Target Market Questions

Affluence Investment 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
Investment Status		
Are you investing more than \$500,000 or do you believe you would otherwise qualify as a wholesale or sophisticated investor?		
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?		
If you answered yes to either question, you do not need to complete the remaining Target Market G	Questions.	
Proceed directly to the Application Form.		
Target Market Questions		
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 years?		
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?		
Do you accept that while the Fund targets distributions of 5% per annum, paid monthly, that distributions are not guaranteed and may vary over time, or even cease for a period?		
Do you accept that despite the Fund having a high level of diversification, it may be riskier to invest all your savings in a single fund, rather than hold a diversified portfolio of investments?		
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?		
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% 25% - 75% 75% - 100% Prefer not to say		

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.

This Form is for Self Managed Super Funds who have not previously invested in the Affluence Investment 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 IDENTI	IFICATION	
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 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 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 your name is included in the application payment reference. Units will not be allocated if the application payment cannot be identified and matched.	Direct Deposit > Your Deposit funds to: Westpac, 341	Reference PERPETUAL CORPORATE TRUST LIMITED ACF AIF APPLICATIONS
PART 3 - APPLICANT(S) CO	NTACT DETAILS (MUST N	OT BE ADVISER DETAILS)
Please enter contact details, including phone numbers in case we need to contact you in relation to your application.	Preferred contact name(s) Postal Address	Suburb
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.	State Postcode	Country
	Business Phone	Home Phone
	Mobile Phone	Facsimile
	Email Address	



PART 4 - APPLICANTS DE	TAILS				
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				
Provide a date of birth for individuals or an ACN / ABN for companies.	Trustee 2				
	Trustee 1				
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				
If the trustee is a company,	Company Trustee directors (if more	Company Trustee directors (if more than four, provide details on a separate sheet)			
please provide the full name of each director of	Director 1				
the company.	Director 2				
	Director 3				
	Director 4				
	Company Trustee principal place o	f business (if different	from registered o	ffice)	
Provide the Super Fund 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 establ Australia OR another				
PART 5 - ADVISER DETAIL					
If you use a financial adviser, have them complete and sign	Adviser Name				
this Section.	Adviser Email Address				
	Licensed Dealer Name		AFS Licence	No.	
	Adviser Company (if applicable)		Advisor Signs	natura	
	Adviser company (ii applicable)	icable) Adviser Signature			
	Would you like your Adviser to rece	vive copies of investmen	nt correspondenc	e? Yes	No
PART 6 - 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 trustee) citizens or residents of a c				s No
	If yes, complete the following and v				
	Name	Country of tax re		TIN, GIIN or other Tax ID) Number
			· · · · · · · · · · · · · · · · · · ·	, 200	



PART 7 - DISTRIBUTION AN	ID WITHDRAWAL PAYMENTS	5	
You are required to provide Australian or New Zealand bank account details for electronic payment of distributions and	Would you like your distributions re Bank Name and Address	einvested into the Fund as additional units?	Yes No
withdrawals. Payment cannot be made by cheque. If no bank account details are provided,	Account Name		
distributions will be automatically reinvested.	BSB	Account number (including suffix for NZ	'applicants)
PART 8 - 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 9 - DECLARATION AN	ID SIGNATURES		
Application Form and have received a amended from time to time). The information contained in the PDS investment objectives, financial situal None of AFM or any other person gual understand the risks involved in investine the time that th	the PDS dated 30 September 2022 to whand accepted the offer to invest in Austral 5 and TMD does not constitute financial p tion and needs. arantees the repayment of the amount investing in the Fund. ance with this application and have compover the age of 18 years. I indemnify AFM is application is signed under Power of At point applicants agree that unless otherwise account and bind the other investor for fulling the topass on information about me to be AFM may request in order for AFM to compare the properties of the formal properties and the properties of the property and the properties of the p	comply with AML/CTF, FATCA and CRS requirements of the property of the propert	DS and the Constitution (each as and is suitable for me, given my particular return from the Fund and sils provided in this Application cting on any information I provide in frevocation of the power. I will be held as joint tenants and ents. I will provide AFM with all nts. I am not aware and have no ey laundering, terrorism financing for the purposes of AML/CTF laws. I sonal information contained under the provided in the purposes of the purpose
Signatures If the application is signed by more the signature A Full Name	han one person, who can operate the Date (day/month/year)	e account in the future? Signature B Full Name	Any to sign All to sign Date (day/month/year)
Director Cala Direct	tor & Company Coarston	Director Commence	
Director Sole Direct	tor & Company Secretary	Director Company Se	ecretary

Other

Trustee

Other

Trustee



PART 10 - 0	COMMUNICATION P	REFERENCES
Would you like t	to receive monthly fund up	odates? Yes No
How did you hea	ar about Affluence?	
CHECKLIST		
Have you:	Completed and	signed this application form
	Attached a che	que or arranged a payment for the full application amount
	Attached certifi	ed copies of Identification Documents if required (refer to Part 1 and the Application Pack)
	Mail these items to:	Affluence Funds Management Limited Email to: invest@affluencefunds.com.au GPO Box 112 Brisbane QLD 4001

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.