Please complete if you are appointing an authorised representative, agent and/or financial adviser. I am an authorised representative or agent as nominated by the investor(s) See Group D AML/CTF Identity Verification Requirements in Section 9 You must attach a valid authority such as Power of Attorney, guardianship order, grant of probate, appointment of bankruptcy etc. that is a certified copy. The document must be current and complete, signed by the investor or a court official and permits the authorised representative or agent to transact on behalf of the investor. Full name of authorised representative or agent Role held with investor(s) **Signature** Date I am a financial adviser as nominated by the investor Name of adviser AFSL number Name of advisory firm Dealer group Postal address Suburb Postcode State **Email address** Contact no. **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/We have completed an appropriate Customer Identification Procedure (CIP) on this investor which meets the requirements (per type of investor) set out above, **AND EITHER** ☐ I/We have attached the relevant CIP documents; **OR** I/We have not attached the CIP documents however I/We confirm that I have completed the AML/KYC checks on the investor(s) in accordance to the AUSTRAC's requirements. I/We also agree to provide Equity Trustees the relevant CIP documents on request. Signature Date Access to information Unless you elect otherwise, your authorised representative, agent and/or financial adviser will be provided access to your investment information and/or receive copies of statements and transaction confirmations. By appointing an authorised representative, agent and/or financial adviser you acknowledge that you have read and agreed to the terms and conditions in the PDS relating to such appointment. Please tick this box if you **DO NOT** want your authorised representative, agent and/or 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 authorised representative, agent and/or financial adviser.

Please tick this box if you want statements and transaction confirmations sent **ONLY** to your authorised

representative, agent and/or financial adviser.

Section 7 – Foreign Account Tax Compliance Act (FATCA), Common Reporting Standard (CRS) Self-Certification Form – ALL investors MUST complete

Sub-Section I - Individuals

Please fill this Sub-Section i	I only if vou are an individua	l. If vou are an entity	, please fill Sub-Section II.

1. Are you a US citizen or resident of the US for tax purposes?

		Yes: provide your Taxpayer Identification Number (TIN) or equivalent (or Reason Code if no TIN is provided) below and continue to question 2					
	Investo	r 1					
	Investo						
		No: continue to	question 2				
2.	Are you a	Yes: state each	any other country outside of Australia? country and provide your TIN or equivalent (or Reason Code if no TIN is provided) for n below and skip to question 12				
	Investo	r 1					
	Investo	r 2					
	If more sp	No: skip to que	se provide details as an attachment. stion 12				
Reason C	Code:						
If TIN or	equivalent	is not provided,	please provide reason from the following options:				
•			risdiction where the entity is resident does not issue TINs to its residents.				
•			herwise unable to obtain a TIN or equivalent number (Please explain why the entity is				
			he below table if you have selected this reason).				
•			red. (Note. Only select this reason if the domestic law of the relevant jurisdiction does				
If Re			of the TIN issued by such jurisdiction). above, explain why you are not required to obtain a TIN:				
11 100	Investo		soove, explain why you are not required to obtain a rink.				
	Investo						
Sub-Sec	tion II - E	ntities					
			ou are an entity. If you are an individual, please fill Sub-Section I.				
3.			nplying superannuation fund?				
		Yes: skip to que	estion 12				
		No: continue to	question 4				
FATCA							
4.	Are vou a	uS Person?					
	, , , , , ,	Yes: continue to	a question 5				
		res. continue ti	o question o				
		No: skip to que	stion 6				
5.	Are you a	Specified US Pe	rson?				
		-	ur TIN below and skip to question 7				
		No: indicate eve	emption type and skip to question 7				
		No. maicate ext	Emption type and skip to question?				
		. Financial to atte	tion for the survey of FATCA?				
6.	Are you a	a Financiai institt	ution for the purposes of FATCA?				
		Yes: provide yo	ur Global Intermediary Identification Number (GIIN)				
			please provide your FATCA status below and continue to question 7				
		Exempt Benefic	ial Owner, provide type below:				
		Deemed-Compl below:	iant FFI (other than a Sponsored FI or a Trustee Documented Trust), provide type				

		Non-Participating FFI, provide type below:				
		Sponsored Fina	ncial Institution. Please provide the Sponsoring Entity's name and GIIN:			
		Trustee Docume	ented Trust. Please provide your Trustee's name and GIIN:			
		Other, provide	details:			
		No: continue to	question 7			
CRS 7.	Are you	a tax resident of	any country outside of Australia and the US?			
			country and provide your TIN or equivalent (or Reason Code if no TIN is provided) for n below and continue to question 8			
	Investo	or 1				
	Investo	or 2				
	If more sp	ace is needed plea	se provide details as an attachment.			
Reason C	ode.					
		t is not provided.	please provide reason from the following options:			
•			risdiction where the entity is resident does not issue TINs to its residents.			
•			herwise unable to obtain a TIN or equivalent number (Please explain why the entity is			
		•	the below table if you have selected this reason).			
•			red. (Note. Only select this reason if the domestic law of the relevant jurisdiction does			
	not requi	ire the collection	of the TIN issued by such jurisdiction).			
If Re	eason B ha	as been selected a	above, explain why you are not required to obtain a TIN:			
	Investo	or 1				
	Investo	or 2				
		1				
		No: continue to	question 8			
8.	Are you a	a Financial Institu	ution for the purpose of CRS?			
		Yes: specify the	type of Financial Institution below and continue to question 9			
	□ Ren	orting Financial Ir	actitution			
		-Reporting Finan				
			cumented Trust			
		☐ Other: plea				
			' '			
		No: skip to que	stion 10			
9.	-	an investment er financial Instituti	ntity resident in a non-participating jurisdiction for CRS purposes and managed by on?			
		Yes: skip to que	estion 11			
		No: skip to que	stion 12			
Non-Fin	ancial En					
			nancial Entity (Active NFE)?			
10.		specify the type Less than 5 (e.g. divide during the Corporation	of Active NFE below and skip to question 12: 0% of the Active NFE's gross income from the preceding calendar year is passive income nds, distribution, interests, royalties and rental income) and less than 50% of its assets preceding calendar year are assets held for the production of passive income in that is regularly traded or a related entity of a regularly traded corporation intal Entity, International Organisation or Central Bank			
		No: you are a P	assive Non-Financial Entity (Passive NFE). Continue to question 11			

Controlling Persons

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

Controlling p		ve control over the ti		,, .			
Title	First name(s)		Surnai	me			
	Thist name (s)		Jama				
Posidontial ad	dress (not a PO Box/	PMP /Locked Pag)					
Residential ad	dress (not a PO Box)	KIVID/LOCKED Bag)					
Suburb		State	Postcode		Country		
Date of birth (DD/MM/YYYY)						
	/ /						
Country of tax	residence						
-							
TIN or equival	ent	Reason Code if no	TIN provided				
			<u> </u>				
Controlling p	erson 2						
Title	First name(s)		Surna	me			
Residential ad	dress (not a PO Box/	RMB/Locked Bag)					
Suburb		State	Postcode		Country		
Date of birth (DD/MM/YYYY)						
	/ /						
0							
Country of tax	residence						
TIN or equival	ent	Reason Code if no	TIN provided				
If there are mor	e than 2 controlling per	sons, please provide de	tails as an attach	ment.			
Reason Code:							
	alent is not provided,						
 Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents. Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is 							
					lease explain why the entity is		
 unable to obtain a TIN in the below table if you have selected this reason). Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does 							
	son C: No TIN is requir						
not i	son C: No TIN is require the collection	of the TIN issued by s	such jurisdiction	n).			
					:		
If Reason	require the collection				:		

No: continue to question 12

☐ I undertake to provide a suitably updated self-certific causes the information contained herein to become i☐ I declare the information above to be true and correct		
Investor 1	Investor 2	
Name of individual/entity	Name of individual/entity	
Name of authorised representative	Name of authorised representative	
Signature	Signature	
Date	Date	

12. Signature and Declaration – ALL investors must sign

Section 8 – Declarations – ALL investors MUST complete

In most cases the information that you provide in this form will satisfy the AML/CTF Act, the US Foreign Account Tax Compliance Act ('FATCA') and the Common Reporting Standards ('CRS'). 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, FATCA and CRS.

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

- I/We have received the PDS and made this application in Australia.
- 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 relevant Fund in which I/we have chosen to invest.
- I/We have considered our personal circumstances and, where appropriate, obtained investment and/or taxation advice
- I/We hereby declare that I/we are not a US Person as defined in the PDS.
- I/We acknowledge that (if a natural person) 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 Equity Trustees has outlined in the PDS provided to me/us how and where I/we can obtain a copy of the Equity Trustees Group Privacy Statement.
- I/We 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 for which I/we have engaged the services of Equity Trustees or its related bodies corporate and to foreign government agencies for reporting purposes (if necessary).
- I/we hereby confirm that the personal information that I/we have provided to Equity Trustees is correct and current in every detail, and should these details change, I/we shall promptly advise Equity Trustees in writing of the change(s).
- 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 counterterrorism legislation, US tax legislation or reporting 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.
- 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 acknowledge that Equity Trustees 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 Equity Trustees and is subject to investment risk including possible delays in repayment and loss of income or capital invested.
- I/We acknowledge that Equity Trustees is not responsible for the delays in receipt of monies caused by the postal service or the investor's bank.

- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax or email application.
- If I/we have completed and lodged the relevant sections on authorised representatives, agents and/or financial advisers on the Application Form then I/we agree to release, discharge and indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from Equity Trustees acting on the instructions of my/our authorised representatives, agents and/or financial advisers.
- If this is a joint application each of us agrees that our investment is held as joint tenants.
- 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 Equity Trustees, 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.

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, agree to and make the declarations above

Investor 1	Investor 2		
Name of individual /entity	Name of individual/entity		
Capacity (e.g. Director, Secretary, Authorised signatory)	Capacity (e.g. Director, Secretary, Authorised signatory)		
Signature	Signature		
Date	Date		
Company Seal (if applicable)			

Section 9 – AML/CTF Identity Verification Requirements

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing ('AML/CTF') program. The AML/CTF 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 investor.
- 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 contact Equity Trustees.

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

Who can certify?

Below is an example of who can certify proof of ID documents under the AML/CTF requirements:

- Bailiff
- Bank officer with 5 or more years of continuous service
- Building society officer with 5 or more years of continuous service
- Chiropractor (licensed or registered)
- Clerk of court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 5 or more years of continuous service
- Dentist (licensed or registered)
- Fellow of the National Tax Accountant's Association
- Finance company officer with 5 or more years of continuous service
- Judge of a court
- Justice of the peace
- Legal practitioner (licensed or registered)
- Magistrate
- Marriage celebrant licensed or registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Medical practitioner (licensed or registered)
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants

- Member of the Australian Defence Force with 5 or more years of continuous service
- Member of the Institute of Chartered
 Accountants in Australia, the Australian Society of
 Certified Practicing Accountants or the Institute
 of Public Accountants
- Member of the Parliament of the Commonwealth, a State, a Territory Legislature, or a local government authority of a State or Territory
- Minister of religion licensed or registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Nurse (licensed or registered)
- Optometrist (licensed or registered)
- Permanent employee of Commonwealth, State or local government authority with at least 5 or more years of continuous service.
- Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service
- Pharmacist (licensed or registered)
- Physiotherapist (licensed or registered)
- Police officer
- Psychologist (licensed or registered)
- Registrar, or Deputy Registrar, of a court
- Sheriff
- Teacher employed on a full-time basis at a school or tertiary education institution
- Veterinary surgeon (licensed or registered)

When certifying documents, the following process must be followed:

- All copied pages of original proof of ID documents must be certified.
- The authorised individual must ensure that the original and the copy are identical; then write or stamp on the copied document "certified true copy". This must be followed by the date and signature, printed name and qualification of the authorised individual.
- In cases where an extract of a document is photocopied to verify customer ID, the authorised individual should write or stamp "certified true extract"

GROUP A – Individuals/Joint

Each individual investor, individual trustee, beneficial owner, or individual agent or authorised representative must provide one of the following primary photographic ID:

A current Australian driver's licence (or foreign equivalent) that includes a photo and signature.

An Australian passport (or foreign equivalent) (not expired more than 2 years previously).

An identity card issued by a State or Territory Government that includes a photo.

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

Col	umn A	Col	umn B		
	Australian birth certificate. Australian citizenship certificate.		A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.		
	Pension card issued by Department of Human Services.		A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.		
			A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).		
			If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school.		
GRO	UP B – Companies				
For Australian Registered Companies, provide one of the following (must clearly show the Company's full name, type (private or public) and ACN):					
 □ A certified copy of the company's Certificate of Registration or incorporation issued by ASIC □ A copy of information regarding the company's licence or other information held by the relevant Commonwealth, State or Territory regulatory body e.g. AFSL, RSE, ACL etc. 					
	 A full company search issued in the previous 3 months. If the company is listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code. 				
 If the company is a majority owned subsidiary of a company listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code for the holding company. 					
For Foreign Companies, provide one of the following:					
 A certified copy of the company's Certificate of Registration or incorporation issued by the foreign jurisdictions in which the company was incorporated, established or formed. A certified copy of the company's articles of association or constitution. 					
☐ A copy of a company search on the ASIC database or relevant foreign registration body. All of the above must clearly show the company's full name, its type (i.e. public or private) and the ARBN issued by ASIC,					
or the identification number issued to the company by the foreign regulator.					
In addition, please provide verification documents for each beneficial owner (senior managing official and shareholder) as listed under Group A.					
A beneficial owner of a company is any customer entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official (or equivalent).					

GROUP C – Trusts				
For a Registered Managed Investment Scheme, Government Superannuation Fund or a trust registered with the Australian Charities, Regulated Superannuation Fund (including a self-managed super fund) and Not-for-profit Commission (ACNC), provide one of the following:				
☐ A copy of the company search of the relevant regulator's website e.g. APRA, ASIC, or ATO.				
□ A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.				
 A copy from the ACNC of information registered about the trust as a charity Annual report or audited financial statements. 				
 □ A certified copy of a notice issued by the ATO within the previous 12 months. □ A certified copy of the Trust Deed 				
For all other Unregulated trust (including Foreign trust), provide the following:				
□ A certified copy of the Trust Deed. If the trustee is an individual, please also provide verification documents for one trustee as listed under Group A.				
If the trustee is a company, please also provide verification documents for a company as listed under Group B.				
GROUP D – Authorised Representatives and Agents				
In addition to the above entity groups:				
☐ If you are an Individual Authorised Representative or Agent – please also provide the identification documents listed under Group A.				
☐ If you are a Corporate Authorised Representative or Agent – please also provide the identification documents listed under Group B.				
All Authorised Representatives and Agents must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order, Executor or Administrator of a deceased estate, authority granted to a bankruptcy trustee, authority granted to the State or Public Trustee etc.				