Affluence Income Trust Application Pack



This Application Pack accompanies the Product Disclosure Statement ("PDS") for the Affluence Income Trust ("Fund") issued by Affluence Funds Management Limited ABN 68 604 406 297, AFSL 475940 ("AFM", "we", "us", "our"). A target market determination (TMD) is available on the Fund's website. You should read the PDS and TMD before completing any application form included in this Application Pack.

APPLICATION INSTRUCTIONS:



Read the PDS and TMD

You should have received a copy of the PDS with the Application Pack. If not, you can get a copy from:

- www.affluencefunds.com.au
- 1300 233 583 or +61 7 3532 4076
- invest@affluencefunds.com.au



To add to an existing Fund investment

To add to an existing investment, complete the **Application Form – Additional Investment on page 3**



To invest in the Fund for the first time if you already have an existing investment in another Affluence fund.

If the applicant has not invested in the Fund previously but does have an investment in another Affluence fund in the name of the investment entity that will be making this application, complete the **Target Market Questions on page 7** and the **Existing Affluence Investor application form on page 8**.



New Fund Investors to provide identification documents complete the Target Market Questions and the appropriate application form.

If the applicant has not invested in the Fund previously, **provide** the identification information required (pages 4-6), complete the Target Market Questions on page 7 and the application form for the type of entity making the investment.

Type of Entity Investing	Application forms to be completed	Pages
All New Investors	Target Market Questions	7
Self Managed Super Fund	Self Managed Super Fund	10-17
Individual and Joint	Individual	18-23
Trusts, including minors and deceased estates	Trust	24-31
Australian Companies	Company	32-37



New Investors must provide identification information

If the applicant has not invested in an Affluence Fund previously, they must provide relevant identification information. Refer to page 4 of the Application Pack for detailed instructions.



Pay the investment amount by cheque or direct deposit Cheque:

Direct deposit:

Cheques should be either Australian bank cheques or drawn on an Australian domiciled account in the name of the applicant.

If you would like to make payment by direct deposit, instructions and bank account details can be found on the Application Form.



Send these items to us

Affluence Funds Management Limited GPO Box 112 Brisbane QLD 4001

or

invest @affluence funds.com. au

Registrable names

Only legal entities are allowed to hold units in the Fund. Applications must be in the name(s) of natural person(s), companies or other legal entities acceptable to AFM. At least one full given name and the surname are required for each natural person. The name of the beneficiary or any other non-registrable name may be included by way of an account designation if completed exactly as described in the example of correct forms of registrable title shown below.

Type of Investor	Correct format of registrable name	Incorrect format of registrable name		
Individual				
Use given names, not initials	John Alfred Smith	J A Smith		
Company				
Use company name, not abbreviations. Director(s) names must be completed within the Applicant(s) Details section	ABC Pty Ltd	ABC P / L or ABC Co		
Trust ¹				
Use Trustee(s) names	Sue Smith	Sue Smith Family Trust		
Use name of the trust in the account designator section	Sue Smith Family Trust	Sue Smith		
Superannuation funds ¹				
Use Trustee(s) names	Jane Smith Pty Ltd	Jane Smith Super Fund		
Use name of fund in the account designator section	Jane Smith Super Fund	Jane Smith Pty Ltd		
Deceased estates ²				
Use executor(s) names	Sue Lennon	Estate of Jon Lennon		
Use name of the deceased in the account designator section	Estate of the Late Jon Lennon			
A minor (less than 18 years old) ³				
Use Trustee(s) names	Sue Smith	Junior Smith		
Use name of the Minor in the account designator section	Junior Smith	Sue Smith		

- 1 If there are two or more Trustees, please name each. All Trustees should sign.
- 2 A certified copy of the grant of probate or letters of administration should be attached.
- 3 If the Minor does not hold a TFN, please supply the TFN of one of the Trustees.

Confidentiality

AFM will maintain all information collected from Investors in a secure manner in accordance with anti-money laundering and counter terrorism ("AML / CTF") legislation and relevant privacy legislation and principles. We will only disclose information about you where we are required to do so by the laws of Australia. This means that identification information may be disclosed to government or law enforcement agencies. We may also disclose this information to other entities involved with the investment to the extent that this information is required to fulfil that entity's AML / CTF legislation obligations.

Incomplete applications

If for any reason AFM is unable to process your application (e.g. if the application form is incorrectly completed or we have not received all required identification and verification documents or the application monies in full), we may, at our absolute discretion, delay your application and, where possible, request you to rectify and deficiencies in your application. In such an instance, your application monies will be held in a trust account pursuant to section 1017E of the Corporations Act 2001. If your application is not processed within 30 days, your application monies will be returned without interest.

Acceptance of applications

AFM has the sole discretion whether to accept or reject your application. AFM will reject your application if application monies are not received in full and in cleared funds. If your application is rejected, wholly or in part, then AFM will notify you in writing and return the relevant application monies (without interest), within 30 days. By sending a completed application form, you are making an offer to become an Investor in the Fund and you are agreeing to be legally bound by the Fund Constitution and the terms of the PDS. A summary of the Constitution is contained in the PDS.

AIT Additional Investment

Application Form



This form is for existing Investors in the Affluence Income Trust who wish to apply for additional units in the Fund. The additional investment amount will be added to your existing investment in the Fund. You can only use this form if your application details are unchanged.

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, cont	act Affluence on 1300 233 583	, +61 7 3532 4076 or invest@affl	uencefunds.com.au				
PART 1 - INVESTOR IDEN	TIFICATION						
These details can be found on the holding statement attached to your initial investment confirmation email.	Investor ID (SRN): Investor name (Example: "John Smith" or "John Smith ATF John R Smith Super Fund"						
PART 2 - INVESTMENT AN	OUNT & PAYMENT DETAI	LS					
Enter the amount you would like to increase your investment by. For direct deposits, please ensure your Investor number or name is included in the application payment reference. Units will not be issued if the application payment cannot be identified and matched.	Direct deposit > Your referer Deposit funds to: Westpac, 3 BIC / Swift Code: WPACAU2	t method you've used: PERPETUAL CORPORATE TRUST L nce: 341 George Street, Sydney	unt No.: 663120				
of signing this Application Form a PDS and the Constitution (each as PDS and the Constitution of the PDS and P	hat by signing this application form and the PDS dated 16 January 2024 and have received and accepted the samended from time to time). PDS and TMD does not constitute fictives, financial situation and needs guarantees the repayment of the astand the risks involved in investing tion Form are true and correct. I intection with this application. If this ape power. In application and AFM is released reason. Equired to pass on information about the properties of the may application and assistance AFM may a have no reason to suspect the more assistance.	to which this Application Form application form to invest in Australia or New Zermancial product advice or a recommend. I mount invested in the Fund, the perform the Fund. I demnify AFM against any liabilities we application is signed under Power of Armand indemnified in respect of any loss of the comply with AML / CTF, FAT request in order for AFM to comply which is used to fund my investment in the lar or other illegal activities under application of the complexity of the	aland. I agree to be bound by the endation that the Fund is suitable ormance of nor any particular hatsoever arising from acting on ttorney, I declare that I have not as or liability arising from its CA and CRS requirements. I will with AML / CTF, FATCA and CRS he Fund have been or will be derived				
Signature A Full name:	Date (day / month / year):	Signature B Full name:	Date (day / month / year):				
Title (e.g. Director, Sole Director	r etc.J:	Title (e.g. Director, Sole Direct	or etc.J:				

Email your completed form to: invest@affluencefunds.com.au or fax to: +61 7 3054 7082 or Mail to: Affluence Funds Management Limited, GPO Box 112, Brisbane QLD 4001

Identification Information

In 2006 the Federal Government enacted the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML / CTF). The purpose of this legislation is to detect and prevent money laundering and terrorism financing.

Why does this legislation affect you?

AFM have to meet stringent Investor identification and verification requirements. This means that prior to units in any Affluence managed fund being issued, we must be 'reasonably satisfied' that Investors are who they claim to be.

What do you need to do?

If you invest in the Fund through a financial adviser or an IDPS facility then they may request and collect verification materials from you. If you are investing directly, you need to provide Identification Information. The documents required differ depending on the type of entity making the investment. We may require additional information from you where we reasonably consider it necessary to satisfy our obligations under the AML / CTF Act. Applications cannot be processed until all the necessary information is provided.

What Identification Information must be provided?

The type of entity making the investment determines what Identification Information you must provide.

Type of entity Investing	Identification information required
SMSF with an ABN	For each individual who is either a member, a Trustee or a beneficial owner (controls at least 25% of the issued capital or voting rights) of a company Trustee, provide certified copies of individual identification documents outlined on the next page.
SMSF without an ABN	For the SMSF, provide certified copies of the Trust Identification Documents outlined on the next page. For each individual who is either a member, a Trustee or a beneficial owner of a company Trustee, provide certified copies of Individual Identification Documents outlined on the next page.
Individuals	For each individual, provide certified copies of Individual Identification Documents outlined on the next page.
Company	For each individual who is a beneficial owner of the company, provide certified copies of Individual Identification Documents outlined on the next page.
Family or Discretionary Trust	For the trust, provide certified copies of the Trust Identification Documents outlined on the next page. For each individual who is either a Trustee or a beneficial owner of a company Trustee, provide certified copies of Individual Identification Documents outlined on the next page.
Charitable Organisation	For the charity, provide certified copies of the Trust Identification documents outlined on the next page. For at least one individual who is an office bearer of the charitable organisation, provide certified copies of Individual Identification Documents outlined on the next page.
Children under 18 (minors)	For each Trustee and the child, provide certified copies of Individual Identification Documents outlined on the next page.
Registered Managed Invest- ment Scheme	No Identification Documents required
Deceased Estate	A certified copy of the grant of probate or letters of administration

Not on the list?

If you are investing via a type of entity not listed above, please phone Affluence on 1300 233 583 to discuss which Identification Documents are appropriate for your needs.

INDIVIDUAL IDENTIFICATION DOCUMENTS (CERTIFIED COPIES TO BE PROVIDED)

Please provide an
Identification Document from
Section 1. If you do not own
a document from Section 1,
then provide an Identification
Document from Section 2 or 3.

Section 1 – Acceptable primary Identification Documents

Select ONE document from this list
Australian State / Territory driver's licence containing a photograph of the person and clearly shows the Driver's Licence number and the card number. You may need to provide a copy of both sides of the licence
Australian passport (a passport that has expired within the preceding 2 years is acceptable)
Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
Foreign passport or similar travel document containing a photograph and the signature of the person
Section 2 – Acceptable secondary documents – Australian citizens – should only be completed if the individual does not own a document from Section 1
Select ONE document from this list
Australian birth certificate
Australian citizenship certificate
Pension card issued by Centrelink
Health card issued by Centrelink
AND ONE document from this list
A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Black out the TFN on the certified copy of this document.
A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
If under the age of 18, a notice that was issued to the individual by a school principal within the preceding 3 months and contains the name and residential address and records the period of time that the individual attended that school.
Section 3 – Acceptable Identification Documents – Foreign citizens – should only be completed if the individual does not own a document from Section 1
BOTH documents must be provided
Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth; and
National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued.

IMPORTANT:

You must provide a <u>certified</u>, legible copy of the original Identification Documents selected above for each individual. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

TRUST IDENTIFICATION DOCUMENTS (CERTIFIED COPIES TO BE PROVIDED)

For a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund AND if the Trust has an Australian Business Number (ABN), no Trust documentation is required

If the Trust is not one of the types noted above OR the Trust does not have an ABN:

Provide a certified copy of ONE of the following Trust Identification Documents
 The pages of the Trust Deed or other constitutional document that includes the cover page, full name of the Trust, type of trust, Trustees, settlor (if applicable), appointor (if applicable), beneficiaries and signature page.
 A notice issued by the Australian Taxation Office within the last 12 months (e.g. Notice of Assessment)
 A letter from a solicitor or qualified accountant that confirms the name of the Trust

IMPORTANT:

You must provide a **certified**, legible copy of the original Identification Document selected above. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

Who is allowed to certify Identification Documents?

Copies of Identification Documents MUST BE CERTIFIED by one or the following persons who is not related to the applicant:

- A Justice of the Peace
- A member of the Institution of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants
- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described)
- A judge of a court or a magistrate
- A permanent employee of Australia Post employed in an office supplying postal services to the public with 5 years continuous service
- A full time teacher at a school or tertiary institution
- A police officer

- A person who, under a law in force in a State or Territory, is currently licenced or registered to practice one of the following occupations: Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist, Veterinary surgeon
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees
- Any other persons mentioned in Part 1 and Part 2 of the Statutory Declarations Regulations 1993 – Schedule 2

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 Norceed directly to the Application Form.	1arket Questi	ons.
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 y Before proceeding with your investment, please:	/ou.	
• 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.		

Existing Affluence Investor

Application Form



This form is for existing Affluence Investors who wish to apply for units in the Affluence Income Trust. Use this form only if you are investing with an existing identical investment entity. If your existing investment entity details have changed or you wish to invest under a different investment entity a new application form will need to be completed.

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, please contact Affluence on 1300 233 583, +61 7 3532 4076 or invest@affluencefunds.com.au

PART 1 - INVESTOR IDEN	TFICATION								
These details can be found on the holding statement attached to your initial investment confirmation email.	I confirm the details of this investor ID (SRN): Investor name (Example: "John Smith" or "John Smith ATF John R Smith Super Fund"):								
	,,,,,,,,,								
PART 2 - INVESTMENT AI	OUNT & PAYMENT DETAILS								
Minimum Application is \$20,000.00.	Investment amount: \$, , , 0 0 0 . 0 0								
For direct deposits, please ensure your Investor number or name is included in the application payment reference. Units will not be issued if the application payment cannot be identified and matched. PART 3 – ADVISER DETAIL	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								
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 4 - DECLARATION AND AUTHORISATION

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)	Signature B	Date (day / month / year)
Full name		Full name	
Title (e.g. Director, Sole Director etc.)		Title (e.g. Director, Trustee etc	:.]

Email your completed form to: invest@affluencefunds.com.au or fax to: +61 7 3054 7082 or Mail to: Affluence Funds Management Limited, GPO Box 112, Brisbane QLD 4001

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 IDEN	NTIFICATION													
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.							nt.						
PART 2 - INVESTMENT A	MOUNT & PAYMENT D	ETAILS												
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 p Cheque > Made payat Direct Deposit > Your Deposit funds to: We BIC / Swift Code: WP Name: Perpetual Cor	Reference stpac, 341 ACAU2F	RPETU Secon	JAL (ge St	corpor.	ATE TE	Acco	ount		O ACF A		· PLI	CATIC	O
Affluence will contact the phave full access to operate Please complete the contact		e online I						men	t. Th	is pe	rson	will	also	
Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.	Adviser holds a power of attorney, a certified copy of							Po	Postcode:					
These contact details will be used for all correspondence.	Suburb:							Country:						
All investment communication is emailed.	Mobile phone: Home phone:													
	Email address:													
	How did you hear about	Affluence	?											

PART 4 - INVESTOR DET	AILS							
Please provide Super	Super Fund Name:							
Fund details.								
	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):							
		ıy (Go to part 6)						
	mainadats (60 to part 6)	y (oo to part o)						
PART 5 - INDIVIDUAL TF	RUSTEE DETAILS 01							
Please complete the Trustee	Title: Legal First N	ame:						
letails in full.								
	Middle names:	Legal last name:						
	Date of birth:	Country of citizenship:						
	Date of Birtin.	Country of clazenship.						
	Residential Address:							
	Street:	State: Postcode:						
	Suburb:	Country:						
	Mobile phone:	Home phone:						
	Email address:							
	Is this Trustee a sophisticated Investor for th	ne purpose of Chapter 6D of the Corporations Act						
	(2001) or a wholesale client for the purposes	s of Chapter 7 of the Corporations Act (2001)?						
	Yes No Unsur	re						
A beneficial owner is an ndividual who ultimately	Is this Trustee a beneficial owner?							
owns or controls 25% or nore of the Investor.	Yes No							
	Would you like this person to have access to	the Would you like this person to receive						
Read only access applies where the Trustee is not	investment in the Registry Investor Centre?	monthly fund updates via email?						
he primary contact for he investment.	Yes No	Yes No						

PART 5 - INDIVIDUAL TRI	JSTEE DETAILS 02					
Please complete the Trustee	Title:	Legal First Nam	ie:			
details in full.						
	Middle names:		Legal last r	name:		
	Date of birth:		Country of	citizenship:		
	Residential Address: Street:			State:	Postcode:	
	Suburb:			Country:		
	Mobile phone:		Home phon	ne:		
	Email address:					
	Is this Trustee a sophisticated (2001) or a wholesale client for Yes No					
A beneficial owner is an Individual who ultimately owns or controls 25% or more of the Investor.	Is this Trustee a beneficial own	ner?				
Read only access applies where the Trustee is not the primary contact for the investment.	Would you like this person to hinvestment in the Registry Inve		the Would you like this person to receive monthly fund updates via email? Yes No			
the investment.		Please go	to part 8.			
PART 6 - COMPANY TRUS	STEE 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 profi	t?	Is this a pul	blic company?		
	Registered Office Address: Street:			State:	Postcode:	
	Street:			State:	rosicode:	
	Suburb:			Country:		

ease complete the Director tails in full.	Title: Le	egal first name	:			
	Middle names:		Legal last na	me:		
	Date of birth:		Country of cit	tizenship:		
	Residential Address: Street:		<u> </u>	tate:	Postcode:	
) (
	Suburb:			Country:		
	Mobile phone:					
	Email address:					
beneficial owner is an Idividual who ultimately Wns or controls 25% or Hore of the Investor.	Is this Director a sophisticated In (2001) or a wholesale client for the Yes No					
	Is this Director a beneficial owner Yes No	r?				
ad only access applies ere the Director is not primary contact for investment.	Would you like this person to have				nvestor Centre?	
ne investment.	Would you like this person to rece	eive monthly fu	nd updates vi	ia email?		

PART 7 - DIRECTOR DET	AILS 02		
Please complete the Director details in full.	Title:	Legal first nam	e:
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:
	Mahilamhana		
	Mobile phone:		
	Email address:		
			purpose of Chapter 6D of the Corporations Act f Chapter 7 of the Corporations Act (2001)?
	Yes No	Unsure	
A beneficial owner is an			
Individual who ultimately owns or controls 25% or	Is this Director a beneficial ow Yes No	ner?	
more of the Investor.	Tes INO		
Read only access applies	Would you like this person to h	nave access to th	e investment in the Registry Investor Centre?
where the Director is not the primary contact for	Yes No		
the investment.	Would you like this person to r	receive monthly f	iund undates via email?
	Yes No	eceive monthly i	una apuates via emait:
PART 8 – ADVISER DETAI	LS		
If you use a financial adviser,	Adviser name:		
have them complete this section.	/ Comment		
section.	Email address:		
	Email address:		
	Licensed dealer name:		AFSL No.:
	Would you like your Adviser to	have access to w	our Would you like your Adviser to receive
	investment in the Registry Inve		monthly fund updates via email?
	Yes No		Yes No

PART 9 - TAX STATUS							
Ve are required to collect his information to satisfy egal requirements and to ensure correct amounts of withholding tax are deducted or 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 WITHDRAWA	AL PAYMENTS					
ou are required to	Would you like your	distributions reinvested into the Fund as	additional units?				
rovide Australian or New ealand bank account	Yes	No					
etails for electronic	Bank name and address:						
ayment of distributions nd withdrawals. Payment							
annot be made by cheque. If							
o bank account details are rovided, distributions may							
e automatically reinvested.	Account name:						
	BSB:	Account number (including s	suffix for NZ applicants):				
	Please ensure the BSB and account number are correct.						
PART 11 – ADDITIONAL I	NVESTMENT ENQL	JIRER					
you would like someone	Additional enquirer	name:					
ther than the primary ontact or your Adviser to							
e able to enquire about this	Relationship to Investor:						
nvestment, please provide s with their details here.	Retationship to hivestor:						
	Email address:						
	Would you like this p Investor Centre?	person to have read only access to the inv	vestment in the Registry				

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)	Signature B	Date (day / month / year)
Full name		Full name	
Title (e.g. Trustee, Director, So	le Director etc.)	Title (e.g. Trustee, Director et	c.)

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 Doc	cuments if required (refer to Part 1 and the Application Pack)?				
Send these items to:					
Mail:	Email:				
Affluence Funds Management Limited GPO Box 112	invest@affluencefunds.com.au				

WHAT HAPPENS NEXT?

Brisbane QLD 4001

- 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.

Individual Application Form



This Form is for one or more individuals who 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 IDE							
If you have not invested in	Has the applicant invested in an Affluence fund previo	ously?					
an Affluence fund previously, you must attach the required	Yes, Investor ID (SRN):						
certified identification documents.	No - For each individual who has not previously inves of an original driver's licence, passport or other the Application Pack for more detail on acceptal certification requirements.	· Identific	ation Doc	ument	. Ref	fer to	
PART 2 - INVESTMENT A	AMOUNT & PAYMENT DETAILS						
Minimum application is \$20,000 and thereafter multiples of \$1,000.	Investment amount: \$,		, 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	Please indicate which payment method you've used: Cheque > Made payable to: PERPETUAL CORPORATE Direct Deposit > Your Reference: Deposit funds to: Westpac, 341 George Street, Sydne		LIMITED	ACF AI	IT AF	PPLICA	TIONS
		•					
	BIC / Swift Code: WPACAU2F BSB: 032-016 Name: Perpetual Corporate Trust Limited ACF AIT A	pplication				_S)	
PART 3 - PRIMARY CON Affluence will contact the phave full access to operate Please complete the contact	Name: Perpetual Corporate Trust Limited ACF AIT A	OT BE A	ns ADVISEI	R DET	ΓΑΙΙ		lso
PART 3 - PRIMARY CON Affluence will contact the phave full access to operate Please complete the contact details in full. Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of	Name: Perpetual Corporate Trust Limited ACF AIT A TACT PERSON FOR THE INVESTMENT (MUST No primary contact person first for matters related to the ethe investment within the online Registry Investor Ce	OT BE A	ns ADVISEI	R DET	rson		
Affluence will contact the	Name: Perpetual Corporate Trust Limited ACF AIT A TACT PERSON FOR THE INVESTMENT (MUST No primary contact person first for matters related to the the investment within the online Registry Investor Co Preferred contact name(s): Postal address:	OT BE A e investrentre.	ADVISEI	R DET	rson	will a	
PART 3 - PRIMARY CON Affluence will contact the phave full access to operate 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	Name: Perpetual Corporate Trust Limited ACF AIT A TACT PERSON FOR THE INVESTMENT (MUST No primary contact person first for matters related to the the investment within the online Registry Investor Co Preferred contact name(s): Postal address: Street or PO Box: Suburb:	OT BE A e investrentre.	ADVISEI ment. Th	R DET	rson	will a	
PART 3 - PRIMARY CON Affluence will contact the phave full access to operate 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	Name: Perpetual Corporate Trust Limited ACF AIT A TACT PERSON FOR THE INVESTMENT (MUST No primary contact person first for matters related to the the investment within the online Registry Investor Co Preferred contact name(s): Postal address: Street or PO Box: Suburb:	or BE A e investrentre. St	ADVISEI ment. Th	R DET	rson	will a	

PART 4 - INVESTOR DETA	AILS 01						
Please provide all details for	Title:	Legal first nam	ie:				
he individual Investor.							
	Middle names:		Legal last name:				
	Date of birth:		Country of citizenship:				
	Residential Address:			_			
	Street:		State:	Postcode:			
	Suburb:		Country:				
	Mobile phone:		Home phone:				
	Email address:						
	TFN:						
	Is this Individual a sophisticated Investor for the purpose of Chapter 6D of the Corporations						
	Act (2001) or a wholesale clie	ent for the purpos	ses of Chapter 7 of the Corp	orations Act (2001)?			
	Yes No	Unsure					
Read only access applies where the Individual is	Would you like this person to	have access to th	ne investment in the Registi	ry Investor Centre?			
at the mains and a start	Yes No						

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

) No

not the primary contact for the investment.

Yes

PART 4 - INVESTOR DETA	AILS 02		
Please provide all details for he individual Investor.	Title:	Legal first nam	e:
Please complete an Additional			
Details form if there are additional individual nvestors.	Middle names:		Legal last name:
	Date of birth:		Country of citizenship:
	Residential Address: Street:		State: Postcode:
	Suburb:		Country:
	Mobile phone:		Home phone:
	Email address:		
	Email dudiess.		
	TFN:		
			ne purpose of Chapter 6D of the Corporations es of Chapter 7 of the Corporations Act (2001)?
Read only access applies	Would you like this person to h	ave access to the	e investment in the Registry Investor Centre?
where the Individual is not the primary contact or the investment.	Yes No		
or the investment.	Would you like this person to r	eceive monthly f	fund updates via email?
	Yes No		
PART 5 – ADVISER DETAI			
f you use a financial adviser, nave them complete this section.	Adviser name:		
	Email address:		
	Licensed dealer name:		AFSL No.:
	Election dedict flame.		AI SE NO
	Would you like your Adviser to investment in the Registry Inve		our Would you like your Adviser to receive monthly fund updates via email?
	Yes No		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 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:							
for foreign investors.	Name: Country of tax residency: TIN, GIIN or other Tax ID No.:							
PART 7 - DISTRIBUTION	AND WITHDRAWAL PAYMENTS							
You are required to provide Australian or New Zealand bank account details for electronic	Would you like your distributions reinvested into the Fund as additional units? Yes No Bank name and address:							
payment of distributions and withdrawals. Payment								
cannot be made by cheque. If no bank account details are								
provided, distributions may be automatically reinvested.								
ac dutomatically reminested.	Account name:							
	BSB: Account number (including suffix for NZ applicants):							
	Please ensure the BSB and account number are correct.							
PART 8 - ADDITIONAL IN								
If you would like someone other than the primary contact or your Adviser to	Additional enquirer name:							
be able to enquire about this	Relationship to Investor:							
investment, please provide us with their details here.	Retationship to investor:							
	Email address:							
	Ellialt duuless:							
	Would you like this person to have read only access to the investment in the Posistry							
	Would you like this person to have read only access to the investment in the Registry Investor Centre?							
	Yes No							

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 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)	Signature B	Date (day / month / year)
Full name		Full Name	
Signature C	Date (day / month / year)	Signature D	Date (day / month / year)
Full name		Full name	

					IST

Have you:	
Completed and signed this application form	?
Attached a cheque or arranged a payment for	or the full application amount?
Attached certified copies of Identification Do	cuments if required (refer to Part 1 and the Application Pack)?
Send these items to:	
Mail:	Email:
Affluence Funds Management Limited GPO Box 112	invest@affluencefunds.com.au

WHAT HAPPENS NEXT?

Brisbane QLD 4001

- 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.

Trust 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.

PART 1 - INVESTOR IDE	NTIFICATION												
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 individ please attach a Identification Do Identification Do	certified c ocument. I	opy of a Refer to	n origir the Ap _l	nal drive olication	's lice Pack	nce, p for m	assp	ort o	othe	er	ıle	
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	Please indicate which p	ayment m	ethod y	ou've	used:								
ensure your name is included	Cheque > Made paya	ble to: PEf	RPETUA	L CORF	PORATE	TRUS	ΓLIMI	TED	ACF A	AIT A	PPLIC	ΔTIO	NS
in the application payment reference. Units will not be	Direct Deposit > Your	Reference	e:										
allocated if the application payment cannot be identified	Deposit funds to: We	stpac, 341	George	Street	, Sydney								
and matched.	BIC / Swift Code: WF	ACAU2F	BS	B: 032-	016	Acc	count	No.:	66312	20			
	Name: Perpetual Co												
Affluence will contact the have full access to operate Please complete the contact		ie online					tmen	t. Th	is pe	rson	will a	also	
details in full.													
Adviser details are not acceptable unless your	Postal address:												
Adviser holds a power of attorney, a certified copy of	Street or PO Box:					Ç	State:			Po	stcod	9:	
which must be provided.													
These contact details will be used for all correspondence.	Suburb:						Count	∩y:					
All investment													
communication is emailed.	Mobile phone				∐omo.	phone							
	Mobile phone:				поше	p	•						
	Mobile priorie:					Pilone	:=						
	Email address:				Tione	prioric							
					nome	prioric							
		Affluence	e?		Tiome								
	Email address:	Affluence	a?			prioric							

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)					

PART 5 - INDIVIDUAL TRUSTEE DETAILS 01 Please complete the Trustee Title: Legal First Name: details in full. 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 Unsure Is this Trustee a beneficial owner? Individual who ultimately Yes No more of the Investor. Would you like this person to have access to the investment in the Registry Investor Centre? Read only access applies Yes

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

No

A beneficial owner is an owns or controls 25% or

where the Trustee is not the primary contact for the investment.

Yes

ease complete the Trustee tails in full.	Title: Legal F	irst Name:					
ease complete an Additional							
tails form if there are ditional Trustees.	Middle names:	Legal last name:					
	Date of birth:	Country of citizenship:					
	Residential Address: Street:	State: Postcode:					
	Suburb:	Country:					
	Mobile phone:	Home phone:					
	Email address:						
		for the purpose of Chapter 6D of the Corporations Ac					
		poses of Chapter 7 of the Corporations Act (2001)? Unsure					
peneficial owner is an							
dividual who ultimately ons or controls 25% or	Is this Trustee a beneficial owner?						
ore of the Investor.	Yes No						
ad only access applies	Would you like this person to have access to the investment in the Registry Investor Centre?						
Read only access applies where the Trustee is not	Yes No						

PART 6 - COMPANY TRUS	TEE DETAILS							
Please complete the Company details in full.	Registered company name:							
details in futt.								
	Country where the business is regis	tered:	ACN:					
	Is this a charity or not for profit? Yes No		Is this a pu	ublic company?				
	Registered office address: Street:			State:	Postcode:			
	Suburb:			Country:				
	Company Trustee principal place of	business (i	f different f	rom registered of	fice):			
PART 7 - DIRECTOR DETA	ILS 01							
Please complete the Director details in full.	Title: Lega	l first name	e:					
	Middle names:		Legal last	name:				
	Date of birth:		Country of	f 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 Inves Chapter 6D of the Corporations Act for the purposes of Chapter 7 of the Yes No	2001) or a	wholesale o	client benef	s Director a icial owner?			
Read only access applies where the Director is not the primary contact for the investment.	Would you like this person to have a investment in the Registry Investor			Would you like thi monthly fund upd	s person to receive ates via email?			

lease complete the Director	Title:	Legal first na	ame:
etails in full.			unic.
lease complete an Additional etails form if there are dditional Directors.	Middle names:		Legal last name:
aditional Directors.			
	Date of birth:		Country of citizenship:
	Residential Address: Street:		State: Postcode:
	Street.		State. 1 Ustcode.
	Suburb:		Country:
	Mobile phone:		
	Email address:		
		ient for the purposes	the purpose of Chapter 6D of the Corporations A is of Chapter 7 of the Corporations Act (2001)?
beneficial owner is an dividual who ultimately	Is this Director a benefic	cial owner?	
wns or controls 25% or ore of the Investor.	Yes No		
ead only access applies here the Director is not e primary contact for	Would you like this pers		o the investment in the Registry Investor Centre?
e investment.	Would you like this pers Yes No		ily fund updates via email?
PART 8 – ADVISER DETA	ILS		
you use a financial adviser, ave them complete this	Adviser name:		
ection.			
	Email address:		
	Licensed dealer name:		AFSL No.:
	Would you like your Advi		Would you like your Adviser to recei monthly fund updates via email?
	Yes No		monthly fully updates via efficient:

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.	residents of a country other the	uding Trustees, Directors or beinan Australia for tax purposes? Ind we may require you to provide a Country of tax residency:					
PART 10 - DISTRIBUTION	I AND WITHDRAWAL PAYM	FNTS					
You are required to provide Australian or New Zealand bank account details for electronic payment of distributions		ons reinvested into the Fund as a	additional units?				
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 II	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:						
	Elliait addi ess:						
	Would you like this person to Investor Centre? Yes No	have read only access to the invo	estment in the Registry				

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.

Signature Signature A Date (day / month / year) Full name Full name Title (e.g. Trustee, Director-Trustee Company) Title (e.g. Trustee, Director-Trustee Company) WHAT HAPPENS NEXT?

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:

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.

Company
Application Form



This Form is for Companies 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 IDE	NTIFICATION												
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 benefi a certified copy Refer to the App and certification	of an origina olication Pac	ıl driver' k for mo	s licence	e, pass	port	or oth	ner lo	Ientifi	icatio	n [Docum	ent.
PART 2 - INVESTMENT	AMOUNT & PAYMENT [DETAILS											
Minimum application is \$20,000 and thereafter multiples of \$1,000.	Investment amount:	\$,			,	0	0	0	I	. 0	0
For direct deposits, please	Please indicate which p	ayment me	hod you	ı've use	d:								
ensure your name is included	Cheque > Made paya	ble to: PERF	ETUAL	CORPOR	ATE T	RUST	LIMI	TED	ACF /	AIT A	PP	LICATI	ONS
in the application payment reference. Units will not be	Direct Deposit > Your	Reference:											
allocated if the application payment cannot be identified	Deposit funds to: We	stpac, 341 G	eorge S	treet, Sy	dney								
and matched.	BIC / Swift Code: WF Name: Perpetual Co			032-016				No.:	6631	20			
	·	•											
Affluence will contact the have full access to operate Please complete the contact		ie online R					men	t. Th	is pe	ersor	า W	ill als	0
details in full.													
Adviser details are not acceptable unless your	Postal address:												
Adviser holds a power of	Street or PO Box:					S	tate:			Po	ost	code:	
attorney, a certified copy of which must be provided.													
These contact details will be used for all correspondence.	Suburb:					C	ount	ry:					
All investment													
communication is emailed.	Mobile phone:			Н	me pl	hone:	:						
	Email address:												
	How did you hear about	Affluence?											

Please provide the Company details in full.	Registered Company name:							
	In which country was the Company established?							
	Australia OR Another Country:							
	ABN or ACN:							
	TFN:							
	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:							
	Company principal place of business (if different from registered office):							
Select any items which apply to the company and provide	Company licensed by Australian Regulator Licence details:							
he required information.	ASX listed or subsidiary of ASX listed entity ASX Code:							
	Public company							

PART 5 – DIRECTOR DET	AILS 01							
Please complete the Director letails in full.	Title: Leg	al first name:						
	Middle names:	Legal last name:						
	Date of birth:	Country of citizenship:						
	Residential Address: Street:	State:	Postcode:					
	Street.	State.	1 ostcode.					
	Suburb:							
	Mobile phone:							
	mobile priorie:							
	Email address:							
	2							
	1 5:							
	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						
n beneficial owner is an ndividual who ultimately owns or controls 25% or	Is this Director a beneficial owner?							
nore of the Investor.	Yes No							
Read only access applies where the Director is not he primary contact for	Would you like this person to have access to the investment in the Registry Investor Centre? Yes No							
he investment.	Would you like this person to receiv	re monthly fund updates via email?						
	Yes No	, ,						

DARTE BIRECTOR DETA							
PART 5 - DIRECTOR DETA	AILS UZ						
Please complete the Director details in full.	Title:	Legal first name	e:				
Please complete an Additional Details form if there are additional Directors.	Middle names:		Legal last name:				
	Middle Hames.		Legat tast name.				
	Date of birth:		Country of citizenship:				
	Residential Address: Street:		State:	Postcode:			
	Siteet.		State.	1 ostcode.			
	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	f Chapter 7 of the Corporation				
	Yes No	Unsure					
A beneficial owner is an ndividual who ultimately owns or controls 25% or more of the Investor.	Is this Director a beneficial Yes No	owner?					
Read only access applies where the Director is not	Would you like this person t	o have access to the	e investment in the Registry I	nvestor Centre?			
the primary contact for the investment.	Would you like this person t	o receive monthly f	und updates via email?				
	Yes No						
PART 6 - ADVISER DETAI	ıs						
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 investment in the Registry I		monthly fund updat	es via email?			
	Yes No		Yes	No			

PART 7 - 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 beneficial owners or Directors) 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 8 - DISTRIBUTION	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 9 - ADDITIONAL IN	VESTMENT ENQUIRER					
If you would like someone	Additional enquirer name:					
other than the primary contact or your Adviser to						
be able to enquire about this investment, please provide us with their details here.	Relationship to Investor:					
us with their detaits here.						
	Email address:					
	Would you like this person to have read only access to the investment in the Registry Investor Centre?					
	Yes No					

PART 10 - 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:

Signatures.	
Signature A Date (day / month / year)	Signature B Date (day / month / year)
Full name	Full name
Title (e.g. Director, Sole Director etc.)	Title (e.g. Director, Secretary etc.)
PART 11 - CHECKLIST	WHAT HAPPENS NEXT?
Have you: Completed and signed this application form? Attached a cheque or arranged a payment for the full	 Application forms, funds and identification documents must be received by the 25th of each month to be accepted for that month.
application amount?	We will contact you if further information is

Send these items to:

Affluence Funds Management Limited GPO Box 112, Brisbane QLD 4001

Email:

Attached certified copies of Identification Documents if

required (refer to Part 1 and the Application Pack)?

invest@affluencefunds.com.au

Affluence Income Trust - Application Pack

required. Once all information is received, we will

month. We will email you a statement confirming your investment by the 10th of the following month.

email you a confirmation of receipt.

Units are issued as at the 1st of the following

Additional Details

Application Form



Please use this form to provide details if there are more than two Trustees, Directors, Individuals or Beneficial Owners for an Investment.

Is this applicant a:			
Trustee Directo	or Individ	Jual Beneficial Ow	ner
If Trustee or Director, are the No	ney a beneficial ov	vner?	
If an Individual, please prov	ide TFN:		
Title:	Legal first nan	ne:	
Middle names:		Legal last name:	
Date of birth:		Country of citizenship:	
Residential Address: Street:		State:	Postcode:
Suburb:		Country:	
Mobile phone:		Home phone:	
Email address:			
le this Entity a conhisticator	Unvector for the n	ourness of Chapter 4D of th	o Cornorations Ast
(2001) or a wholesale client	for the purposes	of Chapter 7 of the Corpora	ations Act (2001)?
Yes No	Unsure	2	
Would you like this person t	o have access to t	he investment in the Regis	try Investor Centre
	If an Individual, please prov Title: Middle names: Date of birth: Residential Address: Street: Suburb: Email address: Is this Entity a sophisticated (2001) or a wholesale client Yes No Would you like this person to	If an Individual, please provide TFN: Title: Legal first nar Middle names: Residential Address: Street: Suburb: Email address: Is this Entity a sophisticated Investor for the process of the policy of the purposes of the purpose of	If an Individual, please provide TFN:

Additional Details

Application Form



Please use this form to provide details if there are more than two Trustees, Directors, Individuals or Beneficial Owners for an Investment.

applicant a: ustee Director stee or Director, are they ndividual, please provide		ner?		
stee or Director, are they s No ndividual, please provide	y a beneficial own	ner?		
stee or Director, are they s No ndividual, please provide	y a beneficial own	ner?		
stee or Director, are the	y a beneficial own	ner?		
ndividual, please provide	e TFN:			
		e:		
e names:	Legal first nam	e:		
e names:	Legal first nam	e:		
e names:				
e names:				
		Legal last name:		
of birth:		Country of citizenship:		
		State: Postcode:		
0:		Country:		
phone:		Home phone:		
address:				
Is this Entity 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)?				
	Unsure			
Lyou like this manage to	hava agg t- t-	a investment in the Desister Investor Contr		
	nave access to the	e investment in the Registry investor Centr		
	receive monthly f	und updates via email?		
	ential Address: b: e phone: address: Entity a sophisticated In or a wholesale client for No I you like this person to the No I you like this person to the No	ential Address: e phone: address: Entity a sophisticated Investor for the purposes of the p		



Affluence Funds Management Level 22, 127 Creek Street, Brisbane QLD 4000 GPO Box 112, Brisbane QLD 4001