

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.

Investor Name / Entity:

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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to either question, you do not need to complete the remaining Target Market Questions. Proceed directly to the Application Form.

Question	Yes	No
Target Market Questions		
Do you accept that the Fund aims to achieve its investment objectives over one year or longer, and that it may not be appropriate if your expected investment period is shorter than one year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept that although the Fund has a low risk rating the capital value of an investment in the Fund is not guaranteed and can fluctuate over time?	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept that while the Fund targets a minimum distribution equal to the RBA Cash Rate + 3% per annum, paid monthly, that distributions are not guaranteed and may vary over time, or even cease for a period?	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept that despite the Fund having a very high level of diversification within the fixed income asset class, it may be riskier to invest all your savings in a single fund, rather than hold a diversified portfolio of investments?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate how much your investment in the fund represents of the total assets you have available for investment, excluding your residential home:		
<input type="checkbox"/> Less than 50% <input type="checkbox"/> 50% - 75% <input type="checkbox"/> More than 75% <input type="checkbox"/> 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.

Self Managed Super Fund

Application Form



This Form is for Self Managed Super Funds that have not previously invested in the Affluence Income Trust.

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 ID (SRN):

No - 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 AMOUNT & PAYMENT DETAILS

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

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.

Investment amount: \$

Please indicate which payment method you've used:

Cheque > Made payable to: PERPETUAL CORPORATE TRUST LIMITED ACF AIT APPLICATIONS

Direct Deposit > Your Reference:

Deposit funds to: Westpac, 341 George Street, Sydney

BIC / Swift Code: WPACAU2F

BSB: 032-016

Account No.: 663120

Name: Perpetual Corporate Trust Limited ACF AIT Applications

PART 3 – PRIMARY CONTACT PERSON FOR THE INVESTMENT (MUST NOT BE ADVISER DETAILS)

Affluence will contact the primary contact person first for matters related to the investment. This person will also have full access to operate the investment within the online Registry Investor Centre.

Please complete the contact details in full.

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:

Street or PO Box:

State:

Postcode:

Suburb:

Country:

Mobile phone:

Home phone:

Email address:

How did you hear about Affluence?

PART 4 – INVESTOR DETAILS

Please provide Super Fund details.

Super Fund Name:

Super Fund ABN:

Super Fund TFN:

In which country was the Fund established?

Australia **OR** Another country:

Is the Trustee for this Fund a (tick one):

Individuals (Go to part 5) Company (Go to part 6)

PART 5 – INDIVIDUAL TRUSTEE DETAILS 01

Please complete the Trustee details in full.

Title:

Legal First Name:

Middle names:

Legal last name:

Date of birth:

Country of citizenship:

Residential Address:

Street:

State:

Postcode:

Suburb:

Country:

Mobile phone:

Home phone:

Email address:

Is this Trustee a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)?

Yes No Unsure

Is this Trustee a beneficial owner?

Yes No

Would you like this person to have access to the investment in the Registry Investor Centre?

Yes No

Would you like this person to receive monthly fund updates via email?

Yes No

A beneficial owner is an Individual who ultimately owns or controls 25% or more of the Investor.

Read only access applies where the Trustee is not the primary contact for the investment.

PART 5 – INDIVIDUAL TRUSTEE DETAILS 02

Please complete the Trustee details in full.

Title:

Legal First Name:

Middle names:

Legal last name:

Date of birth:

Country of citizenship:

Residential Address:

Street:

State:

Postcode:

Suburb:

Country:

Mobile phone:

Home phone:

Email address:

Is this Trustee a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)?

Yes No Unsure

Is this Trustee a beneficial owner?

Yes No

Would you like this person to have access to the investment in the Registry Investor Centre?

Yes No

Would you like this person to receive monthly fund updates via email?

Yes No

Please go to part 8.

A beneficial owner is an Individual who ultimately owns or controls 25% or more of the Investor.

Read only access applies where the Trustee is not the primary contact for the investment.

PART 6 – COMPANY TRUSTEE DETAILS

Please complete the Company details in full.

Registered company name:

Country where the business is registered:

ACN:

Is this a charity or not for profit?

Yes No

Is this a public company?

Yes No

Registered Office Address:

Street:

State:

Postcode:

Suburb:

Country:

PART 7 – DIRECTOR DETAILS 01

Please complete the Director details in full.

Title:

Legal first name:

Middle names:

Legal last name:

Date of birth:

Country of citizenship:

Residential Address:

Street:

State:

Postcode:

Suburb:

Country:

Mobile phone:

Email address:

Is this Director a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)?

Yes

No

Unsure

A beneficial owner is an Individual who ultimately owns or controls 25% or more of the Investor.

Is this Director a beneficial owner?

Yes

No

Read only access applies where the Director is not the primary contact for the investment.

Would you like this person to have access to the investment in the Registry Investor Centre?

Yes

No

Would you like this person to receive monthly fund updates via email?

Yes

No

PART 7 – DIRECTOR DETAILS 02

Please complete the Director details in full.

Please complete an Additional Details form if there are additional Directors.

Title:

Legal first name:

Middle names:

Legal last name:

Date of birth:

Country of citizenship:

Residential Address:

Street:

State:

Postcode:

Suburb:

Country:

Mobile phone:

Email address:

Is this Director a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)?

Yes No Unsure

Is this Director a beneficial owner?

Yes No

Would you like this person to have access to the investment in the Registry Investor Centre?

Yes No

Would you like this person to receive monthly fund updates via email?

Yes No

A beneficial owner is an Individual who ultimately owns or controls 25% or more of the Investor.

Read only access applies where the Director is not the primary contact for the investment.

PART 8 – ADVISER DETAILS

If you use a financial adviser, have them complete this section.

Adviser name:

Email address:

Licensed dealer name:

AFSL No.:

Would you like your Adviser to have access to your investment in the Registry Investor Centre?

Yes No

Would you like your Adviser to receive monthly fund updates via email?

Yes No

PART 9 – 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 Trustees, Directors or beneficial owners) 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 No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 10 – 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 may 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):

Please ensure the BSB and account number are correct.

PART 11 – ADDITIONAL INVESTMENT ENQUIRER

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

Additional enquirer name:

Relationship to Investor:

Email address:

Would you like this person to have read only access to the investment in the Registry Investor Centre?

Yes No

PART 12 – DECLARATION AND SIGNATURES**I acknowledge, declare and agree that by signing this Application Form:**

- I have received, read and understood the PDS dated 16 January 2024 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:

<div style="border: 1px solid black; height: 60px; margin-bottom: 5px; display: flex; align-items: center; justify-content: center; font-size: 24px; color: #ccc;">Signature A</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Date (day / month / year)</p> <input style="width: 95%; height: 25px;" type="text"/> </div> <div style="width: 45%;"> <p>Date (day / month / year)</p> <input style="width: 95%; height: 25px;" type="text"/> </div> </div> <p>Full name</p> <input style="width: 95%; height: 25px;" type="text"/> <p>Title (e.g. Trustee, Director, Sole Director etc.)</p> <input style="width: 95%; height: 25px;" type="text"/>	<div style="border: 1px solid black; height: 60px; margin-bottom: 5px; display: flex; align-items: center; justify-content: center; font-size: 24px; color: #ccc;">Signature B</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Date (day / month / year)</p> <input style="width: 95%; height: 25px;" type="text"/> </div> <div style="width: 45%;"> <p>Date (day / month / year)</p> <input style="width: 95%; height: 25px;" type="text"/> </div> </div> <p>Full name</p> <input style="width: 95%; height: 25px;" type="text"/> <p>Title (e.g. Trustee, Director etc.)</p> <input style="width: 95%; height: 25px;" type="text"/>
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PART 13 – 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)?

Send these items to:**Mail:**

Affluence Funds Management Limited
GPO Box 112
Brisbane QLD 4001

Email:

invest@affluencefunds.com.au

WHAT HAPPENS NEXT?

- **Application forms, funds and identification documents must be received by the 25th of each 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.**