

Application Pack

Affluence Small Company Fund

This Application Pack accompanies the Information Memorandum ("IM") for the Affluence Small Company Fund ("Fund") issued by Affluence Funds Management Limited ABN 68 604 406 297, AFSL 475940 ("AFM", "we", "us", "our"). You should read the IM before completing any application form included in this Application Pack.

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Application Instructions



Read the IM You should have received a copy of the IM with the Application Pack.

If not, you can get a copy from: www.affluencefunds.com.au 1300 233 583 or +61 7 3532 4076 invest@affluencefunds.com.au



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



New Investors complete the Eligibility Form 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	ELIGIBILITY FORM: New Investor	7
Self Managed Super Funds	APPLICATION FORM: SMSF	9-11
Individual	APPLICATION FORM: Individuals	13-15
Trusts, including minors and Deceased Estates	APPLICATION FORM: Trust	17-20
Australian Companies	APPLICATION FORM: Company	21-23



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

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

- 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 request you to rectify any deficiencies in your application or return your application monies without interest.

Acceptance of Applications

AFM has the sole discretion whether to accept or reject your application. 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 IM. A summary of the Constitution is contained in the IM.

Application Form – Additional Investment



This Form is for existing investors in the Affluence Small Company Fund who wish to apply for additional units in the Fund. The additional investment amount will be added to your existing investment in the Fund. You can only use this form if your application details are unchanged.

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.

	TIFICATION	
These details can be found on the welcome letter which confirmed your initial investment in the Fund.	Investor Number Investor Name (Example: "John Sn	nith" or "John Smith ATF John R Smith Super Fund")
PART 2 - INVESTMENT AM	OUNT & PAYMENT DETAILS	
Enter the amount you would like to increase your investment by.	Additional Investment Amount:	\$, , , , , , , , , , , , , , , , , , ,
For direct deposits, please ensure your investor number or name is included in the application payment reference. Units will not be issued if the application payment cannot be identified and matched.	Direct Deposit > Your Refe	yable to: AFFLUENCE FUNDS MANAGEMENT LIMITED ATF ASF APPLICATIONS erence
PART 3 - ADVISER DETAIL	S	
If you use a Financial Adviser,	Adviser full name	
have them complete and sign this Section.	Adviser email address	
	Adviser company (if applicable)	
	Licensed Dealer	
	Licence No:	ADVISER SIGNATURE
PART 4 - DECLARATION A	ND SIGNATURES	
 Australia. I agree to be bound by the I am a wholesale client as defined i 	od the IM dated 1 Åpril 2019 to which this A e IM and the Constitution (each as amende n section 761G(7) or a sophisticated investo	application Form applies and have received and accepted the offer to invest in ed from time to time).
and needs. AFM has not given me a Corporations Act if this product were AFM would have if the product were. None of AFM or any other person g and I understand the risks involved. All details provided in this Application provide in connection with this application power. AFM reserves the right to reject any for any reason. I acknowledge that AFM may be readditional information and assistan suspect the monies used to fund mor other illegal activities under applications.	a product disclosure statement or any othe re provided to me as a retail client and does a provided to me as a retail client and does a provided to me as a retail client. I purantees the repayment of the amount in in investing in the Fund. On Form are true and correct. I indemnify Actional indexistation and AFM is released and indexided to pass on information about me to acced the AFM may request in order for AFM to occopy investment in the Fund have been or will bicable laws or regulations. I am not a politication and acceding the provided in the formal formation and a politicable laws or regulations.	or as defined in section 761GA of the Corporations Act. The information contained hat the Fund is suitable for me, given my investment objectives, financial situation are document that would be required to be given to me under Chapter 7 of the resent that would be required to be given to me under Chapter 7 of the corporations Act that awested in the Fund, the performance of nor any particular return from the Fund AFM against any liabilities whatsoever arising from acting on any information I Power of Attorney, I declare that I have not received notice of revocation of the remiffied in respect of any loss or liability arising from its rejection of an application comply with AML/CTF, FATCA laws and the CRS. I will provide AFM with all omply with AML/CTF, FATCA and CRS laws. I am not aware and have no reason to be derived from or related to any money laundering, terrorism financing or similar cically exposed person or organisation for the purposes of the AML/CTF laws. any) or their AFSL holder with information about my investment unless I instruct
and needs. AFM has not given me a Corporations Act if this product wer AFM would have if the product were. None of AFM or any other person g and I understand the risks involved. All details provided in this Application provide in connection with this application power. AFM reserves the right to reject any for any reason. I acknowledge that AFM may be readditional information and assistan suspect the monies used to fund mor other illegal activities under applications.	a product disclosure statement or any othe re provided to me as a retail client and does a provided to me as a retail client and does a provided to me as a retail client. I purantees the repayment of the amount in in investing in the Fund. On Form are true and correct. I indemnify Actional indexistation and AFM is released and indexided to pass on information about me to acced the AFM may request in order for AFM to occopy investment in the Fund have been or will bicable laws or regulations. I am not a politication and acceding the provided in the formal formation and a politicable laws or regulations.	the Fund is suitable for me, given my investment objectives, financial situation are document that would be required to be given to me under Chapter 7 of the is not have any other obligation to me under Chapter 7 of the Corporations Act that exested in the Fund, the performance of nor any particular return from the Fund AFM against any liabilities whatsoever arising from acting on any information I Power of Attorney, I declare that I have not received notice of revocation of the emnified in respect of any loss or liability arising from its rejection of an application comply with AML/CTF laws, FATCA laws and the CRS. I will provide AFM with all omply with AML/CTF, FATCA and CRS laws. I am not aware and have no reason to be derived from or related to any money laundering, terrorism financing or similar ically exposed person or organisation for the purposes of the AML/CTF laws.

Email your completed form to invest@affluencefunds.com.au or fax to +61 7 3054 7082, or

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 Affluence on 1300 233 583 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 <u>certified</u> , 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 D	OCUMENTS (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

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.

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

Trust, type of trust, trustees, settlor (if applicable), appointor (if applicable), beneficiaries and signature page.

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

Eligibility Form - New Investor



PART 1: ELIGIBILTY CONFIRMATION The Fund is only available Select ONE option to indicate Eligibility and complete Part 2 or 3 if applicable. 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) 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 (no. of financial services licensee no. and certify that the following is 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)

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Application Form – Self Managed Super Fund



This Form is for Self Managed Super Funds who have not previously invested in the Affluence Small Company 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 Affluence on 1300 233 583, +61 7 3532 4076 or invest@affluencefunds.com.au

PART 1 - INVESTOR IDENTI	FICATION		
If you have not invested in	Has the applicant invested in an A	Affluence fund previously?	
an Affluence fund previously, you must attach the required certified identification documents.	Yes, investor number:		
		For each member, individual trustee or direct attach a certified copy of an original driver's Identification Document. Additional docume of the Application Pack for more detail on re	licence, passport or other nts may be required. Refer to page 4
PART 2 - INVESTMENT AMO	DUNT & 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			ENT LIMITED ATF ASF APPLICATIONS
identified and matched.	Deposit funds to: Westpac, 260 Que BSB: 034 001 Account No.: 586 19	een Street, Brisbane BIC/Swift Code: WPAC 2 Name: Affluence Funds Management Limite	
PART 3 - APPLICANTS DET	AILS		
Include the full names of all persons or companies	Trustees details (full name of ind	lividuals or company)	Date of birth or ACN / ABN
that are trustees. Provide a date of birth for	Trustee 2		
individuals or an ACN / ABN			
for companies. Provide the full residential	Trustee 3	idential address on some and interest of the	
address for each individual trustee or the registered	Trustees address (Individuals res	idential address or company registered offic	e)
office address for each company trustee.	Trustee 2		
company trustee.			
If the trustee is a common	Trustee 3	and the or force and side details and a consent of	h a a b
If the trustee is a company, please provide the full	Director 1	ore than four, provide details on a separate s	neer)
name of each director of the company.	Director 2		
	Director 3		
	Director 4		
	Company Trustee principal place	of business (if different from registered office	ce)
Provide the Super Fund name.	Super Fund Name		
name.	ATF		
You must provide the ABN of the Super Fund for	Super Fund ABN		Super Fund TFN
identification purposes.			
Provide the country in which the Fund was established.	In which country was the Fund esta		

Application Form – Self Managed Super Fund



PART 4 - APPLICANT(S) CO	NTACT DETAILS (MUST NOT BE ADVISER DET	TAILS)
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 Are you an Affluence Member?	d information from Affluence? Yes No Yes No
	If yes, please provide your login/email	
	If you are not already an Affluence Member, we will automat includes access to all our premium website content, investm	
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 investme	ent correspondence? Yes No
PART 7 - ADDITIONAL INVE	STMENT ENQUIRER	
If you would like someone other than the Contact or your	Additional Enquirer Name	
Adviser to be able to enquire about this investment, please provide us with their details here.	Company (if applicable)	
PART 8 - DISTRIBUTION AN	ID WITHDRAWAL PAYMENTS	
You are required to provide Australian or New Zealand bank account details for electronic payment of distributions and	Would you like your distributions reinvested into the Fund Bank Name and Address	d as additional units?
withdrawals. Payment cannot be made by cheque. If no bank account details are provided,	Account Name	
distributions will be automatically reinvested.	BSB Account number (i	ncluding suffix for NZ applicants)

Application Form – Self Managed Super Fund



PART 9 - TAX STA	TUS						
We are required to collect this information to satisfy legal requirements and to ensure correct amounts of		Are any of the applicants (inc trustee) citizens or residents If yes, complete the following	s of a country	y other than Austral	lia for tax purpose	es?	No
withholding tax are ded for foreign investors.	истеа	Name		Country of tax resid	dency	TIN, GIIN or other Tax ID Numb	ber
3							
PART 10 - DECLA	RATION AN	ID SIGNATURES					
 I am a wholesale client in the IM does not consand needs. AFM has not Corporations Act if this AFM would have if the None of AFM or any oft understand the risks in I have legal power to in Form are true and corronnection with this application in the case of joint application in the case of joint applicational information suspect the monies us or other illegal activitie I have read and understath heading. AFM and the Registry rinstrument believed, in instructions in respect as a result of any of the AFM reserves the right for any reason. 	as defined in stitute financial to given me a product were product were product were product were product were in the street and I am over the str	product advice or a recommendate oduct disclosure statement or ar rovoided to me as a retail client at rovided to me as a retail client. The recommendate of the aming in the Fund. The recommendate of the age of 18 years. I indemnification is signed under Pownt application is signed under Pownt application is signed under Pownt applicants agree that unless of account and bind the other investored to pass on information about AFM may request in order for AF westment in the Fund have been ble laws or regulations. I am not by Statement in the IM. Unless I is sively upon and shall incur no lial are genuine or to be signed by propon and the investment to which its simile instructions.	investor as deation that the F ny other documend does not hat ount invested e complied wiff AFM againster of Attorney, therwise indictor for future trame to comply for will be derived a politically exinform AFM ot bility in respect perly authorise t relates given and indemnified	efined in section 7616 Fund is suitable for ment that would be reave any other obligation in the Fund, the performance that applicable laws tany liabilities whatsout any liabilities whatsout any liabilities whatsout and the applications. With AML/CTF, FATCA with AML/CTF, FATCA AML/CTF, FATCA for more related to exposed person or organism to extract the control of	e, given my investmed to be given to not ome under Character of nor any in doing so. All detable over arising from a not received notice on form, the investment of the pulant uses of my persupon any notice, conthe Registry are au indemnify AFM and sor liability arising	pter 7 of the Corporations Act that particular return from the Fund and all provided in this Application cting on any information I provide in forevocation of the power, nent will be held as joint tenants and CRS. I will provide AFM with all a not aware and have no reason to tring, terrorism financing or similar	d I in and r y ng
Signatures							
If the application is sign	ed by more th	an one person, who can oper	ate the acco	unt in the future?		Any to sign All to	sign
Signature /	7	Date (day/month/year)				Date (day/month/year)	
Full Name				Full Name			
Director	Sole Directo	or & Company Secretary		Director	Company S	ecretary	
						,	
Trustee	Other			Trustee	Other		
CHECKLIST							
Have you:	Attached a	and signed this application for cheque or arranged a paymer artified copies of Identification to:	nt for the full		Part 1 and the A	pplication Pack)	

WHAT HAPPENS NEXT

- Application Forms, funds and Identification Documents must be received no later than the 25th 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.

GPO Box 112 Brisbane QLD 4001 THIS PAGE WAS INTENTIONALLY LEFT BLANK

Application Form – Individuals



This Form is for one or more individuals who have not previously invested in the Affluence Small Company 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 Affluence on 1300 233 583, +61 7 3532 4076 or invest@affluencefunds.com.au

PART 1 - INVESTOR IDENTII	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 Yes, investor number:	For each individual will copy of an original dri Additional documents	ho has not previously in	nvested, please attach a certified or other Identification Document. efer to page 4 of the Application Pack ocuments.
PART 2 - INVESTMENT AMO	UNT & PAYMENT DETAIL:	5		
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.			ICE FUNDS MANAGEM	ENT LIMITED ATF ASF APPLICATIONS
identified and materied.	Deposit funds to: Westpac, 260 Qu BSB: 034 001 Account No.: 586 1		BIC/Swift Code: WPA0 nds Management Limite	
PART 3 - APPLICANTS DETA	AILS			
Include the full names of all persons. Provide a date of birth for each individual.	Individual full name Individual 1 Individual 2			Date of birth
Provide the full residential address for each individual.	Individual 3 Individual address (residential a	ddress)		
address for each marmada.	Individual 1 Individual 2 Individual 3			
Provide the TFN of each individual.	Individual 1 TFN	Individual 2 TF	N	Individual 3 TFN
PART 4 - APPLICANT(S) COI	NTACT DETAILS (MUST NO	OT BE ADVISER DI	ETAILS)	
Please enter contact details, including phone numbers in case we need to contact you in relation to your application.	Preferred contact name(s)			
Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.	Postal Address State Postcode	Country	Suburb	
These contact details will be	Business Phone		Home Phone	
used for all correspondence. All investment communication is emailed.	Mobile Phone		Facsimile	
	Email Address			

Application Form - Individuals



PART 5 - COMMUNICATION PREFERENCES We usually send 1-2 emails per Would you like to receive additional investment offers and information from Affluence? Νo month including investment ideas and educational articles No Are you an Affluence Member? 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, Adviser Name have them complete and sign this Section. Adviser Email Address Licensed Dealer Name AFS Licence No. Adviser Company (if applicable) Adviser Signature Yes No Would you like your Adviser to receive copies of investment correspondence? **PART 7 - ADDITIONAL INVESTMENT ENQUIRER** If you would like someone Additional Enquirer Name other than the Contact or your Adviser to be able to enquire about this investment, please Company (if applicable) provide us with their details here. PART 8 - DISTRIBUTION AND WITHDRAWAL PAYMENTS You are required to provide Would you like your distributions reinvested into the Fund as additional units? Australian or New Zealand bank Bank Name and Address account details for electronic payment of distributions and withdrawals. Payment cannot Account Name be made by cheque. If no bank account details are provided, distributions will be automatically BSB Account number (including suffix for NZ applicants) reinvested. **PART 9 - TAX STATUS** We are required to collect Are any of the applicants citizens or residents of a country other than Australia for tax No this information to satisfy purposes? legal requirements and to If yes, complete the following and we may require you to provide additional information: ensure correct amounts of withholding tax are deducted Name Country of tax residency TIN, GIIN or other Tax ID Number for foreign investors.

Application Form – Individuals



PART 10 - DECLARATION AND SIGNATURES

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

 I have received, read and understood the IM dated 1 April 2019 to which this Application Form applies and have received and accepted the offer to invest in
- Australia. I agree to be bound by the IM and the Constitution (each as amended from time to time).

 I am a wholesale client as defined in section 761G(7) or a sophisticated investor as defined in section 761GA of the Corporations Act. The information contained in the IM does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs. AFM has not given me a product disclosure statement or any other document that would be required to be given to me under Chapter 7 of the Corporations Act if this product were provided to me as a retail client and does not have any other obligation to me under Chapter 7 of the Corporations Act that AFM would have if the product were provided to me as a retail client.
- 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
- 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 laws, FATCA laws and the CRS. 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 laws. 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 integrals.
- or other illegal activities under applicable laws or regulations. I am not a politically exposed person or organisation for the purposes of the AML/CTF laws. I have read and understood the 'Privacy Statement' in the IM. 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
- I acknowledge that AFM or the Registry may supply my nominated adviser (if any) or their AFSL holder with information about my investment unless I instruct AFM not to do so.

Signatures				
If the application	is signed by more than one pe	erson, who can operate the	account in the future?	Any to sign All to sign
	nature A Date	(day/month/year)	Signature B	Date (day/month/year)
Full Name			Full Name	
Sign	Date	(day/month/year)]	
CHECKLIST				
Have you:	Completed and signe	ed this application form		
	Attached a cheque o	r arranged a payment for th	ne full application amount	
	Attached certified co	pies of Identification Docun	nents if required (refer to Part 1 and the	Application Pack)
	Mail these items to:	(Affluence Funds Management Limited GPO Box 112 Brickens OLD 6001	

WHAT HAPPENS NEXT

- Application Forms, funds and Identification Documents must be received no later than the 25th 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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Affluence

This Form is for Trusts who have not previously invested in the Affluence Small Company 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 Affluence on 1300 233 583, +61 7 3532 4076 or invest@affluencefunds.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:
	No For each individual trustee or at least one beneficial owner of a company trustee, please attach a certified copy of an original driver's licence, passport or other Identification Document. Additional documents may be required. Refer to page 4 of the Application Pack for more detail on required Identification Documents.
DART 2 - INVESTMENT AND	
PART 2 - INVESTMENT AMO	
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	Please indicate which payment method you've used: Cheque > Make payable to AFFLUENCE FUNDS MANAGEMENT LIMITED ATF ASF APPLICATIONS Direct Deposit > Your Reference
identified and matched.	Deposit funds to: Westpac, 260 Queen Street, Brisbane BIC/Swift Code: WPACAU2F BSB: 034 001 Account No.: 586 192 Name: Affluence Funds Management Limited ATF ASF Applications
PART 3 - APPLICANTS DETA	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 address for each individual	Trustees address (individuals residential address or company registered office)
trustee or the registered	Trustee 1
office address for each company trustee.	Trustee 2
	Trustee 3
	Company trustee principal place of business (if different from registered office)
Provide the Trust name	Trust Name
Trevide the Tractilanie	
Provide the ABN and TFN of the Trust.	Trust ABN Trust TFN
Provide the country in which the Fund was established.	In which country was the Fund established
	Australia OR another country:

PART 3 - APPLICANTS DET	AILS (cont'd)					
Select any items which apply to the Trust and provide the required information.	Registered managed investment scheme AR	RSN:				
	Other regulated trust Det	ails:				
	Other trust (e.g. family, unit, charitable) Trust t	ype:				
	Do the terms of the trust identify the beneficiaries by reference to membership of a class?					
	Yes Provide details of the membership class/es (e.g. u holders, family members of named person, charita purpose)					
	No How many beneficiaries are there?					
If you answered "No" to the	Beneficiaries full names	Date of birth				
question, include the full name and date of birth of	Beneficiary 1 name					
beneficiaries.	Beneficiary 2 name					
	Beneficiary 3 name					
Provide the full residential address for each beneficiary.	Beneficiaries residential address					
	Beneficiary 1 address					
	Beneficiary 2 address					
	Beneficiary 3 address					
If Trust type is "Other trust" and there is a Company	Trustee company directors (if more than three, provide details on a separate sheet)					
trustee, provide names of all	Director 1					
Company directors.	Director 2					
	Director 3					
DART / - ARRI ICANT(S) CO	NTACT DETAILS (MUST NOT BE ADVISER DETAILS)					
Please enter contact details,	Preferred contact name(s)					
including phone numbers in case we need to contact you in	The second secon					
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	Business Phone Home I	Phone				
used for all correspondence.						
All investment communication is emailed.	Mobile Phone Facsim	Facsimile Facsimile				
	Email Address					



PART 5 - COMMUNICATION	PREFERENCES						
We usually send 1-2 emails per month including investment	Would you like to receive additional investment offers and information from Affluence?	No					
ideas and educational articles	Are you an Affluence Member?	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						
uns section.	Adviser Email Address						
	Li ID I N						
	Licensed Dealer Name AFS Licence No.						
	Advisor Company (if applicable)						
	Adviser Company (if applicable) Adviser Signature						
	Would you like your Adviser to receive copies of investment correspondence? Yes No						
PART 7 – ADDITIONAL INVE	STMENT ENQUIRER						
If you would like someone	Additional Enquirer Name						
other than the Contact or your Adviser to be able to enquire							
about this investment, please	Company (if applicable)						
provide us with their details here.							
PART 8 – DISTRIBUTION AN	ID WITHDRAWAL PAYMENTS						
You are required to provide	Would you like your distributions reinvested into the Fund as additional units?	No					
Australian or New Zealand bank account details for electronic	Bank Name and Address						
payment of distributions and							
withdrawals. Payment cannot	Account Name						
be made by cheque. If no bank account details are provided,							
distributions will be automatically	BSB Account number (including suffix for NZ applicants)						
reinvested.							
PART 9 - TAX STATUS							
We are required to collect this information to satisfy	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?						
legal requirements and to	If yes, complete the following and we may require you to provide additional information:						
ensure correct amounts of withholding tax are deducted		ahar					
for foreign investors.	Name Country of tax residency TIN, GIIN or other Tax ID Num	ibel					



PART 10 - DECLARATION AND SIGNATURES

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

I have received, read and understood the IM dated 1 April 2019 to which this Application Form applies and have received and accepted the offer to invest in

- Australia. I agree to be bound by the IM and the Constitution (each as amended from time to time).

 I am a wholesale client as defined in section 761G(7) or a sophisticated investor as defined in section 761GA of the Corporations Act. The information contained in the IM does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs. AFM has not given me a product disclosure statement or any other document that would be required to be given to me under Chapter 7 of the Corporations Act if this product were provided to me as a retail client and does not have any other obligation to me under Chapter 7 of the Corporations Act that AFM would have if the product were provided to me as a retail client.
- 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
- 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 laws, FATCA laws and the CRS. 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 laws. 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 integrals.
- or other illegal activities under applicable laws or regulations. I am not a politically exposed person or organisation for the purposes of the AML/CTF laws. I have read and understood the 'Privacy Statement' in the IM. 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
- I acknowledge that AFM or the Registry may supply my nominated adviser (if any) or their AFSL holder with information about my investment unless I instruct AFM not to do so.

Signatures								
If the application	on is signed by more th	an one person, who can operate	the account in the future?	Any to sign All to sign				
Si	gnature A	Date (day/month/year)	Signature B	Date (day/month/year)				
Full Name			Full Name					
Title (e.g. Trust	tee, Director-Trustee C	ompany)	Title (e.g. Trustee, Director-	Trustee Company)				
CHECKLIS'	Т							
Have you:	Completed	and signed this application form						
	Attached a	Attached a cheque or arranged a payment for the full application amount						
	Attached ce	Attached certified copies of Identification Documents if required (refer to Part 1 and the Application Pack)						
	Mail these items	to:	Affluence Funds Management Lin GPO Box 112 Brisbane QLD 4001	nited				

WHAT HAPPENS NEXT

- Application Forms, funds and Identification Documents must be received no later than the 25th 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.

Application Form – Company



This Form is for Companies who have not previously invested in the Affluence Small Company 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 Affluence on 1300 233 583, +61 7 3532 4076 or invest@affluencefunds.com.au

PART 1 - INVESTOR IDENTI	IFICATION					
If you have not invested in	Has the applicant invested in a	n Affluence fund previously?				
an Affluence fund previously,	Yes, investor number:	, , , , , , , , , , , , , , , , , , , ,				
you must attach the required certified identification	No	For each hanoficial owner and at least on	a director of a company please attach			
documents.	No For each beneficial owner and at least one director of a company, plea a certified copy of an original driver's licence, passport or other Identif Document. Additional documents may be required. Refer to page 4 of Application Pack for more detail on required Identification Documents					
PART 2 - INVESTMENT AMO	OUNT & PAYMENT DETAIL	S				
Minimum application is \$20,000 and thereafter multiples of \$1,000.	Investment amount:	\$, 0 0 0 . 0 0			
For direct deposits, please ensure	Please indicate which payment	t method you've used:				
your name is included in the application payment reference.	Cheque > Make					
Units will not be allocated if the	Direct Deposit > Your	Reference				
application payment cannot be identified and matched.						
	Deposit funds to: Westpac, 260 Q					
	BSB: 034 001 Account No.: 586	192 Name: Affluence Funds Management Lim	nited ATF ASF Applications			
PART 3 - APPLICANTS DET	AILS					
Provide the full company name.	Company Name					
Provide the ABN and TFN of	Company ABN or ACN		Company TFN			
the Company.						
	Company registered office address (PO Box is not acceptable)					
	Sompany registered office address (if or Box is not deceptable)					
	Company principal place of business (if different from registered office)					
Select any items which apply	Company licensed by Aus	stralian Regulator Licence details:				
to the company and provide the required information.	ASX listed or subsidiary o	of ASX listed entity ASX Code:				
the regulied information.		The Australia Children				
	Public company					
Include the full name and		y, provide beneficial owner and director deta dividuals with > 25% shareholding)	Date of birth			
date of birth of all persons	Owner 1 name	Jividuats with > 23% shareholding)	Date of bil til			
that control more than 25% of the shares or voting rights of						
the company.	Owner 2 name					
Provide the full residential	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					

Application Form – Company



PART 4 - APPLICANT(S) CO	NTACT DETAILS (MUST NOT BE ADVISER DE	TAIL:	s)		
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	Ç	Suburb		
Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be	State Postcode Country				
provided.	Business Phone Home Phone				
These contact details will be used for all correspondence.					
All investment communication is emailed.	Mobile Phone	F T	Facsimile Tacsimile		
	Email Address				
PART 5 - COMMUNICATION	PREFERENCES				
We usually send 1-2 emails per month including investment	Would you like to receive additional investment offers ar	nd info	rmation from Affluence?	Yes No	
ideas and educational articles	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				
uns section.	Adviser Email Address				
	Licensed Dealer Name	,	AFS Licence No.		
	Adviser Company (if applicable)		Adviser Signature		
	Would you like your Adviser to receive copies of investm	ent co	rrespondence?	Yes No	
PART 7 - ADDITIONAL INVE	STMENT ENQUIRER				
If you would like someone other than the Contact or your	Additional Enquirer Name				
Adviser to be able to enquire about this investment, please provide us with their details	Company (if applicable)				
here.					
PART 8 - DISTRIBUTION AN	D WITHDRAWAL PAYMENTS				
You are required to provide Australian or New Zealand bank account details for electronic	Would you like your distributions reinvested into the Fund as additional units? Yes No Bank Name and Address				
payment of distributions and withdrawals. Payment cannot be made by cheque. If no bank	Account Name				
account details are provided, distributions will be automatically reinvested.	BSB Account number (including suffix for NZ applicants)				

Application Form – Company



PART 9 - TAX STAT							
We are required to collect this information to satisfy legal requirements and to	′ (itizens or residents of a coun	uding beneficial owners or directory other than Australia for tax pu	urposes?	les live		
ensure correct amounts of	ot ad	If yes, complete the following and we may require you to provide additional					
withholding tax are deducted for foreign investors.		Vame 	Country of tax residen	СУ	TIN, GIIN or other Tax ID Number		
DART 40 DEGLAR	ATION AND	CIONATURES					
PART 10 – DECLAR I acknowledge, declare and a							
in the IM does not constit and needs. AFM has not Corporations Act if this p AFM would have if the prevention of AFM or any other understand the risks invocated in the property of the second of the property of the second of th	tute financial pr given me a prov roduct were provoduct were provoduct were provoduct were provoduct were provoduct were provoduct in investin st in accordance that in accordance that in accordance that in accordance the provoduct with the provoduct were provoducted in a provoduct with the provoduct were provoduct with the provoduct with the provoduct were provoduct with the provoduct with the provoduct were provoduct with the provoduct with the provoduct were provoduct with the provoduct with the provoduct with the provoduct were provoduct with the provoduct were provoduct with the provoduct were provoduct with the provoduct with the provoduct were provoduct with the provoduct with	oduct advice or a recommendati duct disclosure statement or any wided to me as a retail client and vided to me as a retail client. Intees the repayment of the amoug in the Fund. The with this application and have of the age of 18 years. I indemnify application is signed under Power application is signed under Power application and bind the other investor do to pass on information about means and the properties of the pass of the statement in the Fund have been one laws or regulations. I am not a Statement in the IM. Unless I information and the investment to which it reliable genuine or to be signed by properties and the investment to which it rimite instructions.	complied with all applicable laws in d AFM against any liabilities whatsoever of Attorney, I declare that I have not a nerwise indicated on the application for future transactions. The to comply with AML/CTF laws, FATO or will be derived from or related to an applicably exposed person or organis form AFM otherwise, I consent to all the consent the consent to all the consent the consent to all the consent to a	iven my investmed to be given to ome under Character of nor any loing so. All detained are arising from a received notice form, the investre CA laws and the dicRS laws. I amy money launder station for the pure uses of my person any notice, con Registry are augemnify AFM and liability arising	pent objectives, financial situation or me under Chapter 7 of the apter 7 of the Corporations Act that particular return from the Fund and I wails provided in this Application of the power of the powe		
Signatures If the application is signed	d by more tha	n one person, who can operat	e the account in the future?		Any to sign All to sign		
Signature A		Date (day/month/year)	Signature	В	Date (day/month/year)		
Full Name			Full Name				
Director	Sole Director	& Company Secretary	Director	Company S	ecretary		
CHECKLIST							
Have you:	Completed ar	nd signed this application form	m				
	Attached a ch	neque or arranged a payment	for the full application amount				
	Attached cert	ified copies of Identification [Documents if required (refer to Pa	art 1 and the A	pplication Pack)		
Mail	these items to	D:	Affluence Funds Manageme	nt Limited			

WHAT HAPPENS NEXT

- Application Forms, funds and Identification Documents must be received no later than the 25th 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.

Brisbane QLD 4001



Affluence Funds Management Level 5, 320 Adelaide Street, Brisbane QLD 4000 GPO Box 112, Brisbane QLD 4001