Target Market Questions

Affluence LIC 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	t 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, and preferably five 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 quarterly, 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 medium 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%		

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 – Individuals



This Form is for one or more individuals who have not previously invested in the Affluence LIC 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	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 who has not previously invested, 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	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 identified and matched.	Please indicate which payment method you've used: Cheque > Make payable to PERPETUAL CORPORATE TRUST LIMITED ACF ALF APPLICATIONS Direct Deposit > Your Reference Deposit funds to: Westpac, 341 George Street, Sydney BIC/Swift Code: WPACAU2F BSB: 032 143 Account No.: 464925 Name: Perpetual Corporate Trust Limited ACF ALF Applications						
PART 3 - APRI ICANT(S) CO	NTACT 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.	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 Suburb 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						
DART / ARRIVANTS RET	AU C						
PART 4 - APPLICANTS DET. Include the full names of all persons. Provide a date of birth for each individual.	Individual full name Date of birth						
	Individual 2						
Provide the full residential address for each individual.	Individual 3 Individual address (residential address) Individual 1						
	Individual 2						
	Individual 3						
Provide the TFN of each individual.	Individual 1 TFN Individual 2 TFN Individual 3 TFN						

Application Form - Individuals



PART 5 - ADVISER DETAILS Adviser Name If you use a financial adviser, 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 6 - TAX STATUS** Are any of the applicants citizens or residents of a country other than Australia for tax We are required to collect 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 Country of tax residency TIN, GIIN or other Tax ID Number for foreign investors. **PART 7 - 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 8 - 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.

Application Form - Individuals



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 ac	count in the future?		Any to sign All to sign
Signat Full Name	ure A	Date (day/month/year)	Signatu Full Name	ure B	Date (day/month/year)
Signat	ure C	Date (day/month/year)			
Full Name					
PART 10 - CON	MMUNICATION P	REFERENCES			
Would you like to re	eceive monthly fund up	odates? Yes	No		
How did you hear a	bout Affluence?				
CHECKLIST					
Have you:	Completed and	I signed this application form			
	Attached a che	que or arranged a payment for the	full application amoun	nt	
	Attached certif	ied copies of Identification Documer	nts if required (refer to	Part 1 and the App	olication Pack)
1	Mail these items to:	Affluence Funds Management Lir GPO Box 112 Brisbane QLD 4001	mited Email to:	invest@affluence	funds.com.au

Application Form – Self Managed Super Fund



WHAT HAPPENS NEXT

- Application Forms, funds and Identification Documents must be received by the last business day 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.