

PART 3 – APPLICANTS DETAILS (cont'd)

Select any items which apply to the Trust and provide the required information.

<input type="checkbox"/>	Registered managed investment scheme	ARSN:	<input type="text"/>
<input type="checkbox"/>	Other regulated trust	Details:	<input type="text"/>
<input type="checkbox"/>	Other trust (e.g. family, unit, charitable)	Trust type:	<input type="text"/>

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

<input type="checkbox"/>	Yes	Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)	<input type="text"/>
<input type="checkbox"/>	No	How many beneficiaries are there?	<input type="text"/>

If you answered "No" to the question, include the full name and date of birth of beneficiaries.

Beneficiaries full names	Date of birth
<input type="text" value="Beneficiary 1 name"/>	<input type="text"/>
<input type="text" value="Beneficiary 2 name"/>	<input type="text"/>
<input type="text" value="Beneficiary 3 name"/>	<input type="text"/>

Provide the full residential address for each beneficiary.

Beneficiaries residential address	
<input type="text" value="Beneficiary 1 address"/>	
<input type="text" value="Beneficiary 2 address"/>	
<input type="text" value="Beneficiary 3 address"/>	

If Trust type is "Other trust" and there is a Company trustee, provide names of all Company directors.

Trustee company directors (if more than three, provide details on a separate sheet)	
<input type="text" value="Director 1"/>	
<input type="text" value="Director 2"/>	
<input type="text" value="Director 3"/>	

PART 4 – APPLICANT(S) CONTACT DETAILS (MUST NOT BE ADVISER DETAILS)

Please enter contact details, including phone numbers in case we need to contact you in relation to your application.

Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.

These contact details will be used for all correspondence.

All investment communication is emailed.

Preferred contact name(s)		<input type="text"/>	
Postal Address		Suburb	
<input type="text"/>		<input type="text"/>	
State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Phone		Home Phone	
<input type="text"/>		<input type="text"/>	
Mobile Phone		Facsimile	
<input type="text"/>		<input type="text"/>	
Email Address			
<input type="text"/>			

PART 5 – COMMUNICATION PREFERENCES

We usually send 1-2 emails per month including investment ideas and educational articles

Would you like to receive additional investment offers and information from Affluence?

 Yes No

Are you an Affluence Member?

 Yes No

If yes, please provide your login/email

If you are not already an Affluence Member, we will automatically register you. It's free for all Affluence investors and includes access to all our premium website content, investment ideas and Fund portfolio details.

PART 6 – ADVISER DETAILS

If you use a financial adviser, have them complete and sign this Section.

If an initial advice fee is nominated, we will deduct this from your application amount and pay it to your Adviser. The maximum amount is 3.3% including GST of your application amount.

Adviser Name

Adviser Email Address

Licensed Dealer Name

AFS Licence No.

Adviser Company (if applicable)

Adviser Signature

Initial advice fee including GST (if applicable)

Maximum 3.3% of application amount %

Would you like your Adviser to receive copies of investment correspondence?

 Yes No

PART 7 – ADDITIONAL INVESTMENT ENQUIRER

If you would like someone other than the Contact or your Adviser to be able to enquire about this investment, please provide us with their details here.

Additional Enquirer Name

Company (if applicable)

PART 8 – DISTRIBUTION AND WITHDRAWAL PAYMENTS

You are required to provide Australian or New Zealand bank account details for electronic payment of distributions. Payment cannot be made by cheque. If no bank account details are provided, distributions will be automatically reinvested.

Would you like your distributions reinvested into the Fund as additional units?

 Yes No

Bank Name and Address

Account Name

BSB

Account number (including suffix for NZ applicants)

PART 9 – TAX STATUS

We are required to collect this information to satisfy legal requirements and to ensure correct amounts of withholding tax are deducted for foreign investors.

Are any of the applicants (including named beneficiaries, trustees or beneficial owners of a company trustee) citizens or residents of a country other than Australia for tax purposes?

 Yes No

If yes, complete the following and we may require you to provide additional information:

Name

Country of tax residency

TIN, GIIN or other Tax ID Number

PART 10 – DECLARATION AND SIGNATURES

I acknowledge, declare and agree that by signing this Application Form:

- I have received, read and understood the PDS dated 14 March 2017 to which this Application Form applies.
- The information contained in the PDS does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs.
- None of AFM or any other person guarantees the repayment of the amount invested in the Fund, the performance of, nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. All details provided in this Application Form are true and correct and I am over the age of 18 years.
- In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the investment will be held as joint tenants and either investor can operate the account and bind the other investor for future transactions.
- If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
- I agree to be bound by the terms and conditions of the PDS and the Constitution, as amended from time to time.
- AFM may be required to pass on information about me or my investment to satisfy legal or other requirements. I will provide such assistance that may be requested by AFM to comply with its obligations and I indemnify AFM against any loss caused by my failure to provide such assistance.
- The monies used to fund my investment in the Fund are not derived from or related to any illegal activities and the proceeds of my investment in the Fund will not be used to finance any illegal activities. For the purpose of any AML/CTF Legislation, I am not a "politically exposed" person or organisation.
- I have read and understood the 'Privacy Statement' in the PDS. Unless I inform AFM otherwise, I consent to all uses of my personal information contained under that heading.
- AFM and the Registry are authorised to accept and act upon any instructions in respect of this application and the investment to which it relates given by me by facsimile. I indemnify AFM and the Registry against any loss arising as a result of any of them acting on facsimile instructions.
- AFM and the Registry may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- AFM reserves the right to reject any application and AFM is released and indemnified in respect of any loss or liability arising from its rejection of an application for any reason.
- AFM may provide details of my investment to the adviser or AFSL holder nominated, by the means and in the format that they direct. I authorise AFM to calculate and pay the nominated advice fee (if any) to the nominated AFSL holder from my application monies.

Signatures

If the application is signed by more than one person, who can operate the account in the future?

Any to sign All to sign

Signature A

Date (day/month/year)

		/			/		
--	--	---	--	--	---	--	--

Full Name

Title (e.g. Trustee, Director-Trustee Company)

Signature B

Date (day/month/year)

		/			/		
--	--	---	--	--	---	--	--

Full Name

Title (e.g. Trustee, Director-Trustee Company)

CHECKLIST

Have you:

- Completed and signed this application form
- Attached a cheque or arranged a payment for the full application amount
- Attached certified copies of Identification Documents if required (refer to Part 1 and the Application Pack)

Mail these items to the Fund registrar:

Boardroom Pty Limited
GPO Box 3993
Sydney NSW 2001

WHAT HAPPENS NEXT

- Completed Application Forms, application funds and Identification Documents must be received by Boardroom no later than the 25th of each month to be accepted for that month.
- Boardroom will contact you if any further information is required. Once all required information is received, Boardroom will email you a confirmation of receipt of the application and funds.
- Units are issued as at the 1st of the following month. Boardroom will email you a transaction statement confirming your investment by the 20th of the following month.