

# Application Pack



## Affluence LIC Fund

This Application Pack accompanies the Product Disclosure Statement ("PDS") for the Affluence LIC Fund ("Fund") issued by Affluence Funds Management Limited ABN 68 604 406 297, AFSL 475940 ("AFM", "we", "us", "our"). A target market determination (TMD) is available on the Fund's website. You should read the PDS and TMD before completing any application form included in this Application Pack.

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## Application Instructions



Read the PDS and TMD

You should have received a copy of the PDS with the Application Pack. If not, you can get a copy from:  
[www.affluencefunds.com.au](http://www.affluencefunds.com.au)  
1300 233 583 or +61 7 3532 4076  
[invest@affluencefunds.com.au](mailto:invest@affluencefunds.com.au)



To add to an existing Fund Investment

To add to an existing investment, complete the Application Form – Additional Investment.



New Fund Investors complete the Target Market Questions and the appropriate Application Form

If the applicant has not invested in the Fund previously, complete the Application Form for the type of entity making the investment.

Type of Entity Investing	Forms to be completed	Pages
All New Investors	TARGET MARKET QUESTIONS	7
Self Managed Super Funds	APPLICATION FORM: SMSF	8-10
Individual	APPLICATION FORM: Individuals	12-14
Trusts, including minors and Deceased Estates	APPLICATION FORM: Trust	16-19
Australian Companies	APPLICATION FORM: Company	20-22



New Investors must provide Identification Documents

If the applicant has not invested in an Affluence fund previously, they must provide certified copies of the relevant Identification Documents. Refer to page 4 of the Application Pack for detailed instructions.



Pay the investment amount by cheque or direct deposit

**Cheque**

Cheques should be either Australian bank cheques or drawn on an Australian domiciled account in the name of the applicant.

**Direct Deposit**

If you would like to make payment by direct deposit, instructions and bank account details can be found on the Application Form.



Post these items to us

Affluence Funds Management Limited  
GPO Box 112  
Brisbane QLD 4001

## Registrable Names

Only legal entities are allowed to hold units in the Fund. Applications must be in the name(s) of natural person(s), companies or other legal entities acceptable to AFM. At least one full given name and the surname are required for each natural person. The name of the beneficiary or any other non-registrable name may be included by way of an account designation if completed exactly as described in the example of correct forms of registrable title shown below.

Type of Investor	Correct format of Registrable Name	Incorrect format
Individual		
Use given names, not initials	John Alfred Smith	<del>J A Smith</del>
Company		
Use company name, not abbreviations. Director(s) names must be completed within the Applicant(s) Details section	ABC Pty Ltd	<del>ABC P/L or ABC Co</del>
Trust <sup>1</sup>		
Use trustee(s) names	Sue Smith	<del>Sue Smith Family Trust</del>
Use name of the trust in the account designator section	Sue Smith Family Trust	<del>Sue Smith</del>
Superannuation Funds <sup>1</sup>		
Use trustee(s) names	Jane Smith Pty Ltd	<del>Jane Smith Super Fund</del>
Use name of fund in the account designator section	Jane Smith Super Fund	<del>Jane Smith Pty Ltd</del>
Deceased Estates <sup>2</sup>		
Use executor(s) names	Sue Lennon	<del>Estate of Jon Lennon</del>
Use name of the deceased in the account designator section	Estate of the Late Jon Lennon	
A Minor (less than 18 years old) <sup>3</sup>		
Use Trustee(s) names	Sue Smith	<del>Junior Smith</del>
Use name of the Minor in the account designator section	Junior Smith	<del>Sue Smith</del>

1 If there are two or more trustees, please name each. All trustees should sign.

2 A certified copy of the grant of probate or letters of administration should be attached.

3 If the Minor does not hold a TFN, please supply the TFN of one of the trustees.

## Confidentiality

AFM will maintain all information collected from investors in a secure manner in accordance with anti-money laundering and counter terrorism ("AML/CTF") legislation and relevant privacy legislation and principles. We will only disclose information about you where we are required to do so by the laws of Australia. This means that identification information may be disclosed to government or law enforcement agencies. We may also disclose this information to other entities involved with the investment to the extent that this information is required to fulfil that entity's AML/CTF legislation obligations.

## Incomplete applications

If for any reason AFM is unable to process your application (e.g. if the application form is incorrectly completed or we have not received all required identification and verification documents or the application monies in full), we may, at our absolute discretion, delay your application and, where possible, request you to rectify any deficiencies in your application. In such an instance, your application monies will be held in a trust account pursuant to section 1017E of the Corporations Act 2001. If your application is not processed within 30 days, your application monies will be returned without interest.

## Acceptance of Applications

AFM has the sole discretion whether to accept or reject your application. AFM will reject your application if application monies are not received in full and in cleared funds. If your application is rejected, wholly or in part, then AFM will notify you in writing and return the relevant application monies (without interest), within 30 days. By sending a completed application form, you are making an offer to become an investor in the Fund and you are agreeing to be legally bound by the Fund Constitution and the terms of the PDS. A summary of the Constitution is contained in the PDS.



# Identification Documents

In 2006 the Federal Government enacted the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF). The purpose of this legislation is to detect and prevent money laundering and terrorism financing.

## Why does this legislation affect you?

AFM have to meet stringent investor identification and verification requirements. This means that prior to units in any Affluence managed fund being issued, we must be 'reasonably satisfied' that investors are who they claim to be.

## What do you need to do?

If you invest in the Fund through a financial adviser or an IDPS facility then they may request and collect verification materials from you. If you are investing directly, you need to provide certified copies of Identification Documents. The documents required differ depending on the type of entity making the investment. We may require additional information from you where we reasonably consider it necessary to satisfy our obligations under the AML/CTF Act. Applications cannot be processed until all the necessary information is provided.

## What Identification Documents must be provided?

The type of entity making the investment determines what Identification Documents you must provide.

Type of Entity Investing	Identification Documents required
SMSF with an ABN	For each individual who is either a member, a trustee or a beneficial owner (controls at least 25% of the issued capital or voting rights) of a company trustee, provide certified copies of Individual Identification Documents outlined on the next page.
SMSF without an ABN	For the SMSF, provide certified copies of the Trust Identification Documents outlined on the next page. For each individual who is either a member, a trustee or a beneficial owner of a company trustee, provide certified copies of Individual Identification Documents outlined on the next page.
Individuals	For each individual, provide certified copies of Individual Identification Documents outlined on the next page.
Company	For each individual who is a beneficial owner of the company, provide certified copies of Individual Identification Documents outlined on the next page.
Family or Discretionary Trust	For the trust, provide certified copies of the Trust Identification Documents outlined on the next page. For each individual who is either a trustee or a beneficial owner of a company trustee, provide certified copies of Individual Identification Documents outlined on the next page.
Charitable Organisation	For the charity, provide certified copies of the Trust Identification documents outlined on the next page. For at least one individual who is an office bearer of the charitable organisation, provide certified copies of Individual Identification Documents outlined on the next page.
Children under 18 (minors)	For each trustee and the child, provide certified copies of Individual Identification Documents outlined on the next page.
Registered Managed Investment Scheme	No Identification Documents required
Deceased Estate	A certified copy of the grant of probate or letters of administration

## Not on the list?

If you are investing via a type of entity not listed above, please phone Boardroom on 1300 397 812 to discuss which Identification Documents are appropriate for your needs.

## INDIVIDUAL IDENTIFICATION DOCUMENTS (CERTIFIED COPIES TO BE PROVIDED)

Please provide an Identification Document from Section 1.  
If you do not own a document from Section 1, then provide an Identification Document from Section 2 or 3.

### Section 1 – Acceptable primary Identification Documents

Select ONE document from this list

- Australian State/Territory driver's licence containing a photograph of the person
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person

### Section 2 – Acceptable secondary Documents – Australian citizens – should only be completed if the individual does not own a document from Section 1

Select ONE document from this list

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink

AND ONE document from this list

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Black out the TFN on the certified copy of this document.
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
- If under the age of 18, a notice that was issued to the individual by a school principal within the preceding 3 months and contains the name and residential address and records the period of time that the individual attended that school.

### Section 3 – Acceptable Identification Documents – Foreign citizens – should only be completed if the individual does not own a document from Section 1

BOTH documents must be provided

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth; and
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued.

#### IMPORTANT:

You must provide a certified, legible copy of the original Identification Documents selected above for each individual. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

## TRUST IDENTIFICATION DOCUMENTS (CERTIFIED COPIES TO BE PROVIDED)

For a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund AND if the Trust has an Australian Business Number (ABN), no Trust documentation is required

If the Trust is not one of the types noted above OR the Trust does not have an ABN:

Provide a certified copy of ONE of the following Trust Identification Documents

- The pages of the Trust Deed or other constitutional document that includes the cover page, full name of the Trust, type of trust, trustees, settlor (if applicable), appointor (if applicable), beneficiaries and signature page.
- A notice issued by the Australian Taxation Office within the last 12 months (e.g. Notice of Assessment)
- A letter from a solicitor or qualified accountant that confirms the name of the Trust

#### IMPORTANT:

You must provide a certified, legible copy of the original Identification Document selected above. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

## Who is allowed to certify Identification Documents?

Copies of Identification Documents MUST BE CERTIFIED by one or the following persons who is not related to the applicant:

.....  
a Justice of the Peace  
.....

.....  
a member of the Institution of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants  
.....

.....  
a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described)  
.....

.....  
a judge of a court or a magistrate  
.....

.....  
a permanent employee of Australia Post employed in an office supplying postal services to the public with 5 years continuous service  
.....

.....  
a full time teacher at a school or tertiary institution  
.....

.....  
a police officer  
.....

.....  
a person who, under a law in force in a State or Territory, is currently licenced or registered to practice one of the following occupations: Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist, Veterinary surgeon  
.....

.....  
an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees  
.....

.....  
any other persons mentioned in Part 1 and Part 2 of the Statutory Declarations Regulations 1993 – Schedule 2  
.....

# Target Market Questions

## Affluence LIC Fund

Please answer the following questions, which relate to your investment status and the key features of the Fund. If you answer yes to either of the first two questions, you will not need to complete the remaining Target Market Questions.

**Your answers to these questions will NOT affect your eligibility to invest in the Fund.**

Question	Yes	No
<b>Investment Status</b>		
Are you investing more than \$500,000 or do you believe you would otherwise qualify as a wholesale or sophisticated investor?	<input type="checkbox"/>	<input type="checkbox"/>
Are you investing in this Fund on the advice of a licensed financial adviser who has taken into account your personal objectives, financial situation and needs?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered yes to either question, you do not need to complete the remaining Target Market Questions. Proceed directly to the Application Form.**

<b>Target Market Questions</b>		
Do you accept that the Fund aims to achieve its investment objectives over three years and longer, and that it may not be appropriate if your expected investment period is shorter than three, and preferably five years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept that the capital value of an investment in the Fund is not guaranteed and will fluctuate over time, particularly over shorter periods and when investment markets suffer losses?	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept that while the Fund targets distributions of 5% per annum, paid quarterly, that distributions are not guaranteed and may vary over time, or even cease for a period?	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept that despite the Fund having a medium level of diversification, it may be riskier to invest all your savings in a single fund, rather than hold a diversified portfolio of investments?	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept that while withdrawals are generally paid monthly, this is not guaranteed and that in some limited circumstances, you may have to wait longer to redeem your investment?	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate how much your investment in the fund represents of the total assets you have available for investment, excluding your residential home:		
Less than 25% <input type="checkbox"/> 25% - 75% <input type="checkbox"/> 75% - 100% <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		

If you have answered 'No' to any of the above questions, this product may not be suitable for you. Before proceeding with your investment, please:

- Review the Fund's TMD, which can be found at <https://affluencefunds.com.au/invest/>.
- Review the Fund's PDS, in particular the disclosures around Fund risks.
- Consider speaking with a financial adviser or other investment professional.

**You may now proceed to the Application Form.**

# Application Form – Self Managed Super Fund

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 PDS for the Fund in full before completing this Application Form.

If you have any questions, contact Affluence on 1300 233 583, +61 7 3532 4076 or invest@affluencefunds.com.au

## PART 1 – INVESTOR IDENTIFICATION

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:

No

For each member, individual trustee or director of a company trustee, please attach a certified copy of an original driver's licence, passport or other Identification Document. Refer to the Application Pack for more detail on acceptable Identification Documents and certification requirements.

## PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

Minimum application is \$20,000 and thereafter multiples of \$1,000.

Investment amount: \$    ,    , 0 0 0 . 0 0

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 **PERPETUAL CORPORATE TRUST LIMITED ACF ALF APPLICATIONS**

Direct Deposit > Your Reference

Deposit funds to: Westpac, 341 George Street, Sydney BIC/Swift Code: WPACAU2F  
BSB: 032 143 Account No.: 464925 Name: Perpetual Corporate Trust Limited ACF ALF Applications

## PART 3 – APPLICANTS DETAILS

Include the full names of all persons or companies that are trustees.

Trustees details (full name of individuals or company)	Date of birth or ACN / ABN
Trustee 1	
Trustee 2	
Trustee 3	

Provide a date of birth for individuals or an ACN / ABN for companies.

Provide the full residential address for each individual trustee or the registered office address for each company trustee.

Trustees address (individuals residential address or company registered office)

Trustee 1
Trustee 2
Trustee 3

If the trustee is a company, please provide the full name of each director of the company.

Company Trustee directors (if more than four, provide details on a separate sheet)

Director 1
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

You must provide the ABN of the Super Fund for identification purposes.

Super Fund ABN  Super Fund TFN

Provide the country in which the Fund was established.

In which country was the Fund established

Australia OR another country:



## 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"/>	
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.

Adviser Name		<input type="text"/>	
Adviser Email Address			
<input type="text"/>			
Licensed Dealer Name	AFS Licence No.		
<input type="text"/>	<input type="text"/>		
Adviser Company (if applicable)	Adviser Signature		
<input type="text"/>	<input type="text"/>		

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	<input type="text"/>
Company (if applicable)	<input type="text"/>

## PART 8 – DISTRIBUTION AND WITHDRAWAL PAYMENTS

You are required to provide Australian or New Zealand bank account details for electronic payment of distributions and withdrawals. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Name and Address	
<input type="text"/>	
Account Name	
<input type="text"/>	
BSB	Account number (including suffix for NZ applicants)
<input type="text"/>	<input type="text"/>

## 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 members, 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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 8 August 2019 to which this Application Form applies and the TMD current at the date of signing this Application Form and have received and accepted the offer to invest in Australia or New Zealand. I agree to be bound by the PDS and the Constitution (each as amended from time to time).
- The information contained in the PDS and TMD 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. I indemnify AFM against any liabilities whatsoever arising from acting on any information I provide in connection with this application. If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
- 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 is able to operate the account and bind the other investor for future transactions.
- I acknowledge that AFM may be required to pass on information about me to comply with AML/CTF, FATCA and CRS requirements. I will provide AFM with all additional information and assistance AFM may request in order for AFM to comply with AML/CTF, FATCA and CRS requirements. I am not aware and have no reason to suspect the monies used to fund my investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other illegal activities under applicable laws or regulations. I am not a politically exposed person or organisation for the purposes of AML/CTF laws.
- 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 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 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 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.
- If I nominate an adviser, then I acknowledge that AFM or the Registry may supply my adviser or their AFSL holder with information about my investment unless I instruct AFM not to do so.
- I confirm my answers to the Target Market Questions completed with this Application Form are correct.

### 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

<div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> <p style="text-align: center; color: #ccc;">Signature A</p> <p>Date (day/month/year)</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Full Name</p> <p><input type="text"/></p> <p><input type="checkbox"/> Director <input type="checkbox"/> Sole Director &amp; Company Secretary</p> <p><input type="checkbox"/> Trustee <input type="checkbox"/> Other <input type="text"/></p>	<div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> <p style="text-align: center; color: #ccc;">Signature B</p> <p>Date (day/month/year)</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Full Name</p> <p><input type="text"/></p> <p><input type="checkbox"/> Director <input type="checkbox"/> Company Secretary</p> <p><input type="checkbox"/> Trustee <input type="checkbox"/> Other <input type="text"/></p>
--	--

## 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:

Affluence Funds Management Limited  
GPO Box 112  
Brisbane QLD 4001

## WHAT HAPPENS NEXT

- Application Forms, funds and Identification Documents must be received by the last business day of a month to be accepted for that month.
- We will contact you if further information is required. Once all information is received, we will email you a confirmation of receipt.
- Units are issued as at the 1st of the following month. We will email you a statement confirming your investment by the 10th of the following month.

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# Application Form – Individuals

This Form is for one or more individuals 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 PDS for the Fund in full before completing this Application Form.

If you have any questions, contact Affluence on 1300 233 583, +61 7 3532 4076 or invest@affluencefunds.com.au

## PART 1 – INVESTOR IDENTIFICATION

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:

No

For each individual who has not previously invested, please attach a certified copy of an original driver's licence, passport or other Identification Document. Refer to the Application Pack for more detail on acceptable Identification Documents and certification requirements.

## PART 2 – INVESTMENT AMOUNT & 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 **PERPETUAL CORPORATE TRUST LIMITED ACF ALF APPLICATIONS**

Direct Deposit > Your Reference

Deposit funds to: Westpac, 341 George Street, Sydney BIC/Swift Code: WPACAU2F  
BSB: 032 143 Account No.: 464925 Account Name: Perpetual Corporate Trust Limited ACF ALF Applications

## PART 3 – APPLICANTS DETAILS

Include the full names of all persons. Provide a date of birth for each individual.

Individual full name	Date of birth
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Provide the full residential address for each individual.

Individual address (residential address)

<input type="text"/>
<input type="text"/>
<input type="text"/>

Provide the TFN of each individual.

Individual 1 TFN	Individual 2 TFN	Individual 3 TFN
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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)

Postal Address  Suburb

State  Postcode  Country

Business Phone  Home Phone

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

Adviser Email Address

Licensed Dealer Name

AFS Licence No.

Adviser Company (if applicable)

Adviser Signature

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 and withdrawals. 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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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 8 August 2019 to which this Application Form applies and the TMD current at the date of signing this Application Form and have received and accepted the offer to invest in Australia or New Zealand. I agree to be bound by the PDS and the Constitution (each as amended from time to time).
- The information contained in the PDS and TMD 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. I indemnify AFM against any liabilities whatsoever arising from acting on any information I provide in connection with this application. If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
- 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 is able to operate the account and bind the other investor for future transactions.
- I acknowledge that AFM may be required to pass on information about me to comply with AML/CTF, FATCA and CRS requirements. I will provide AFM with all additional information and assistance AFM may request in order for AFM to comply with AML/CTF, FATCA and CRS requirements. I am not aware and have no reason to suspect the monies used to fund my investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other illegal activities under applicable laws or regulations. I am not a politically exposed person or organisation for the purposes of AML/CTF laws.
- 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 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 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 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.
- If I nominate an adviser, then I acknowledge that AFM or the Registry may supply my adviser or their AFSL holder with information about my investment unless I instruct AFM not to do so.
- I confirm my answers to the Target Market Questions completed with this Application Form are correct.

### 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

Signature B

Date (day/month/year)  
 /  /

Full Name

Signature C

Date (day/month/year)  
 /  /

Full Name

## 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:

Affluence Funds Management Limited  
 GPO Box 112  
 Brisbane QLD 4001

## WHAT HAPPENS NEXT

- Application Forms, funds and Identification Documents must be received by the last business day of a month to be accepted for that month.
- We will contact you if further information is required. Once all information is received, we will email you a confirmation of receipt.
- Units are issued as at the 1st of the following month. We will email you a statement confirming your investment by the 10th of the following month.

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## 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.

Adviser Name

Adviser Email Address

Licensed Dealer Name

AFS Licence No.

Adviser Company (if applicable)

Adviser Signature

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 and withdrawals. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## PART 10 – DECLARATION AND SIGNATURES

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- 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. I indemnify AFM against any liabilities whatsoever arising from acting on any information I provide in connection with this application. If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
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- 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 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 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 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.
- If I nominate an adviser, then I acknowledge that AFM or the Registry may supply my adviser or their AFSL holder with information about my investment unless I instruct AFM not to do so.
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## 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
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## WHAT HAPPENS NEXT

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# Application Form – Company

This Form is for Companies 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 PDS for the Fund in full before completing this Application Form.

If you have any questions, contact Affluence on 1300 233 583, +61 7 3532 4076 or invest@affluencefunds.com.au

## PART 1 – INVESTOR IDENTIFICATION

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:

No

For each beneficial owner and at least one director of a company, please attach a certified copy of an original driver's licence, passport or other Identification Document. Refer to the Application Pack for more detail on acceptable Identification Documents and certification requirements.

## PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

Minimum application is \$20,000 and thereafter multiples of \$1,000.

Investment amount: \$    ,    , 0 0 0 . 0 0

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 **PERPETUAL CORPORATE TRUST LIMITED ACF ALF APPLICATIONS**

Direct Deposit > Your Reference

Deposit funds to: Westpac, 341 George Street, Sydney BIC/Swift Code: WPACAU2F  
BSB: 032 143 Account No.: 464925 Name: Perpetual Corporate Trust Limited ACF ALF Applications

## PART 3 – APPLICANTS DETAILS

Provide the full company name.

Company Name

Provide the ABN and TFN of the Company.

Company ABN or ACN

Company TFN

Company registered office address (PO Box is not acceptable)

Company principal place of business (if different from registered office)

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

Company licensed by Australian Regulator Licence details:

ASX listed or subsidiary of ASX listed entity ASX Code:

Public company

If none of the above items apply, provide beneficial owner and director details below:

Include the full name and date of birth of all persons that control more than 25% of the shares or voting rights of the company.

Beneficial owner full name (individuals with > 25% shareholding) Date of birth  
Owner 1 name

Owner 2 name

Owner 3 name

Provide the full residential address for each beneficial owner.

Beneficial owner residential address  
Owner 1 address

Owner 2 address

Owner 3 address

Company directors (if more than three, provide details on a separate sheet)

Director 1

Director 2

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.

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These contact details will be used for all correspondence.

All investment communication is emailed.

Preferred contact name(s)

Postal Address

Suburb

State

Postcode

Country

Business Phone

Home Phone

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?

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Signature A	Signature B
Date (day/month/year) <input type="text"/> / <input type="text"/> / <input type="text"/>	Date (day/month/year) <input type="text"/> / <input type="text"/> / <input type="text"/>
Full Name <input type="text"/>	Full Name <input type="text"/>
<input type="checkbox"/> Director <input type="checkbox"/> Sole Director & Company Secretary	<input type="checkbox"/> Director <input type="checkbox"/> Company Secretary

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GPO Box 112, Brisbane QLD 4001

1300 233 583 | [invest@affluencefunds.com.au](mailto:invest@affluencefunds.com.au) | [www.affluencefunds.com.au](http://www.affluencefunds.com.au)