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 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.

Application Form – Trust

This Form is for Trusts 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 IDENTIFICATION

If you have not invested in an Affluence fund previously, you must attach the required certified identification documents.

Has the applicant invested in an Affluence fund previously?

☐ Yes, investor number: ______________________

☐ No

For each individual 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. Refer to the Application Pack for more detail on acceptable Identification Documents and certification requirements.

PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

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

Investment amount: $ ___ ___ ___ , ___ ___ ___ , 0 0 0 . 0 0

For direct deposits, please ensure your name is included in the application payment reference. Units will not be allocated if the application payment cannot be identified and matched.

Please indicate which payment method you've used:

☐ Cheque > Make payable to **PERPETUAL CORPORATE TRUST LIMITED ACF AIF APPLICATIONS**

☐ Direct Deposit > Your Reference ______________________

Deposit funds to: Westpac, 341 George Street, Sydney BIC/Swift Code: WPACAU2F
BSB: 032 000 Account No.: 924365 Name: Perpetual Corporate Trust Limited ACF AIF Applications

PART 3 – APPLICANT(S) CONTACT DETAILS (MUST NOT BE ADVISER DETAILS)

Please enter contact details, including phone numbers in case we need to contact you in relation to your application.

Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.

These contact details will be used for all correspondence.

All investment communication is emailed.

Preferred contact name(s)

Postal Address

Suburb

State

Postcode

Country

Business Phone

Home Phone

Mobile Phone

Facsimile

Email Address

Application Form – Trust

Affluence INVESTMENT FUND

PART 4 – APPLICANTS DETAILS

Include the full names of all persons or companies that are trustees.
Provide a date of birth for individuals or an ACN / ABN for companies.

Trustees details (full name of individuals or company) | Date of birth or ACN / ABN

Trustee 1

Trustee 2

Trustee 1

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

Trustees address (individuals residential address or company registered office)

Trustee 1

Trustee 2

Trustee 3

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

Provide the Trust name

Trust Name

Provide the ABN and TFN of the Trust.

Trust ABN

Trust TFN

Provide the country in which the Trust was established.

In which country was the Trust established?

☐ Australia OR another country:

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

☐ Registered managed investment scheme ARSN:

☐ Other regulated trust Details:

☐ Other trust (e.g. family, unit, charitable) Trust type:

Does the trust have a settlor, and was the settlement amount on establishment greater than $10,000?

☐ Yes If yes, full name of settlor:

☐ No

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. unit holders, family members of named person, charitable purpose)

☐ No How many beneficiaries are there?

If you answered "No" to the question, include the full name and date of birth of beneficiaries.

Beneficiaries full names | Date of birth

Beneficiary 1 name

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, provide names of all Company directors.

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

Director 1

Director 2

Director 3

Application Form – Trust

PART 5 – ADVISER DETAILS

If you use a financial adviser, have them complete and sign this Section.

Adviser Name

Adviser Email Address

Licensed Dealer Name

AFS Licence No.

Adviser Company (if applicable)

Adviser Signature

Would you like your Adviser to receive copies of investment correspondence? ☐ Yes ☐ No

PART 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 named beneficiaries, trustees or beneficial owners of a company trustee) citizens or residents of a country other than Australia for tax purposes? ☐ Yes ☐ No

If yes, complete the following and we may require you to provide additional information:

Name	Country of tax residency	TIN, GIIN or other Tax ID Number

PART 7 – DISTRIBUTION AND WITHDRAWAL PAYMENTS

You are required to provide Australian or New Zealand bank account details for electronic payment of distributions and withdrawals. Payment cannot be made by cheque. If no bank account details are provided, distributions will be automatically reinvested.

Would you like your distributions reinvested into the Fund as additional units? ☐ Yes ☐ No

Bank Name and Address

Account Name

BSB

Account number (including suffix for NZ applicants)

PART 8 – ADDITIONAL INVESTMENT ENQUIRER

If you would like someone other than the Contact or your Adviser to be able to enquire about this investment, please provide us with their details here.

Additional Enquirer Name

Company (if applicable)

Application Form – Trust

Affluence INVESTMENT FUND

PART 9 – DECLARATION AND SIGNATURES

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

- 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).
- The information contained in the PDS and TMD does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs.
- None of AFM or any other person guarantees the repayment of the amount invested in the Fund, the performance of, nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. All details provided in this Application Form are true and correct and I am over the age of 18 years. I indemnify AFM against any liabilities whatsoever arising from acting on any information I provide in connection with this application. If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
- In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the investment will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions.
- I acknowledge that AFM may be required to pass on information about me to comply with AML/CTF, FATCA and CRS requirements. I will provide AFM with all additional information and assistance AFM may request in order for AFM to comply with AML/CTF, FATCA and CRS requirements. I am not aware and have no reason to suspect the monies used to fund my investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other illegal activities under applicable laws or regulations. I am not a politically exposed person or organisation for the purposes of AML/CTF laws.
- I have read and understood the 'Privacy Statement' in the PDS. Unless I inform AFM otherwise, I consent to all uses of my personal information contained under that heading.
- AFM and the Registry may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons. AFM and the Registry are authorised to accept and act upon any instructions in respect of this application and the investment to which it relates given by me by facsimile. I indemnify AFM and the Registry against any loss arising as a result of any of them acting on facsimile instructions.
- AFM reserves the right to reject any application and AFM is released and indemnified in respect of any loss or liability arising from its rejection of an application for any reason.
- If I nominate an adviser, then I acknowledge that AFM or the Registry may supply my adviser or their AFSL holder with information about my investment unless I instruct AFM not to do so.
- I confirm my answers to the Target Market Questions completed with this Application Form are correct.

Signatures

If the application is signed by more than one person, who can operate the account in the future? ☐ Any to sign ☐ All to sign

Signature A

Date (day/month/year) __ __ / __ __ / __ __

Full Name

Title (e.g. Trustee, Director-Trustee Company)

Signature B

Date (day/month/year) __ __ / __ __ / __ __

Full Name

Title (e.g. Trustee, Director-Trustee Company)

PART 10 – COMMUNICATION PREFERENCES

Would you like to receive monthly fund updates? ☐ Yes ☐ No

How did you hear about Affluence?

CHECKLIST

Have you:

☐ Completed and signed this application form

☐ Attached a cheque or arranged a payment for the full application amount

☐ Attached certified copies of Identification Documents if required (refer to Part 1 and the Application Pack)

Mail these items to: Affluence Funds Management Limited
GPO Box 112
Brisbane QLD 4001

Email to: invest@affluencefunds.com.au

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.