## Application Form – Additional Investment



This Form is for existing investors in the Affluence Investment 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 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   |  |                           |           |
|--|--|---------------------------|-----------|
| These details can be found on the welcome letter which confirmed your initial investment in the Fund.  | Investor Number  |                           |           |
|  |  |                           |           |
|  | Investor Name (Example: "John Smith" or "John Smith ATF John R Smith Super Fund")  |                           |           |
| PART 2 - INVESTMENT AMOUNT & PAYMENT DETAILS   |  |                           |           |
| Enter the amount you would like to increase your investment by.  | Additional Investment Amount:  | \$ , , , 0                | 0 0 . 0 0 |
| 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.  | Please indicate which payment method you've used:  Cheque > Made payable to: PERPETUAL CORPORATE TRUST LIMITED ACF AIF APPLICATIONS  |                           |           |
|  | Direct Deposit > Your Refere   | ence                      |           |
|  | Deposit funds to: Westpac, 341 George Street, Sydney BIC/Swift Code: WPACAU2F<br>BSB: 032 000 Account No.: 924365 Name: Perpetual Corporate Trust Limited ACF AIF Applications |                           |           |
| PART 3 - ADVISER DETAILS   |  |                           |           |
| If you use a Financial Adviser,<br>have them complete and sign<br>this Section.  | Adviser full name  |                           |           |
|  | Adviser email address  |                           |           |
|  | Adviser company (if applicable)  |                           |           |
|  | Licensed Dealer  |                           |           |
|  | Licence No:  |                           |           |
|  |  | ADVISER 9                 | SIGNATURE |
| PART 4 - DECLARATION AND AUTHORISATION   |  |                           |           |
| <ul> <li>I acknowledge, declare and agree that by signing this Application Form:</li> <li>I have received, read and understood the PDS dated 30 September 2022 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).</li> <li>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.</li> <li>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.</li> <li>All details provided in this Application Form are true and correct. 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.</li> <li>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.</li> <li>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.</li> <li>I a</li></ul> |  |                           |           |
| Signature A  | Date (day/month/year)  | Signature B  Date (day/mo | nth/year) |
| Full Name  |  | Full Name                 |           |
|  |  |                           |           |

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

Mail to: