Eligibility Form - New Investor



PART 1: ELIGIBILTY CONFIRMATION Select ONE option to indicate Eligibility and complete Part 2 or 3 if applicable. The Fund is only available to Eligible Investors. I have been certified as an Eligible Investor by AFM in the past two years Further detail is provided I am investing at least \$500,000 in the IM. I meet the net assets or gross income test. You must have your accountant complete Part 2 below or attach an Accountant's Certificate prepared in accordance with Section 761G (7) of the Corporations Act 2001. I am a Sophisticated Investor as defined by Section 761GA of the Corporations Act. An Australian financial services licencee must complete Part 3 below. I am a professional investor under Section 761G (7) (d) of the Corporations Act. Type of professional investor: PART 2: ACCOUNTANTS CERTIFICATE - GIVEN UNDER S761G (7) OF THE CORPORATIONS ACT (Name of accountant) Address If you chose the third option in Part 1 above, this Part must of be completed by a Qualified Suburb State Postcode Accountant Name of investor being a qualified Accountant* certify that • has net assets[^] in excess of \$2.5 million, or had a gross income[^] in excess of \$250,000 per annum for each of the last two financial years. (Name of professional body e.g. CPA Australia, ICAA, NIA) I belong to: (Insert details e.g. CPA, CA or PNA) My membership number from this professional body is: Signed: Date certificate issued: ^ The net assets or gross income of the investor include: • the assets or income of controlled trusts or companies; and/or • the assets or income of a person who controls the investor (where the proposed investor is a company or trust). When determining the net assets or gross income of a person who controls a corporate or trust investor, the net assets or gross income of any other company or trust controlled by that person may be included. For the purposes of this Accountant's Certificate, the term 'control' is defined in section 50AA of the Corporations Act. * Qualified accountant means any member of: · Australian Certified Practicing Accountants (CPA) who is entitled to use the post nominals 'CPA' or 'FCPA'; Institute of Chartered Accountants in Australia (ICAA who is entitled to use the post-nominals 'CA', 'ACA' or 'FCA'; Accountants belonging to certain foreign bodies who have at least three years' experience in accounting or auditing and are providing this certificate to a person who is a resident in the same country. PART 3: SOPHISTICATED INVESTOR SECTION 761GA OF THE CORPORATIONS ACT If you chose the fourth option Financial services licensee to complete this section in Part 1 above, your financial I am the financial services licensee no. or an authorised representative adviser or another AFS licensee and certify that the following is (no. of financial services licensee no. must complete this Part. If your financial adviser completes this The offer of units to the investor is made through me. I am satisfied on reasonable grounds that the investor has Part, they must also complete previous experience in investing in financial products that allows them to assess: the adviser details section of (i) the merits of subscribing for units; the Application Form. If you (ii) the value of units; believe you meet the criteria (iii) the risks involved in holding the units; but do not have a financial the investor's own information needs; and adviser, call us on 1300 233 583 the adequacy of the information given by me and Affluence Funds Management Limited (AFM). to discuss Signature of financial services licensee/authorised representative Date (day/month/year)

Application Form – Self Managed Super Fund Affluence



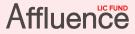
This Form is for Self Managed Super Funds who have not previously invested in the Affluence LIC Fund.

Complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross (X). You should read the IM for the Fund in full before completing this Application Form.

If you have any questions, contact Boardroom on 1300 397 812, +61 2 8016 2883 or affluence@boardroomlimited.com.au

PART 1 - INVESTOR IDENTI	FICATION			
If you have not invested in an Affluence fund previously, you must attach the required certified identification documents.	Has the applicant invested in an Affluence fund previously?			
	Yes, investor number:			
	attach a certified co Identification Docum	ndividual trustee or director of a company trustee, please py of an original driver's licence, passport or other nent. Additional documents may be required. Refer to page 4 ack for more detail on required Identification Documents.		
PART 2 - INVESTMENT AMO	OUNT & PAYMENT DETAILS			
Minimum application is \$20,000 and thereafter multiples of \$1,000.	Investment amount:	\$, , , , , , , , , , , , , , , , , , ,		
For direct deposits, please ensure your name is included in the application payment reference. Units will not be allocated if the application payment cannot be identified and matched.	Please indicate which payment method you've used:			
	Cheque > Make payable to AFFLUE	NCE FUNDS MANAGEMENT LIMITED ATF ALF APPLICATIONS		
	Direct Deposit > Your Reference			
	Deposit funds to: Westpac, 260 Queen Street, Brisbane BIC/Swift Code: WPACAU2F BSB: 034 111 Account No.: 511 810 Name: Affluence Funds Management Limited ATF ALF Applications			
PART 3 - APPLICANTS DET	AILS			
Include the full names of	Trustees details (full name of individuals or company	Date of birth or ACN / ABN		
all persons or companies that are trustees.	Trustee 1			
Provide a date of birth for	Trustee 2			
individuals or an ACN / ABN for companies.	Trustee 3			
Provide the full residential	Trustees address (individuals residential address or company registered office)			
address for each individual trustee or the registered	Trustee 1			
office address for each company trustee.	Trustee 2			
	Truston 2			
If the channel of the control of the	Trustee 3			
If the trustee is a company, please provide the full	Company Trustee directors (if more than four, provide details on a separate sheet) Director 1			
name of each director of the company.				
	Director 2			
	Director 3			
	Director 4			
	Company Trustee principal place of business (if different from registered office)			
Provide the Super Fund name.	Super Fund Name			
	ATF			
You must provide the ABN of the Super Fund for identification purposes.	Super Fund ABN	Super Fund TFN		

Application Form – Self Managed Super Fund Affluence



PART 4 - APPLICANT(S) CO	NTACT DETAILS (MUST NOT BE ADVISER DETA	AILS)		
Please enter contact details, including phone numbers in case we need to contact you in	Preferred contact name(s)			
relation to your application.	Postal Address	Suburb		
Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.	State Postcode Country			
These contact details will be used for all correspondence.	Business Phone	Home Phone		
All investment communication is emailed.	Mobile Phone	Facsimile		
	Email Address			
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.	Adviser Name			
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 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 investmen	at correspondence? Yes No		
PART 7 - ADDITIONAL INVE	STMENT 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 AN	D 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 (in	cluding suffix for NZ applicants)		

Application Form – Self Managed Super Fund



Application Fo	Jili – Seti Mai	laged Super FC	ind Amaence
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.	trustee) citizens or residents of a d	g members, trustees or beneficial own country other than Australia for tax pur we may require you to provide additional Country of tax residency	poses?
PART 10 - DECLARATION A	AND SIGNATURES		
 The information contained in the IM objectives, financial situation and ne under Chapter 7 of the Corporations Corporations Act that AFM would have the corporations Act that AFM would have the corporations Act that AFM would have the corporations are transparent of the corporation of AFM or any other person gunderstand the risks involved in invest I have legal power to invest in accordance true and correct and I am over the line that the case of joint applications, the either investor is able to operate the If this application is signed under Potential I agree to be bound by the terms and AFM may be required to pass on inforce requested by AFM to comply with its. The monies used to fund my investing be used to finance any illegal activities. I have read and understood the 'Privithat heading. AFM and the Registry are authorised facsimile. I indemnify AFM and the Foundard of the AFM and the Registry may rely concinstrument believed, in good faith, to AFM reserves the right to reject any for any reason. AFM may provide details of my investing the company that the provided in the provided of the provided have the pro	d the IM dated 1 June 2017 to which this A does not constitute financial product adviseds. AFM has not given me a product disc so Act if this product were provided to me as a variety of the product were provided to me as a variety of the product were provided to me as a variety of the product were provided to me as a variety of the product were provided to me as a variety of the Fund. Idance with this application and have complete age of 18 years. Joint applicants agree that unless otherwise account and bind the other investor for follower of Attorney, I declare that I have not represent the productions of the IM and the Constitution for the IM and the Constitution of the	ce or a recommendation that the Fund is succlosure statement or any other document the sa retail client and does not have any other a retail client. Invested in the Fund, the performance of nor colied with all applicable laws in doing so. All dise indicated on the application form, the invested in the Fund, the performance of nor colied with all applicable laws in doing so. All dise indicated on the application form, the investment of the power. In as amended from time to time. It activities and the proceed at the proceed station I am not a "politically exposed" personance of the application and the investment of the power. AFM otherwise, I consent to all uses of my in respect of this application and the investment of any of them acting on facsimile instruction of the proceed of the proceed of the proceed of the politically exposed in the proceed of the proceed of the proceed of the politically exposed in the proceed of the politically exposed in the proceed of th	hat would be required to be given to me robligation to me under Chapter 7 of the any particular return from the Fund and I details provided in this Application Form westment will be held as joint tenants and vide such assistance that may be chassistance. eds of my investment in the Fund will not on or organisation. personal information contained under ment to which it relates given by me by tions. e, consent, request, instruction or other using from its rejection of an application
Signatures If the application is signed by more	than one person, who can operate the	e account in the future?	Any to sign All to sign
Signature A	Date (day/month/year)	Signature B	Date (day/month/year)
Full Name		Full Name	
The state of the s			

Director Sole Director & Company Secretary Director Company Secretary Trustee Other Trustee Other **CHECKLIST** Completed and signed this application form Have you: 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 BoardRoom GPO Box 3993

WHAT HAPPENS NEXT

• Completed Application Forms, cleared application funds and Identification Documents must be received by Boardroom no later than the last business day of each month to be accepted for that month.

Sydney NSW 2001

- 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 10th of the following month.