# Target Market Questions



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?		
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 N Proceed directly to the Application Form.	Market Questi	ons.
Trocced directly to the Apparential Forms		
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?		
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?		
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?		
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?		
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 avail for investment, excluding your residential home:	lable	
Less than 50% 50% - 75% More than 75% Prefer not to say	/	
If you have answered 'No' to any of the above questions, this product may not be suitable for Before proceeding with your investment, please:	you.	
• 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 Trusts** 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.

If you have not invested in										
	Has the applicant invested in an Affluence fund previously?									
an Affluence fund previously, you must attach the required	Yes, Investor ID (SRN):									
certified identification documents.	No - For each individual please attach a cell Identification Docu	rtified copy of an ıment. Refer to t	original dı he Applica	river's licer tion Pack fo	ice, pass or more	sport o	r othe	er		
PART 2 - INVESTMENT	AMOUNT & PAYMENT DE	TAILS								
Minimum application is \$20,000 and thereafter multiples of \$1,000.		\$	,		, (	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	Please indicate which pays  Cheque > Made payable  Direct Deposit > Your Re	to: PERPETUAL			LIMITEI	D ACF	AIT AI	PPLI	CATI	ONS
payment cannot be identified and matched.	Deposit funds to: Westp BIC / Swift Code: WPAC Name: Perpetual Corpo	CAU2F BSB	: 032-016	Acc	ount No ns	. <b>:</b> 6631:	20			
	primary contact person firs the investment within the o	t for matters roonline Registry	elated to	the invest					l als	0
details in full.	Treferred contact fidine(s)	<u> </u>								
A distance of charles and one of										
acceptable unless your Adviser holds a power of attorney, a certified copy of	Postal address: Street or PO Box:			St	tate:		Po	ostco	de:	
acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided. These contact details will be					tate: ountry:		Po	ostco	de:	
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	Street or PO Box:		Hoi		ountry:		Po	ostco	de:	
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.	Street or PO Box:  Suburb:		Hoi	C	ountry:		Po	ostco	de:	

PART 4 - INVESTOR DET	AILS
Please complete this section	Trust type:
in full.	Registered managed investment scheme ARSN:
	Other regulated trust Details:
	Other trust (e.g. family, unit, charitable) Trust type:
	Full name of the trust / designation:
	In which country was the Trust established?
	Australia OR Another Country:
	ABN (if registered):
	TFN:
	Does the Trust have a settlor, and was the settlement amount on establishment greater than \$10,000?  No Yes - full name of settlor:
If you answered "No" to this question please ensure you provide a copy of the Trust Deed.	Do the terms of the Trust identify the beneficiaries by reference to membership of a class?  No Yes - Provide details of the membership class / es (e.g. unit holders, family members of named person, charitable purpose):
A beneficial owner is an individual who ultimately owns 25% or more or controls the Trust.	Does the Trust have any beneficial owners who are not Trustees or Directors of the Trustee Company?  No Yes - Please complete an additional details form (page 38 and 39) for each additional beneficial owner:
	Is the Trustee for this Trust a (tick one):  Individual (Go to part 5)  Company (Go to part 6)

Please complete the Trustee details in full.	Title:	Legal First N	Name:				
	Middle names:		Legal last i	name:			
	Date of birth:		Country of	Country of citizenship:			
	Residential Address: Street:			State:	Postcode:		
	Suburb:			Country:			
	Mobile phone:		Home phor	ne:			
	Email address:						
	(2001) or a wholesale	isticated Investor for t client for the purpose No Unsu	s of Chapter 7 o				
beneficial owner is an ndividual who ultimately wns or controls 25% or nore of the Investor.	Is this Trustee a bene	ficial owner?					
tead only access applies where the Trustee is not		erson to have access to	the investmen	t in the Regist	try Investor Centre?		

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

No

the primary contact for the investment.

Yes

PART 5 – INDIVIDUAL TR		and First Name				
etails in full.	Title: L	egal First Name:				
Please complete an Additional Details form if there are dditional Trustees.	Middle names:	Le	egal last name:			
	Date of birth:	Co	ountry of citizenship:			
	Residential Address: Street:		State:	Postcode:		
	Street.		State.	1 ostcode.		
	Suburb:		Country:			
	Suburb.		Country.			
	M 121 1					
	Mobile phone:	H	ome phone:			
	Email address:					
	Is this Trustee a sophisticated In	vestor for the pur	pose of Chapter 6D of	the Corporations Act		
	(2001) or a wholesale client for the Yes No	ne purposes of Cr Unsure	napter 7 of the Corpora	Itions Act (2001)?		
beneficial owner is an		Olisare				
ndividual who ultimately	Is this Trustee a beneficial owner	r?				
wns or controls 25% or nore of the Investor.	Yes No					
lead only access applies where the Trustee is not	Would you like this person to have	ve access to the in	vestment in the Regist	try Investor Centre?		
he primary contact for he investment.	Yes No					
ic myesunent.	Would you like this person to rec	eive monthly fund	d updates via email?			
	Yes					

PART 6 - COMPANY TRUS	TEE DETAILS					
Please complete the Company	Registered company name:					
details in full.						
	Country where the business is registered:	ACN:				
	Is this a charity or not for profit?  Yes  No	Is this a public company?  Yes  No				
		les INU				
	Registered office address: Street:	State: Postcode:				
	Suburb:	Country:				
	Company Trustee principal place of business	(if different from registered office):				
PART 7 - DIRECTOR DETA	ILS 01					
Please complete the Director	Title: Legal first na	me:				
details in full.						
	Middle names:	Legal last name:				
	Date of birth:	Country of citizenship:				
	Residential Address:					
	Street:	State: Postcode:				
	Suburb:	Country:				
	Mobile phone:					
	Email address:					
A beneficial owner is an Individual who ultimately owns or controls 25% or more of the Investor.	Is this Director a sophisticated Investor for the Chapter 6D of the Corporations Act (2001) or for the purposes of Chapter 7 of the Corporations	a wholesale client ions Act (2001)? beneficial owner?				
Read only access applies where the Director is not the primary contact for the investment.	Would you like this person to have access to to investment in the Registry Investor Centre?  No	the Would you like this person to receive monthly fund updates via email?  Yes No				

PART 7 - DIRECTOR DETA	AILS 02			
Please complete the Director details in full.	Title:	Legal first nam	ne:	
Please complete an Additional				
Details form if there are additional Directors.	Middle names:		Legal last name:	
	Date of birth:		Country of citizenship:	
	Residential Address:			
	Street:		State: Postcode:	
	Suburb:		Country:	
	Mobile phone:			
	Email address:			
			purpose of Chapter 6D of the Corporations Act f Chapter 7 of the Corporations Act (2001)?	
	Yes No	Unsure	r Chapter 7 of the Corporations Act (2001):	
A beneficial owner is an				
ndividual who ultimately owns or controls 25% or nore of the Investor.	Is this Director a beneficial or	wner?		
Read only access applies	Would you like this person to	have access to th	e investment in the Registry Investor Centre?	
where the Director is not he primary contact for	Yes No			
he investment.	Would you like this person to	receive monthly f	fund updates via email?	
	Yes No	ŕ	·	
PART 8 – ADVISER DETAI	ILS			
f you use a financial adviser,	Adviser name:			
nave them complete this section.				
	Email address:			
	Licensed dealer name:		AFSL No.:	
	Would you like your Adviser t	o havo access to ::	our Would you like your Advisor to receive	
	Would you like your Adviser to investment in the Registry Inv		our Would you like your Adviser to receive monthly fund updates via email?	
	Yes No		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.:				
PART 10 - DISTRIBUTION	N AND WITHDRAWAL PAYMENTS				
You are required to provide Australian or New Zealand bank account details for electronic payment of distributions	Would you like your distributions reinvested into the Fund as additional units?  Yes  No  Bank name and address:				
and withdrawals. Payment cannot be made by cheque. If					
no bank account details are provided, distributions may					
be automatically reinvested.	Account name:				
	BSB: Account number (including suffix for NZ applicants):				
	Please ensure the BSB and account number are correct.				
PART 11 – ADDITIONAL I	NVESTMENT ENQUIRER				
If you would like someone other than the primary	Additional enquirer name:				
contact or your Adviser to be able to enquire about this					
investment, please provide us with their details here.	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				
	Investor Centre?				

## 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:				
Signature A	Date (day / month / year)	Sign	nature B	Date (day / month / year)
Full name		Full name		
Title (e.g. Trustee, Director-Tr	ustee Company)	Title (e.g. Tr	rustee, Director-	Trustee Company)
PART 13 - CHECKLIST		WHAT	T HAPPENS NE	EXT?
Have you:		• App	lication forms, fu	unds and identification

Completed	and signed	this an	nlication	form?
Oblinipicicu	and Signicu	tilio ap	pucation	101111:

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:

Affluence Funds Management Limited GPO Box 112, Brisbane QLD 4001

### Email:

invest@affluencefunds.com.au

- 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.