

# Application Form

**Issuer and Trustee** | AGP Investment Management Limited

**Date** | 30 March 2023

The digital application form, which is available at [www.associateglobal.com](http://www.associateglobal.com), is the simplest and fastest way of investing in our funds. If you don't have access to a computer or would rather fill out a physical form, please use this form to invest in the following fund (the **Fund**):

| Fund name                                     | APIR Code | Minimum Initial Investment | Minimum Additional Investment |
|---|-----------|----------------------------|-------------------------------|
| Woodbridge Private Credit Fund (Managed Fund) | SWI9392AU | \$25,000                   | \$25,000                      |

This Application Form accompanies the offer documents for the Fund listed above. It is important that you read these documents in full and the acknowledgments you will give contained in this Application Form before applying for new units.

### Before you complete this form

1. Ensure that you have read the relevant Information Memorandum (**IM**) which contains important information about investing in the Fund before you invest. You can access the IM on our website [www.associateglobal.com](http://www.associateglobal.com) or request a copy free of charge by calling us on **1300 052 054**.
2. Ensure that you have received this Application Form and IM in Australia (we will not accept an application from a person who we believe received the documents outside Australia).
3. Ensure that you are not:
  - an individual who is a US citizen or US resident for tax purposes;
  - an entity established in the US or US resident for tax purposes; or
  - an entity with any Controlling Person(s)\* who is/are US citizens or residents of the US for tax purposes.

**Note:** Applications from US citizens or US residents who have an obligation to pay tax to the US tax authorities on their worldwide income will NOT be accepted.

*\*A Controlling Person is any individual who directly or indirectly exercises control over the entity. For a company, this includes any beneficial owners controlling more than 25% of the shares of the company. For a Trust, this includes Trustees, Settlers or Beneficiaries. For a Partnership this includes any partners.*

### Privacy and Anti-Money Laundering (AML)/Counter-Terrorism Financing (CTF) Laws

As the Trustee for the Fund, AGP Investment Management (**AGP IM**) is committed to protecting and maintaining the privacy of its Unitholders as described in the IM. To comply with the AML/CTF Laws, however, we may collect, maintain, and disclose your personal information as described in the IM. By applying for a unit in the Fund, applicants are acknowledging that we may, in our absolute discretion, not issue units to you, cancel any units previously issued to you, delay, block or freeze any transactions or withdraw any units issued to you if we believe it necessary to comply with AML/CTF Laws. In the above circumstances, we will not be liable to applicants/investors for any resulting loss. Personal information may also be disclosed to people authorised to act on behalf of a Unitholder. Additional information may be required to verify the identity of a Unitholder and any underlying beneficial owner of Units in the Fund.

**#Please note:** It is not compulsory for you to quote your TFN/ABN. However, unless exempted, tax may be taken out of your income or distribution at the highest marginal rate plus the Medicare Levy if you do not quote your TFN.

**AGP Investment Management Limited**

**ABN** 26 123 611 978

**AFSL** 312 247

Level 6, 10 Spring Street Sydney NSW 2000

**T** 1300 052 054

**W** [associateglobal.com](http://associateglobal.com)

**E** [invest@associateglobal.com](mailto:invest@associateglobal.com)

## Checklists for completing the Application Form

### What type of applicant are you? (Please tick the boxes that apply to you)

| Investor Type  | Sections you must complete |
|--|----------------------------|
| Individual/joint investors, sole traders and individual trustees | A, B(1), C through I       |
| Company investors and corporate trustees                         | A, B(2), C through I       |
| Trusts and superannuation fund investors                         | A, B(3), C through I       |
| Partnership investors  | A, B(4), C through I       |

**If the above categories do not apply to you, please contact AGP Investment Management at 1300 052 054.**

### The sections of this Application Form

- Section A Investment and Distribution Details.** The amount you wish to invest in Fund(s) and your payment method including details of your nominated bank account for credit of distributions and redemptions. Must be an account with an Australian domiciled financial institution.
- Section B Investor Details.** All information about the investor(s), including full name, residential address, postal address and contact details as well as details for corporate or trust investors.
- Section C Contact Details and Preferred Communication Method.** Please provide contact details, where we can send all correspondence including transactions, distribution and tax statements, ongoing disclosures and other materials, according to your preferred method of communication.
- Section D Acting Authority or Authorised Representative.** Only one TFN is required unless the investment is a joint holding in which case all individuals should provide a TFN.
- Section E Operating Authority.** Advise us who has authority to operate your account.
- Section F Financial Advisor Details.** Please record the details here of your financial advisor if you wish them to be registered on your account.
- Section G Tax Certification – FATCA (US) and CRS (other jurisdictions).** You MUST complete this section if you are an individual, joint investor or sole trader OR if you are investing as an entity of any kind. You must also indicate whether you are or are not a US citizen or resident for tax purposes and provide other information as requested.
- Section H Additional Terms and Conditions and Acknowledgements.** Includes privacy information.
- Section I Declarations and Signatures.** Ensure each investor reads this section and signs and dates the form.
- Section J Investor Identification Information.** This is a checklist, to help you ensure you provide the information we require. As well as enabling us to register your account properly, you help us to fulfil our obligations under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Laws)* to identify and verify the identity of investors before providing a ‘designated service.’ In order for us to fulfil our obligations we must ask all investors to provide information and documents (including certified copies of originals as required), details of which are specified in the IM as well as on this application form.

## Section A Investment and Distribution Details

Please advise the details of your investment.

| Fund Name  | Investment amount (A\$) <sup>1</sup> | Identifier                            | Distribution options <sup>3</sup><br>(Tick one) |                          |
|--|--------------------------------------|---------------------------------------|---|--------------------------|
|  |                                      |                                       | Reinvest  | Cash Payment             |
| Woodbridge Private Credit Fund (Managed Fund) <sup>2</sup> | A\$                                  | APIR: SWI9392AU<br>ISIN: AU60SWI93928 | <input type="checkbox"/>                        | <input type="checkbox"/> |

Notes:

1. Minimum amounts listed on page 1
2. Open to wholesale investors only. Please seek financial advice as to whether you are a “wholesale” investor.
3. If you do not make any election here your distributions will be automatically reinvested.

### Payment Details

Please select your payment method below (tick one). All payments must be in Australian dollars (A\$).

**Electronic Funds Transfer.** Please transfer funds, using your investor name as a reference, at the same time as you post your application to avoid delays in the account opening process. Make your payment to:

Name: **AGP Investment Management**  
 Bank: **Commonwealth Bank of Australia**  
 BSB: **062 028**  
 Account No: **1162 1279**  
 REFERENCE: **[INVESTOR NAME]\***

Note: \*We will use this reference on our transaction statement and to identify who the payment is from.

**Cheque.** Please make your cheque payable to **[FUND NAME]** and attach the cheque to this Application Form

## Section A(1) Distribution Payment Instruction

If you indicated in Section A above that all distributions are to be paid to your nominated bank account, please provide details here. Payments to third-party bank accounts are not permitted.

Pay income to this Australian bank, building society or credit union account:

|                            |                |
|----------------------------|----------------|
| Australian institution     | Branch         |
|                            |                |
| Account name               |                |
|                            |                |
| BSB                        | Account number |
|                            |                |
| Other payment instructions |                |
|                            |                |

**Section B Investor Details**

ALL investors please answer these questions:

**Are you an existing investor in the Fund outlined in Section A this application form?**

- NO** – Complete all sections of this Application Form as per the table on page 2.
- YES** – Please complete the Additional Application Form available at [www.associateglobal.com](http://www.associateglobal.com).

**How would you like your account name to be registered?**

Account name:

Please specify the source of funds and wealth used to acquire the investment e.g. sale of assets, member contributions to a Super Fund, earnings, inheritance, gift, private assets, savings etc.

**Section B(1) Individuals**

ALL investors must answer these questions:

**Individual 1**

|  |  |  |  |
|--|--|--|--|
| Title  | Given Name(s)  | Surname  |  |
| <input style="width: 80%; height: 25px;" type="text"/> | <input style="width: 80%; height: 25px;" type="text"/> | <input style="width: 80%; height: 25px;" type="text"/> |  |
| Date of birth (DD/MM/YYYY)                             | Country of birth                                       | Occupation   |  |
| <input style="width: 80%; height: 25px;" type="text"/> | <input style="width: 80%; height: 25px;" type="text"/> | <input style="width: 80%; height: 25px;" type="text"/> |  |
| Phone  | Email  |  |  |
| <input style="width: 80%; height: 25px;" type="text"/> | <input style="width: 80%; height: 25px;" type="text"/> |  |  |
| Level  | Street number  | Street name (PO Box NOT accepted)                      |  |
| <input style="width: 80%; height: 25px;" type="text"/> | <input style="width: 80%; height: 25px;" type="text"/> | <input style="width: 80%; height: 25px;" type="text"/> |  |
| Suburb   | State  | Postcode   | Country  |
| <input style="width: 80%; height: 25px;" type="text"/> | <input style="width: 80%; height: 25px;" type="text"/> | <input style="width: 80%; height: 25px;" type="text"/> | <input style="width: 80%; height: 25px;" type="text"/> |

Are you an Australian resident for tax purposes?

**Yes.** Please provide Tax File Number or exemption details (if applicable)

|  |  |
|--|--|
| Tax File Number (TFN)#                                 | or Exemption details                                   |
| <input style="width: 90%; height: 25px;" type="text"/> | <input style="width: 90%; height: 25px;" type="text"/> |

**No.** Please specify your country of tax residence

Country of tax residence

**Individual 2**

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     | Occupation                        |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Phone                      | Email                |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

Are you an Australian resident for tax purposes?

**Yes.** Please provide Tax File Number or exemption details (if applicable)

|                        |                      |
|------------------------|----------------------|
| Tax File Number (TFN)# | or Exemption details |
| <input type="text"/>   | <input type="text"/> |

**No.** Please specify your country of tax residence

Country of tax residence

**Sole Trader**

If you are a sole trader, please complete this section **IN ADDITION** to the above.

|                      |                                  |                                   |                      |
|----------------------|----------------------------------|-----------------------------------|----------------------|
| Full business name   | Australian Business Number (ABN) |                                   |                      |
| <input type="text"/> | <input type="text"/>             |                                   |                      |
| Level                | Street number                    | Street name (PO Box NOT accepted) |                      |
| <input type="text"/> | <input type="text"/>             | <input type="text"/>              |                      |
| Suburb               | State                            | Postcode                          | Country              |
| <input type="text"/> | <input type="text"/>             | <input type="text"/>              | <input type="text"/> |
| Work Phone           | Mobile Phone                     | Email                             |                      |
| <input type="text"/> | <input type="text"/>             | <input type="text"/>              |                      |

**Section B(2) Company investors and corporate trustee(s)**

To fulfil AML/CTF requirements, this section must be completed by a custodian/nominee representing a trust such as a superannuation fund or other trust even if the Corporate Trustee does not form part of the registered name.

Full name of company as registered with ASIC (or overseas regulator)

Country of incorporation

Tax File Number (TFN)#

or Exemption details (if applicable)

Country of tax residence

Registered address

Level

Street number

Street name (PO Box NOT accepted)

Suburb

State

Postcode

Country

Postal address

Same as registered address

Level

Street number

Street name (PO Box NOT accepted)

Suburb

State

Postcode

Country

Principal place of business

Same as registered address

Level

Street number

Street name (PO Box NOT accepted)

Suburb

State

Postcode

Country

Contact person

Phone

Email

**Registration details**

ASIC registered. Please provide ACN, ABN, ARBN or ARSN below

**Company type**

- Australian public/listed company
- Australian proprietary or private company
- Majority owned subsidiary of an Australian listed company
- Company licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company (e.g. AFSL, RSL or RSE)

**Directors (to be completed for a proprietary company)**

How many directors are there?

Please provide their full names below.

Director 1

Director 2

Director 3

Director 4

If there are more than four directors, please provide details on a separate sheet or copy of this page.

**Shareholders/beneficial owners**

This section should be completed by any unlisted public company or proprietary company that is NOT licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company.

Please provide details of:

- Each individual who ultimately owns 25% or more of the issued capital of the company through direct or indirect shareholdings; OR
- Any individual who is entitled (directly or indirectly) to exercise 25% or more of the voting rights.

If no one satisfies either of the above categories, provide details instead of:

- The most senior managing official(s) (or equivalent) of the company (such as the managing director or directors who are authorised to make policy, operating or financial decisions or failing that, who is/are authorised to sign on behalf of the company).

All individuals below will be required to provide identification in accordance with the checklist in Section I.

**Beneficial owner 1**

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

**Beneficial owner 2**

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

**Beneficial owner 3**

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |



**Beneficial owner 4**

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

**Section B(3) Trusts and superannuation funds**

In this section you should provide details of the trust itself and you may need to provide details of the beneficiaries, the trustees, the settlor and the appointer (as applicable).

Full name of trust or superannuation fund

|                          |                       |
|--------------------------|-----------------------|
| Country of establishment | Date of establishment |
| <input type="text"/>     | <input type="text"/>  |

Business name of the trustee (if applicable)

|                        |                                      |
|------------------------|--------------------------------------|
| Tax File Number (TFN)# | or Exemption details (if applicable) |
| <input type="text"/>   | <input type="text"/>                 |

|                                  |                                      |
|----------------------------------|--------------------------------------|
| Australian Business Number (ABN) | or Exemption details (if applicable) |
| <input type="text"/>             | <input type="text"/>                 |

**Type of Trust**

Please confirm the type of Trust (tick one).

**Registered managed investment scheme (MIS)** regulated by ASIC.

Please provide the ARSN of the registered scheme.

**Other regulated Australian trust** (registered or subject to the oversight of a Commonwealth statutory regulator.

Please provide the name of the regulator (e.g. ASIC, APRA, ATO, ACNC)

Registrable Superannuation Entity (RSE) from APRA.

**Unregulated Australian trust.**

Please state the type of trust (e.g. unregulated SMSF, family trust, charitable fund not registered with ACNC, testamentary trust).

Please provide settlor and beneficiary details below.

**Settlor details of an unregulated Australian trust**

**Is the material asset contribution to the trust by the settlor less than \$10,000?**

Yes                      No

**Is the settlor deceased?**

Yes                      No

If you answered No to BOTH of these questions, please provide the **full name and address** of the settlor.

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

**Beneficiary details of an unregulated Australian trust**

**Do the terms of the trust identify the beneficiaries by reference to a membership of a class?**

**Yes.** Please describe the class or classes of beneficiaries (e.g. holders of different classes of units, family members or named persons)

**No.** Complete the beneficiary details requested below for each beneficiary entitled to benefit from 25% or more of the assets of the trust.

**Beneficiary 1**

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

### Beneficiary 2

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

### Beneficiary 3

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

### Beneficiary 4

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

### Trustee details

- **Individual Trustees** must complete Section B(1)
- **Corporate Trustees** must complete Section B(2)
- **Unregulated Australian trusts** must complete the following section.

**Appointer of an unregulated trust (the person entitled to remove or appoint trustees)**

Does anyone else have a substantial degree of control over the trust (e.g. an appointer or individual or company granted specific powers by the trust deed to appoint, remove or instruct trustees)?

*Yes. Please provide the name, address and date of birth of the appointer in section B(4), and provide identification as required in Section I of this form.*

*No. Proceed to next question.*

Is there anyone else who directly or indirectly controls the trust that is different from the trustees/appointer already provided?

This includes control by acting as trustee by means of agreements, arrangements, understandings and practices or by exercising control through the capacity to direct the trustees.

*Yes. Please provide their names, addresses and dates of birth in section B(4), and provide identification as required in Section I of this form.*

*No. Proceed to Section C.*

**Section B(4) Partnerships**

Full name of partnership ABN

Full business name of partnership registered in any State or Territory (if applicable)

Country of formation or establishment Date of establishment

Tax File Number (TFN)# or Exemption details (if applicable)

How many partners are there?

Is the partnership regulated?

*Yes. Please provide details of ONE of the partners below.*

*No. Please provide the full name, residential street address and date of birth of ALL partners in Section B(4), or if the partners are a company, please use Section B(2).*

Please provide details of ONE partner in the regulated partnership.

Title Given Name(s) Surname

Date of birth (DD/MM/YYYY) Country of birth

Level Street number Street name (PO Box NOT accepted)

Suburb State Postcode Country

**Beneficial Owners**

Are the beneficial owners different from the partner already entered in the section above?

**Yes.** Please provide details below.

**No.** No further information is required in this section.

Beneficial owners are those who:

- Ultimately own 25% or more of the partnership, OR
- Are entitled, directly or indirectly, to exercise 25% or more of the voting rights of the partnership, including the power of veto.

If no one satisfies either of these categories, it applies instead to:

- Each individual who directly or indirectly controls the partnership through the capacity to determine decisions about financial or operating policies or by other means.

If none of the above, it applies instead to:

- Each of the most senior managing official(s) of the partnerships.

**Beneficiary 1**

|                            |                      |                                   |                      |  |
|----------------------------|----------------------|-----------------------------------|----------------------|--|
| Title                      | Given Name(s)        | Surname                           |                      |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |  |
| Date of birth (DD/MM/YYYY) |                      | Country of birth                  |                      |  |
| <input type="text"/>       |                      | <input type="text"/>              |                      |  |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |  |
| Suburb                     | State                | Postcode                          | Country              |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |  |

**Beneficiary 2**

|                            |                      |                                   |                      |  |
|----------------------------|----------------------|-----------------------------------|----------------------|--|
| Title                      | Given Name(s)        | Surname                           |                      |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |  |
| Date of birth (DD/MM/YYYY) |                      | Country of birth                  |                      |  |
| <input type="text"/>       |                      | <input type="text"/>              |                      |  |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |  |
| Suburb                     | State                | Postcode                          | Country              |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |  |

**Beneficiary 3**

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

**Beneficiary 4**

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

**Section C Contact Details and Preferred Communications Method**

**ONLY complete this section if you wish to provide alternate contact details from those you provided in Section B.**

Please complete the following if contact details are different from those provided in Section B. For joint investors, please note that unless you indicate otherwise in this section, the Issuer will use the contact details provided in section B for Investor 1 for all communications, statements, transaction details and so on.

|                                |                      |                                   |                      |
|--------------------------------|----------------------|-----------------------------------|----------------------|
| Title                          | Given Name(s)        | Surname                           |                      |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>              |                      |
| Care of property/building name |                      |                                   |                      |
| <input type="text"/>           |                      |                                   |                      |
| Level                          | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                         | State                | Postcode                          | Country              |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>              | <input type="text"/> |
| Phone                          |                      | Email                             |                      |
| <input type="text"/>           |                      | <input type="text"/>              |                      |

**Preferred Communication Method**

Mail

Email

**Section D Acting Authority or Authorised Representative**

If this application form is being signed by one or more other person/s holding legal authority to act on behalf of the investor or by a representative of the State/Public Trustee, please provide the full name, residential street address and date of birth of the person and provide a certified copy of the person’s photographic ID e.g. driving license or passport. Also indicate the type of authority and provide a certified copy of the authority with this application.

**Individual 1**

|                            |                      |                                   |                      |  |
|----------------------------|----------------------|-----------------------------------|----------------------|--|
| Title                      | Given Name(s)        | Surname                           |                      |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |  |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |  |
| <input type="text"/>       | <input type="text"/> |                                   |                      |  |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |  |
| Suburb                     | State                | Postcode                          | Country              |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |  |

**Type of Authorisation**

- |                    |                         |                        |
|--------------------|-------------------------|------------------------|
| Power of Attorney  | Parent/Guardian         | Executor/Administrator |
| Bankruptcy Trustee | Public or State Trustee |                        |

I confirm that a certified copy of my/our authority to act for the investor is attached.

I confirm that a certified copy of my photographic ID is attached (other than for the State/Public Trustee)

**Individual 2**

|                            |                      |                                   |                      |  |
|----------------------------|----------------------|-----------------------------------|----------------------|--|
| Title                      | Given Name(s)        | Surname                           |                      |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |  |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |  |
| <input type="text"/>       | <input type="text"/> |                                   |                      |  |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |  |
| Suburb                     | State                | Postcode                          | Country              |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |  |

**Type of Authorisation**

Power of Attorney                      Parent/Guardian                      Executor/Administrator  
 Bankruptcy Trustee                      Public or State Trustee

I confirm that a certified copy of my/our authority to act for the investor is attached.

I confirm that a certified copy of my photographic ID is attached (other than for the State/Public Trustee)

**Section E                      Operating Authority**

**This section must be completed by all investors.**

When giving instruction to us about your investment, please indicate who has authority to operate your account;

**Individual joint accounts.** if no box is ticked we will assume that both/all investors must sign

Either to sign                      Both/all to sign

**Companies, trusts, super funds, partnerships, sole traders**

If no box is ticked all instructions must be signed by two Directors OR two trustees OR two partners OR director AND secretary OR sole trader.

Either to sign                      Both/all to sign                      Other (please specify)

**Individual 1**

Given name(s) in full

Specimen signature

**Individual 2**

Given name(s) in full

Specimen signature

**Individual 3**

Given name(s) in full

Specimen signature



**Section F Financial Adviser**

Adviser/Consultant Name  Company/Organisation Name

PO Box/RMB/Locked Bag/Care of [property or building name] (if applicable)

Level  Street number  Street name

Suburb  State  Postcode  Country

Phone  Email Address

**Would you like your financial advisor to receive copies of information sent to you?**

Yes  No

By signing this Application Form, I warrant and represent that I am/my dealer group is lawfully authorised to deal in units in the Fund under an AFSL and I am/my dealer group is appropriately authorised by the applicant to provide any instructions or information I/my dealer group may give to you in relation to the applicant or their investment in the Fund.

By signing below, you also declare to AGP IM that you:

- a. Will make available to AGP IM, on request, original verification and identification records in respect of the applicant
- b. Will provide details of the customer identification procedures adopted by you in relation to the applicant
- c. Have kept a record of the applicant’s identification and verification and will retain these in your file for a period of seven years after your relationship with the applicant has ended
- d. Will use reasonable efforts to obtain additional information from the applicant if requested by AGP IM
- e. Will not knowingly do anything to put AGP IM in breach of the AML/CTF Laws, and
- f. Will notify AGP IM immediately if you become aware of anything that would put AGP IM in breach of AML/CTF Laws

Advisor signature  Date

**Section G Tax Certification – FACTA (US) and CRS (other jurisdictions)**

**Why this section must be completed**

Australia has enacted laws committing to global standards on the Automatic exchange of financial account information. These include the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standards (CRS) and United States Foreign Account Tax Compliance Act (FATCA). If you require further information, please visit the Australian Taxation Office (ATO) website at [www.ato.gov.au](http://www.ato.gov.au).

Broadly under the rules, Financial Institutions must identify where an account holder is resident for tax purposes and report information with respect to purpose and report information with respect to the financial accounts held by foreign residents to the ATO. Tax authorities in the relevant countries may exchange this information with each other – which enables the participating nation’s transparency with respect to the financial assets that their residents hold offshore.

**Where to find detailed information:**

- Visit the website: [www.ato.gov.au/crs](http://www.ato.gov.au/crs)
- Speak with a professional tax adviser

A Taxation Identification Number (**TIN**) is the number assigned by each country for the purpose of administering tax laws which is equivalent to an Australian TFN. If not please provide applicable reasons in the relevant box.

**FATCA/CRS information – Who should complete this section?**

Investors (individuals or otherwise), businesses, trusts, charitable organizations, government entities, not for profits and partnerships must complete this form to ensure that we hold accurate and current information about your foreign tax residency.

This section should be completed by the person completing the application form who is authorised to provide tax residency and certification information for:

- All other applicants, and
- The underlying entity e.g. trust or partnership etc., and
- The beneficial owners and controlling persons.

Tick this box if you confirmed you are an existing investor in Section B and have certified your tax residency status for both FATCA and CRS since 1 July 2017. Your FATCA/CRS certification is complete and no further information is required.

Personal information collected for the purposes of the FATCA and the OECD CRS will be:

- a. Used for the purpose of meeting the Issuer’s obligations under CRS and the Intergovernmental Agreement between Australia and the U.S. implementing the U.S. legislation known as FATCA;
- b. Used for other purposes relating to the investor’s holding such as to verify the investor’s identity and to review and correct discrepancies in the information recorded about the investor and their holdings.

**1. Individuals foreign tax residency self-certification form**

If you are an **individual, joint individual, a sole trader**, or you will hold the account on behalf of another individual or a deceased estate, then please select the best option below and answer the associated questions. If your account is held on behalf of an entity, e.g. a company, trust, partnership etc., please go to the section on the next page ‘FATCA and CRS certification of an entity.’

If you do not provide this information, we will not be able to accept your application.

**Is the following statement correct? (Tick if applicable)**

Your account is held by an individual or an entity acting in the capacity of executor or administrator of a deceased estate, where EITHER certified copies of the death certificate or Grant of Probate/Letters of Administration have already been provided to us, OR certified copies of these documents are attached to this application.

If you selected the above, your FATCA/CRS certification is complete and no further information is required.

Is/are all of the Individual applicants (including the person(s) for whom the account will be held) a U.S. citizen or a resident for tax purposes in a country other than Australia?

**Yes.** Please complete 1.2 Foreign Individual Investors and Individual Beneficial Owner details below.

*Note: If an individual is both an Australian and a foreign tax resident, or a tax resident of more than one foreign country, you must also provide this information.*

**No.** Your FATCA/CRS certification is complete and no further information is required.

**Only some of the individuals are Australian tax residents:**

- For those Individuals who are Australian tax residents only (including the person/s for whom the account is held), please complete 1.1 Australian tax resident information below.
- For the remaining individuals (i.e. who are NOT solely Australian tax residents), please complete 1.2 Foreign Individual Investors and Individual Beneficial Owner details below.

### 1.1 Australian tax resident information

Full name of Australian tax resident 1

Full name of Australian tax resident 2

Full name of Australian tax resident 3

### 1.2 Foreign Individual Investor(s) and Beneficial Owner(s) details

Please provide ALL information, including your foreign TIN, or exclusions, as relevant. Where a TIN is issued by your jurisdiction, failure to provide this information may result in your application not being processed.

#### Individual 1

Title

Given Name(s)

Surname

Date of birth (DD/MM/YYYY)

Country of birth

Level

Street number

Street name (PO Box NOT accepted)

Suburb

State

Postcode

Country

Country 1 of tax residency

Country 1 TIN

If Country 1 TIN is not provided, please select the applicable reason

Country 1 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

Country 2 of tax residency  Country 2 TIN

If Country 2 TIN is not provided, please select the applicable reason

Country 2 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

Country 3 of tax residency  Country 3 TIN

If Country 3 TIN is not provided, please select the applicable reason

Country 3 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

**Individual 2**

Title  Given Name(s)  Surname

Date of birth (DD/MM/YYYY)  Country of birth

Level  Street number  Street name (PO Box NOT accepted)

Suburb  State  Postcode  Country

Country 1 of tax residency  Country 1 TIN

If Country 1 TIN is not provided, please select the applicable reason

Country 1 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

Country 2 of tax residency  Country 2 TIN

If Country 2 TIN is not provided, please select the applicable reason

Country 2 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

Country 3 of tax residency  Country 3 TIN

If Country 3 TIN is not provided, please select the applicable reason

Country 3 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

**Individual 3**

|                            |                      |                                   |                      |
|----------------------------|----------------------|-----------------------------------|----------------------|
| Title                      | Given Name(s)        | Surname                           |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |
| Suburb                     | State                | Postcode                          | Country              |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |
| Country 1 of tax residency | Country 1 TIN        |                                   |                      |
| <input type="text"/>       | <input type="text"/> |                                   |                      |

If Country 1 TIN is not provided, please select the applicable reason

Country 1 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

|                            |                      |
|----------------------------|----------------------|
| Country 2 of tax residency | Country 2 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 2 TIN is not provided, please select the applicable reason

Country 2 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

|                            |                      |
|----------------------------|----------------------|
| Country 3 of tax residency | Country 3 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 3 TIN is not provided, please select the applicable reason

Country 3 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

**2. Entity Foreign Tax Residency Self-Certification Form**

If you are an investor that is one of the following:

- A company or other incorporated body, or
- Another type of entity e.g. a trust, partnership, cooperative or association etc., or
- An individual/s that will hold the Account on behalf of another entity that is a superannuation fund, trust, partnership, government body, co-operative, association or other type of entity,

then please select the best option below and answer the associated questions. If you do not provide this information, we will not be able to accept your application.

Select the option that best describes your organisation (tick one).

**An Australian regulated superannuation fund** (including a complying SMSF), retirement or pension fund.

Please provide the fund's ABN to complete your certification.

If you selected this option, your certification is complete and no further information is required.

**An account held by an entity acting in the capacity of executor or administrator of a deceased estate**, where EITHER a certified copy of the death certificate or Grant of Probate/Letters of Administration have already been provided to us, OR certified copies of these documents are attached to this application.

If you selected this option, your certification is complete and no further information is required.

**Public Listed Company, or a Majority Owned Subsidiary of a Public Listed company**, (includes public listed companies or majority owned subsidiaries of listed companies that are not Financial Institutions)

Please provide the name of the market or stock exchange where your company is listed.

Please provide your company's unique exchange code here, e.g. ASX code, ticker code.

If you selected this option, your certification is complete and no further information is required.

**Not a Financial Account.** Certain accounts are NOT considered to be 'Financial Accounts' for the purposes of CRS and FATCA. These include:

- An Employee Share Scheme or Trust as defined in the Income Tax Assessment Act 1997
- An Escrow Account established in connection with a court order or judgment, or a sale, exchange, or lease of real or personal property where certain requirements have been met.

If you selected this option, your certification is complete and no further information is required.

**Exempt Beneficial Owner.** Under CRS and FATCA, an Exempt Beneficial Owner includes, but is not limited to:

- Australian government organisation or agency
- Reserve Bank of Australia
- International (including intergovernmental) organization

If you selected this option, your certification is complete and no further information is required.

**Financial institution.** Includes:

- Depository institution
- Investment entity
- Specified insurance company
- Custodian institution

If you selected this option, **please complete 2.1 Financial Institution below.**

**Non-Financial Entity (NFE) or (NFFE).** This includes the following entity types:

- Private or proprietary company that is NOT a financial institution
- Public unlisted company that is NOT a financial institution
- Partnership
- Trust
- Co-operative
- Association or club
- Registered or non-registered charitable organization (*continued over*)
- Other type of entity

If you selected this option, **please complete 2.2 NFE/NFFE entities below**

**2.1. Financial Institution**

**Please provide your Global Intermediary Identification Number (GIIN)**

**If you do not have a GIIN, what is your financial status? (Tick one)**

Deemed Compliant Foreign Financial Institution (FFI)

Excepted FFI

Non-participating FFI

Other (please specify)

**Are you an Investment Entity (financial institution) located in a non-CRS participating jurisdiction and professionally managed by another financial institution?**

Yes

No

If you answered **Yes**, please complete the remainder of this section and 2.2 NFE/NFFE entities.

**Is the registered holder of this account also a financial institution?**

Yes

No

If you answered **Yes**, please provide the **GIIN for the registered holder:**

**If the registered holder does not have a GIIN, what is its financial institution status (tick one):**

Deemed Compliant FFI

Excepted FFI

Non-participating FFI

Other (please specify)

This completes the required information for Financial Institutions.

## 2.2. NFE/NFEE Entities

An entity is Active if it derives more than 50% of its income from the sale of goods or services AND it uses more than 50% of its assets to generate income from the sale of goods or services. An NFE is Passive if it does not fit the description of an Active entity OR is a professionally-managed investment entity located in a non-participating CRS jurisdiction.

Is the NFE/NFEE Active or Passive?

**Active.** Please complete 2.3 Entity Foreign Tax Residency Information

**Passive.** Please complete 2.3 Entity foreign tax residency information and 2.4 Entity foreign beneficial owner(s) or **\*\*Controlling Persons details**

## 2.3. Entity Foreign Tax Residency Information (tick and/or provide details as indicated)

Is this entity account holder a U.S. entity OR a resident for tax purposes in a country other than Australia?

**No.** Your certification is complete and no further information is required

**Yes.** Please provide ALL information, including your foreign TIN or exclusions, as relevant. Where a TIN is issued by your jurisdiction, failure to provide this information may result in your application not being processed

Country of Tax Residency

Level

Street number

Street name (PO Box NOT accepted)

Suburb

State

Postcode

Country

Country 1 of tax residency

Country 1 TIN

If Country 1 TIN is not provided, please select the applicable reason

Country 1 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN



|                            |                      |
|----------------------------|----------------------|
| Country 2 of tax residency | Country 2 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 2 TIN is not provided, please select the applicable reason

Country 2 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

|                            |                      |
|----------------------------|----------------------|
| Country 3 of tax residency | Country 3 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 3 TIN is not provided, please select the applicable reason

Country 3 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

**2.4. Entity Foreign Beneficial Owner(s) or Controlling Person\*\* Details**

Is/Are any of the beneficial owner(s) or controlling persons (including the settlor or protector of a trust) a U.S. citizen or a resident for tax purposes in a country other than Australia?

**No.** Your certification is complete and no further information is required.

**Yes.** Please provide ALL information, including your foreign TIN or exclusions, as relevant. Where a TIN is issued by your jurisdiction, failure to provide this information may result in your application not being processed.

**Individual 1**

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

|                            |                      |
|----------------------------|----------------------|
| Date of birth (DD/MM/YYYY) | Country of birth     |
| <input type="text"/>       | <input type="text"/> |

|                      |                      |                                   |
|----------------------|----------------------|-----------------------------------|
| Level                | Street number        | Street name (PO Box NOT accepted) |
| <input type="text"/> | <input type="text"/> | <input type="text"/>              |

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

|                            |                      |
|----------------------------|----------------------|
| Country 1 of tax residency | Country 1 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 1 TIN is not provided, please select the applicable reason

Country 1 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

|                            |                      |
|----------------------------|----------------------|
| Country 2 of tax residency | Country 2 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 2 TIN is not provided, please select the applicable reason

Country 2 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

|                            |                      |
|----------------------------|----------------------|
| Country 3 of tax residency | Country 3 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 3 TIN is not provided, please select the applicable reason

Country 3 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

**Individual 2**

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

|                            |                      |
|----------------------------|----------------------|
| Date of birth (DD/MM/YYYY) | Country of birth     |
| <input type="text"/>       | <input type="text"/> |

|                      |                      |                                   |
|----------------------|----------------------|-----------------------------------|
| Level                | Street number        | Street name (PO Box NOT accepted) |
| <input type="text"/> | <input type="text"/> | <input type="text"/>              |

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

|                            |                      |
|----------------------------|----------------------|
| Country 1 of tax residency | Country 1 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 1 TIN is not provided, please select the applicable reason

Country 1 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

|                            |                      |
|----------------------------|----------------------|
| Country 2 of tax residency | Country 2 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 2 TIN is not provided, please select the applicable reason

Country 2 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

|                            |                      |
|----------------------------|----------------------|
| Country 3 of tax residency | Country 3 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 3 TIN is not provided, please select the applicable reason

Country 3 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

**Individual 3**

|                            |                      |                                   |                      |  |
|----------------------------|----------------------|-----------------------------------|----------------------|--|
| Title                      | Given Name(s)        | Surname                           |                      |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |  |
| Date of birth (DD/MM/YYYY) | Country of birth     |                                   |                      |  |
| <input type="text"/>       | <input type="text"/> |                                   |                      |  |
| Level                      | Street number        | Street name (PO Box NOT accepted) |                      |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              |                      |  |
| Suburb                     | State                | Postcode                          | Country              |  |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>              | <input type="text"/> |  |
| Country 1 of tax residency | Country 1 TIN        |                                   |                      |  |
| <input type="text"/>       | <input type="text"/> |                                   |                      |  |

If Country 1 TIN is not provided, please select the applicable reason

Country 1 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

|                            |                      |
|----------------------------|----------------------|
| Country 2 of tax residency | Country 2 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 2 TIN is not provided, please select the applicable reason

Country 2 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

|                            |                      |
|----------------------------|----------------------|
| Country 3 of tax residency | Country 3 TIN        |
| <input type="text"/>       | <input type="text"/> |

If Country 3 TIN is not provided, please select the applicable reason

Country 3 does not issue TIN's

TIN is available but has not obtained or has not been issued a TIN

*\*Capitalised terms used in this section have the meanings defined in the intergovernmental agreement between the Australian and the US governments to improve international tax compliance and to implement FATCA dated 28 April 2014.*

*\*\*A Controlling Person means any individual who ultimately beneficially owns 25% or more of an entity or controls the entity, including control through a chain of ownership or by means of control other than direct control. For a company this includes any beneficial owners of a company. For a trust includes its Trustees, Settlers and Beneficiaries. For a partnership this includes all Partners. For charities this includes Chairman, Secretary and treasurer or equivalent.*

**Section G Additional Terms and Conditions and Acknowledgements**

**Acknowledgments made by all classes of Investor**

By signing this application form, you acknowledge the following statements:

- You have received, read, understood and are bound by the terms and conditions set out in the IM, this application form and the Constitution of the Fund, as may be amended from time to time, if your application for units in the Fund is accepted.
- If you received the IM by electronic means, you received them personally or a printout accompanied this application form before you made this application for units in the Fund.

- You will not knowingly do anything to put AGP IM in breach of the AML/CTF Laws and will notify us if you become aware of anything that may put us in breach of the AML/CTF Laws.
- If requested, you will provide additional information and assistance and comply with all requests to facilitate our compliance with AML/CTF Laws in Australia or any overseas jurisdiction.
- You have provided all required information (whether directly or through a financial adviser or other authorised person) and the information provided is accurate, complete and current.
- You agree to personal information about you being collected, held, used and disclosed in accordance with our Privacy Policy and the privacy section in the PG, as may be amended from time to time.
- If you are a custodian or IDPS operator you confirm that you are authorised by your client to do any matter in relation to the investment, or give any undertakings, on behalf of your client.
- Where you have nominated a financial advisor, you authorise us to disclose details of your investment in the Fund to that advisor and their dealer group (if any).
- Where you have appointed an authorised representative, agent and/or financial advisor on the application form then you agree to release, discharge and indemnify us from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from us acting on the instructions of your authorised representatives, agents and/or financial advisors.
- we may rely on any faxed or emailed instructions from you or your authorised representatives, agents and/or financial advisors in relation to your investment in the Fund(s) as being sent and/or authorised by you and you release, discharge and indemnify us from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from us acting on such instructions, even if not authorised.

#### **Representations and warranties where the Investor is not an individual**

The Investor represents and warrants to AGP IM that each of the following statements is true, accurate and not misleading as at the date it completes the Application Form and each day it holds units in the Fund:

- a. Its execution, delivery and performance of this application does not violate its constitution (or other constituent documents).
- b. It is a validly existing entity under the laws of its place of incorporation or establishment.
- c. It has the corporate power to enter into and perform its obligations under this application and to carry out the transactions contemplated by it.
- d. It has taken all necessary corporate action to authorise its execution, delivery and performance of this application form and to carry out the transactions contemplated by this application form.
- e. This application is a valid and binding obligation on it.
- f. In applying for units in the Fund, it is in compliance with all relevant laws and regulations (including, without limitation, the requirements of the Corporations Act 2001 (Cth)).
- g. Neither its entry into nor the performance by it of this application nor any transaction contemplated under this application form violates in any material respect any provision of any judgment binding on it, its constituent documents, any law or any document, agreement or other arrangement binding on it or its assets.

#### **Additional representations where the Investor is a trustee**

Where the Investor is a trustee, it represents and warrants to AGP IM that each of the following statements is true, accurate and not misleading as at the date of the Application Form and each day it holds units in the Fund:

- a. It is empowered by the trust deed establishing the trust under which it is appointed as trustee (**Trust Deed**) to enter into and perform its obligations under the application form and to carry out the acts and transactions contemplated by this application form.
- b. All necessary resolutions have been duly passed and all consents, approvals and other procedural matters have been obtained or attended to as required by the Trust Deed
- c. It is the sole trustee of the trust.
- d. No property of the trust is liable to be re settled or set aside or transferred to any other trust.

- e. The trust has not been terminated, nor has any event for the vesting of the assets of the trust occurred.
- f. Subject to the terms of the Trust Deed and limitations which may be imposed by general law, its right of indemnity out of, and lien over, the assets of the trust have not been limited in any way. To the best of its knowledge, it has no liability which may be set off against that right of indemnity.
- g. To the best of its knowledge, it has complied with all obligations and duties under the Trust Deed and at law where failure to comply would have a material adverse effect on its ability to perform under this Application Form.

**Section H Declarations and Signatures**

All parties must sign for joint applications. If signed under Power of attorney, the attorney must enclose a certified copy of the Power of Attorney and declare that they have not received notice of revocation of that power. The Power of Attorney must also enclose a certified copy of their driver’s license or passport. If the application is for a company, two directors or a director and secretary must sign, unless the company is a sole director company, in which case the sole director only must sign.

**I/we acknowledge that by signing below:**

I/we declare that the details given in this application form are true and correct. I/we acknowledge that by signing this application form, I/we:

- a. agree to become bound by the provisions of the Constitution of the Fund, as may be amended from time to time;
- b. understand that AGP IM may need to contact me and that I may need to provide additional information to meet the requirements of the AML/CTF legislation;
- c. agree to apply for units in the Fund on the terms and conditions set out in in the IM and this application form including by providing the representations and warranties set out therein;
- d. understand that units in the Fund do not represent deposits or other liabilities of AGP IM or any other member of the Group;
- e. understand and acknowledge that investing in the Fund is subject to investment risk, including possible delays in repayment and loss of income and principal invested; and
- f. understand and acknowledge neither AGP IM nor any other entity guarantees the performance of the Fund or the repayment of capital invested in the Fund.
- g. Confirm we have authority to sign this application in the name of the investor.

**I/We acknowledge that by signing this application form:**

I/we agree to provide any additional information and/or documentation required by AGP IM as Trustee for FATCA/CRS purposes (in addition to that provided in this form) upon request, and to inform AGP IM if a change in circumstances means that any of the information or documentation provided is no longer correct.

|   |   |   |
|---|---|---|
| <b>Investor 1 Full Name</b><br><input style="width: 95%;" type="text"/> | <b>Date</b><br><input style="width: 95%;" type="text"/> | <b>Investor 1 Signature</b><br><input style="width: 98%; height: 40px;" type="text"/> |
|---|---|---|

Investor 1 capacity (mandatory for companies)  
Sole Director
Director
Secretary

|   |   |   |
|---|---|---|
| <b>Investor 2 Full Name</b><br><input style="width: 95%;" type="text"/> | <b>Date</b><br><input style="width: 95%;" type="text"/> | <b>Investor 2 Signature</b><br><input style="width: 98%; height: 40px;" type="text"/> |
|---|---|---|

Investor 2 capacity (mandatory for companies)  
Sole Director
Director
Secretary

**Power of Attorney**

Executed by and on behalf  of by its attorney

Attorney name

Attorney Signature

In the presence of:

Witness name

Witness Signature

**Attorney's residential address (mandatory)**

PO Box/RMB/Locked Bag/Care of [property or building name] (if applicable)

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Level                | Street number        | Street name          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

**Section I Investor Identification Documents**

Please read this section carefully to ensure you include the required documents with your application and tick the documents you are providing below.

Important notes:

- **Foreign language documents:** MUST be accompanied by an English translation prepared by an accredited translator.
- **Providing certified copies:** Where a certified copy is required, the investor should ensure that the requisite certification is signed by a suitably qualified person.

Individuals, Sole Traders, Individual Trustees or Partners, Beneficial Owners or Individual Governing Member of an Association or Registered Co-operatives, Beneficial Owners or Beneficiaries (if required):

Please complete EITHER Option 1 OR Option 2 and attach the applicable documents to your application. Note that, for an applicant who is a natural person or a beneficiary (if required), a document provided must not have expired, other than in the case of a passport issued by the Commonwealth that has expired in the last two years.

**Option 1:** Please attach at least ONE certified document from the list below

**Primary photographic identity document**

- Driver’s license or permit under a State/Territory government or an equivalent authority of a foreign country
- Australian passport (current or expired within the last two years)
- Foreign passport or travel document that has a photograph and signature of the individual
- Proof of age card provided by a State or Territory government
- National identity card issued by a foreign government that has a photograph and signature of the individual.

**OR**

**Option 2:** Please attach at least ONE certified primary document and at least ONE certified secondary document from the lists below

**Primary non-photographic identity document**

- Australian birth certificate or birth extract
- Australian citizenship certificate
- Foreign citizenship certificate
- Foreign birth certificate
- Centrelink Pension Card or Centrelink Healthcare Card

**AND**

**Secondary non-photographic identity document**

- A financial benefit document issued by the Commonwealth, State or Territory in the last 12 months that contains the name and address of the individual
- An income tax assessment notice issued in the last 12 months that contains the name and address of the individual
- A local government notice (e.g. rates notice) or utilities notice (e.g. gas or electricity bill) issued with the last 3 months.

**Company and Corporate Trustees**

**If you are a company or corporate trustee, please provide us with at least one of the following documents:**

- An annual company statement issued by ASIC in the last 12 months
- A certificate of registration issued by ASIC or other regulator
- A full company search from within the last 3 months by a provider such as Veda or SAI Global
- Other (please specify)

**Trust of partnership (includes Self-Managed Superannuation Funds)**

All individual trustees or partners should provide 'Individuals, sole traders etc. documentation, whereas corporate trustees should provide 'Company and corporate trustees' documentation. **Tick as applicable:**

Individual trustee or partner – Attach documentation as specified under 'Individuals/sole traders...(etc.) above.

Corporate trustee or partner – Attach documentation as specified under 'Companies and corporate trustees' above

**Trust of partnership (includes Self-Managed Superannuation Funds)**

Please attach at least one identification document from the list below which verifies the identity of the trust or partnership (tick as applicable):

A certified copy of the trust deed or a certified copy of an extract or extracts from the trust deed that identifies the name of the trust, the name(s) of the trustee(s); the name of the settlor (if applicable); the place of establishment of the trust; and the identity of the beneficiaries

A certified copy or certified extract of a current partnership agreement or minutes of a partnership meeting. Either copy must include the full name of the partnership; the registered business name; the country in which the partnership was established; and the full name and residential address of each partner

A certificate issued to the trust by ASIC or other regulator

Other (please specify)

**Power of Attorney**

Please complete this section if one or more attorneys are completing and signing this form under power of attorney and attach the applicable documents.

**Proof of identity and attorney's authority to act**

A certified copy of the Power of Attorney's driving license, passport or other photographic identification which confirms the full name and residential address and contains your signature

A certified copy of the Power of Attorney which confirms that any attorney completing and signing this form is authorised to do so under the power of attorney. If the power of attorney does not contain a sample of each attorney's signature, please also provide a list containing the name of each attorney and a sample of each attorney's signature.



## Where do I Send My Application Form?

Completed Application Forms, cheques (where applicable) and identification documents (where applicable) should be mailed to:

✉ **Link Funds Solutions**  
**AGP Investment Management Application**  
**PO Box 3721**  
**Rhodes, NSW 2138**

### Checklist before sending (tick all boxes)

- Check you have completed all relevant sections according to the table on page 2 of this application
- Check you have signed and dated the form (see Section H)
- Check you have included all requested certified copies of specified documents (see Section I).
- Check you have attached your cheque or electronically transferred the funds to pay for your investment (see Section A)

If you require assistance with completing the Application Form, please email Link Funds Solutions on:

✉ [agpunlisted@linkmarketservices.com.au](mailto:agpunlisted@linkmarketservices.com.au);

Or call AGP Investment Management on:

☎ 1300 052 054

Further information regarding our funds can be access at our website at [www.associateglobal.com](http://www.associateglobal.com)