8 – INVESTMENT INSTRUCTIONS (All investors MUST complete)**

**8.1 Contact Details**

Title	Given Name (s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Telephone Number (including Country)	Date of Birth (DDMMYY)
<input type="text"/>	<input type="text"/>

Unit	Street Number	Street Name	Suburb	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postcode	Country	Mobile Telephone (including Country)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Business Telephone (including Country)

Facsimile

**8.2 Investment Details**

**Full name investment to be held in**

Minimum initial investment: \$250,000. Minimum additional investment: \$5,000.

Name of Fund	APIR Code	Investment Amount (AUD)	Distribution (indicate preference with an X)	
			Reinvest	Cash
SGH ICE - Professional Investor	ETL0374AU	\$		
SGH20 - Professional Investor	ETL0373AU	\$		
SGH LaSalle Global Property Rich Fund - Professional Investor	ETL0400AU	\$		
SGH Property Income Fund - Professional Investor	ETL0376AU	\$		

Please indicate how your investment will be made:

**Electronic Funds Transfer**

Name of Fund	Account Name	BSB	Account Number
SGH ICE - Professional Investor	SGH ICE apps a/c	082401	764014947
SGH20 - Professional Investor	SGH 20 apps a/c	082401	775107268
SGH LaSalle Global Property Rich Fund - Professional Investor	EQT SGH LASALLE Global Property Rich Trust apps a/c	082401	765117219
SGH Property Income Fund - Professional Investor	EQT SGH Property Income Fund apps a/c	082401	775880883

Please reference Investor name

All accounts are held with National Australia Bank 105 Miller Street, North Sydney, NSW 2060, Australia

- Cheque** (made payable to Equity Trustees Limited)
- Direct Debit** (please make sure you complete 8.5)

**8.4 Investor Banking Details for Redemptions and Distributions (if applicable)**

Account name

Financial Institution

Branch (including Country)

BSB

Account Number

**8.5 Direct Debit Request authorisation**

Request and Authority to debit the account named below to pay FundBPO Pty Ltd

Surname/company

Given name

or ABN

Same as 8.5 (please add branch address)

OR

Please complete the details below

Account name

Financial institution

Branch

BSB

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Account number

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### Acknowledgement

By signing this direct debit request, you authorise and are providing FundBPO Pty Ltd (user ID: 364011), in respect to your investment amount, to debit the account as described above, any amount which it may debit or charge through the direct debit system in connection with your Application Form. Also by signing, you certify that you have understood and agreed to the terms governing the direct debit arrangements between you and FundBPO Pty Ltd. Please refer to the Direct Debit Request Service

Agreement provided the funds reference guide, which can be found on the SGH website – [www.sghiscock.com.au](http://www.sghiscock.com.au)

### Payment details

Signature

(If signing for a company; sign and print full name and capacity for signing, e.g. director)

Address

Second account  
signature (if required)

(If signing for a company, sign and print full name and capacity for signing, e.g. director)

Address

### 8.6 Elections

#### Annual Financial Report

- The annual financial report for the Fund will be available on [www.eqt.com.au](http://www.eqt.com.au) from 30 September each year, however, if you would like a hard copy of the annual financial report sent to you please tick the box.

**Online Access**

Do you wish to have access to the SGH online Investor Portal?

- Yes
- No

For online access to be provided, please ensure a mobile number has been provided in section 8.1 above.

**Privacy**

EQT or the Investment Manager may from time to time provide you with information about products and services that may be of interest to you. Should you not wish to receive this information (including by email or electronic communication) please "opt out" by selecting the "No" option below

- Yes
- No

**8.8 Purpose of Investment and Source of Funds**

Please outline the purpose of investment (e.g. superannuation, portfolio investment, etc)

Please outline the source/s of initial funding and anticipated ongoing funding (e.g. salary, savings, business activity, financial investments, real estate, inheritance, gift, etc and expected level of funding activity or transactions)

**Section 9 – Foreign Account Tax Compliance Act (FATCA) (All Investors MUST complete)**

*The US Foreign Tax Compliance Act (FATCA) requires us to collect certain information about each investor's tax residency and tax classifications. In certain circumstances (including if the below section is not completed by you) we may be obliged to share information on your account with the Australian Tax Authorities. If you have any questions about your tax status, please contact your tax adviser.*

**9.1 Individual and joint investors** (Company, Superannuation and other Trusts, Partnership etc please complete section 9.2)

**Investor 1**

PERMANENT TAX RESIDENCE ADDRESS. If your tax residence address is different from the registered address in Section 2, please complete the following:

For the attention of:

Address (Not PO Box)					Suburb
State	Post Code		Country		

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

- No (go to section 10)
- Yes Please provide your US Taxpayer Identification Number (TIN): \_\_\_\_\_  
(please note that you may not be eligible to enter in the funds, in which case we will contact you).

**Investor 2**

PERMANENT TAX RESIDENCE ADDRESS. Should your tax residence address be different from the registered address in Section 1, please complete the following:

For the attention of:

Address (Not PO Box)					Suburb
State	Post Code		Country		

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

- No (go to section 10)
- Yes Please provide your US Taxpayer Identification Number (TIN): \_\_\_\_\_  
(please note that you may not be eligible to enter in the funds, in which case xx will contact you).

**9.2 Companies, Superannuation and other Trusts, Partnership (Entities)**

Please choose one of the following options:

- A **US Entity** (established under the laws of the US, or, for a trust, administered under the laws of the US)

Please provide the Entity's US Taxpayer Identification Number (TIN): \_\_\_\_\_

Is the Entity an exempt payee for US tax purposes?  Yes  No

If the Entity is an exempt payee, provide its exemption code: \_\_\_\_\_

(please note that you may not be eligible to enter in the funds, in which case xx will contact you).

- A **Foreign (Non- U.S.) Financial Institution-** you must choose one of the following sub-options
  - A Participating Foreign Financial Institution including a Model 1 Reporting Foreign Financial Institution):
 Provide the Entity's Global Intermediary Identification Number (GIIN), if applicable:

GIIN

If the Entity is a Financial Institution but does not have a GIIN, provide its FATCA Status:

- Deemed Compliant Financial Institution (includes Registered Deemed Compliant FFI)
- Exempt Beneficial Owner (includes Certified Deemed Compliant FFIs)
- Australian Regulated Superannuation Fund ( a type of Exempt Beneficial owner which includes Self-Managed Superannuation Funds and APRA regulated Superannuation Funds)
- Nonparticipating Financial Institution
- Other (please provide **specific status** as per US FATCA legislation) \_\_\_\_\_)

- A **Trustee Documented Trust**

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

GIIN

If you are not a Financial Institution, please confirm your FATCA status below:

- Non-Financial Australian Public Listed Company, Corporate Australian Registered Charity, or Australian Government Body (Active Non-Financial entities for FATCA purposes)**
- Non- Financial Proprietary Company, Private Company, Unlisted Public Company, or other trust (Passive NFFE for FATCA purposes).**

If so, do you have any Controlling Person/s (including beneficial owners) who are US citizens or residents of the US for tax purposes?

- No
- Yes

If yes, please provide details of any controlling individuals or entities below:

Full Name	Full Name
Date of Birth	Date of Birth
Full Residence Address	Full Residence Address
Details of controlling person's beneficial ownership (%)	Details of controlling person's beneficial ownership (%)
US TIN	US TIN

**Declaration and undertakings**

I undertake to advise the recipient promptly for FATCA self-certification where any of the information above changes.

Please note that the Fund Administrator will review your self-certification in the context of the FATCA due diligence, and may have to request additional supporting documentation.

**Key definitions for the FATCA section**

It is the responsibility of prospective investors to inform themselves as to the tax consequences to them of buying, holding, selling (or otherwise transferring) or redeeming shares under the laws of the country(ies) in which they are or may be taxable. These definitions are provided for your information only and you are encouraged to seek the assistance of an independent financial professional or tax adviser to facilitate the completion of this form.

A **Foreign Financial Institution** is a non-US entity (e.g. company, partnership or trust) that engages in one of the following:

- i) accepts deposits in the ordinary course of a banking or similar business (depository institution);
- ii) holds as a substantial portion of its business (equals or exceeds 20 percent of the entity's gross income) financial assets for the account of others (custodial institution);
- iii) is an investment entity including entities that trade in financial assets or that are investing, administering, managing funds, money, or certain financial assets on behalf of other persons

- iv) is an insurance company; or
- v) is an entity that is a holding company or treasury centre that is a part of a group that includes one of the above.

For further information regarding these definitions refer to <http://www.irs.gov/Businesses/Corporations/Information-for-Foreign-Financial-Institutions>

An **IGA** (Inter-Governmental Agreement) means an agreement between the US or the Treasury Department and a foreign government to implement FATCA through reporting by Financial Institutions to such foreign government (Model 1) or to the IRS (Model 2).

A **controlling person** is any individual who directly or indirectly exercises ultimate effective control over the entity. For a company, this includes beneficial owners controlling more than 25% of the shares in the company. For a Trust, this includes Trustees, Settlers, Protectors or Beneficiaries. For a partnership this includes any partners.

## Section 10 – DECLARATIONS (All Investors MUST complete)

### Applicant 1

Applicant Given Name(s)

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

Signature

Date

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Company Seal (if applicable)

### Applicant 2

Applicant Given Name(s)

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

Signature

Date

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Company Seal (if applicable)

### Application Checklist

- Have you completed all sections relevant to you (as set out in the introduction)?
- Have you nominated your financial adviser in section 7 (if applicable)?
- Have you provided certified copies of your identification documents or has your financial adviser completed this for you?
- Have you completed all other relevant details and SIGNED the Application Form?

If you can tick all of the boxes above, send the following:

- Completed Application Form;
- Certified copies of identification documents

by post to  
FundBPO  
Unit Registry  
GPO Box 4968  
Sydney, NSW, 2001

For additional applications the duly completed Application Form (including details regarding your direct credit payment) may be mailed to the postal address above or faxed to 02 9251 3525 or emailed to [SGHinvestorservices@fundbpo.com](mailto:SGHinvestorservices@fundbpo.com).