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)

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 an Affluence fund previously?				
an Affluence fund previously,	Yes, investor number:	, ,			
you must attach the required certified identification	No	For each beneficial owner and at least one	a director of a company please attach		
documents.	INU	a certified copy of an original driver's licer Document. Additional documents may be Application Pack for more detail on requir	nce, passport or other Identification required. Refer to page 4 of the		
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	Cheque > Make	e payable to AFFLUENCE FUNDS MANAGE	MENT LIMITED ATF ASF APPLICATIONS		
application payment reference. Units will not be allocated if the	Direct Deposit > Your	Reference			
application payment cannot be identified and matched.	Birect Beposit 1 Tour	Reference			
iuentineu anu matcheu.	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				
	BSB: 034 001 Account No.: 386	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)				
	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:			
тте гединей ппогтацоп.		ASA tisted entity ASA 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		dividuals with > 25% shareholding)	Date of birth		
that control more than 25% of	Owner 1 name				
the shares or voting rights of the company.	Owner 2 name				
	Owner 3 name				
Provide the full residential address for each beneficial	Beneficial owner residential address				
owner.	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) COI	NTACT DETAILS (MUST NOT BE ADVISER DETA	ILS)			
Please enter contact details, including phone numbers in case we need to contact you in	Preferred contact name(s)				
relation to your application.	Postal Address	Suburb			
Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.	State Postcode Country				
These contact details will be used for all correspondence.	Business Phone	Home Phone			
All investment communication is emailed.	Mobile Phone Facsimile Email Address				
PART 5 - COMMUNICATION	PREFERENCES				
We usually send 1-2 emails per month including investment ideas and educational articles	Would you like to receive additional investment offers and information from Affluence? Yes No				
	Are you an Affluence Member?	Yes No			
	If yes, please provide your login/email				
	If you are not already an Affluence Member, we will automatically register you. It's free for all Affluence investors and includes access to all our premium website content, investment ideas and Fund portfolio details.				
PART 6 - ADVISER DETAILS					
If you use a financial adviser, have them complete and sign this Section.	Adviser Name				
tnis 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 investment 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	D 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	Would you like your distributions reinvested into the Fund as additional units? Yes No Bank Name and Address				
	Account Name				
account details are provided, distributions will be automatically	BSB Account number (including suffix for NZ applicants)				
reinvested.	Account Hamber (III)				

Application Form – Company



PART 9 - TAX STA						
We are required to colle this information to satis legal requirements and	fy to	Are any of the applicants (including beneficial owners or directors of the company) citizens or residents of a country other than Australia for tax purposes? If yes, complete the following and we may require you to provide additional information:				
ensure correct amounts of						
withholding tax are deducted for foreign investors.	uctea	Name	Country of tax residency	TIN, GIIN or other Tax ID Number		
PART 10 - DECLA		gning this Application Form:				
in the IM does not cons and needs. AFM has not Corporations Act if this AFM would have if the None of AFM or any otl understand the risks in I have legal power to in Form are true and corr connection with this ap In the case of joint apple either investor is able to I acknowledge that AFM additional information suspect the monies us or other illegal activitie I have read and unders that 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.	stitute financial p t given me a pro product were pre pre person guara ect and I am ove plication. If this a lications, the join o operate the acc M may be require and assistance A ed to fund my inv s under applicab tood the 'Privacy may rely conclusi good faith, to be of this applicatio em acting on facs to reject any app	roduct advice or a recommendation duct disclosure statement or any covided to me as a retail client and wided to me as a retail client. Intees the repayment of the amoung in the Fund. The second of the supplication and have contended to the supplication and have contended to the supplication is signed under Power that application is signed under Power that and bind the other investor for the supplication is required to the supplication in the supplication about measurement and bind the other investor for the supplication in the supplication about measurement in the Fund have been or the laws or regulations. I am not a statement in the IM. Unless I information about measurement in the IM. Unless I information in the supplication of the signed by proper and the investment to which it resimile instructions.	vestor as defined in section 761GA of the Corporn that the Fund is suitable for me, given my in other document that would be required to be gloes not have any other obligation to me under the invested in the Fund, the performance of no omplied with all applicable laws in doing so. A sEM against any liabilities whatsoever arising for Attorney, I declare that I have not received nerwise indicated on the application form, the irror future transactions. The to comply with AML/CTF Laws, FATCA laws are to comply with AML/CTF, FATCA and CRS laws will be derived from or related to any money be will be derived from or related to any money be politically exposed person or organisation for the form AFM otherwise, I consent to all uses of my try in respect of any action taken upon any noticely authorised persons. AFM and the Registry a selates given by me by facsimile. I indemnify AF indemnified in respect of any loss or liability are (if any) or their AFSL holder with information	vestment objectives, financial situation iven to me under Chapter 7 of the er Chapter 7 of the Corporations Act that r any particular return from the Fund and I ll details provided in this Application rom acting on any information I provide in otice of revocation of the power. Investment will be held as joint tenants and and the CRS. I will provide AFM with all so I am not aware and have no reason to aundering, terrorism financing or similar he purposes of the AML/CTF laws. I personal information contained under the ce, consent, request, instruction or other authorised to accept and act upon any M and the Registry against any loss arising trising from its rejection of an application		
Signatures If the application is sign	ed by more tha	n one person, who can operate	e the account in the future?	Any to sign All to sign		
Signature A	A	Date (day/month/year)	Signature B	Date (day/month/year)		
Full Name			Full Name			
Director	Sole Director	& Company Secretary	Director Comp	any Secretary		
CHECKLIST						
Have you:	Completed a	nd signed this application form	٦			
	_ ·		for the full application amount			
	Attached cer	tified copies of Identification D	ocuments if required (refer to Part 1 and	the Application Pack)		
Ma	il these items t	0:	Affluence Funds Management Limite GPO Box 112	d		

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