Target Market Questions



The following questions assist Affluence Funds Management Limited (Affluence) in meeting its regulatory obligations by enabling it to assess whether the Affluence Investment Fund (Fund) is being offered to the stated target market.

If you answer yes to either PART 1 or PART 2, you will not need to complete the remaining questions.
Investor Name / Entity:
PART 1: Financial advice
Have you received current personal financial advice in relation to this application to invest in the Fund?
Yes - please ensure Adviser Details section of the Application is completed in full. Nothing further is required.
No - Please continue to PART 2.
PART 2: Investor status
Are you investing \$500,000 or more, or are you a Wholesale Client?
MORE INFORMATION
What is a wholesale client? A wholesale client is defined in the Corporations Act and includes an investor with net assets of greater than \$2,500,000 or an annual taxable income of \$250,000 or greater (as certified by a qualified accountant) or who invests more than \$500,000.
Yes - I am/We are a Wholesale Client. Please provide a copy of your Accountant's Certificate with this completed application. Nothing further is required. No - I am/We are not a Wholesale Client. Please complete PART 3 below.
Tany ive are not a vinistesate edent. I talso complete vinit e seem
PART 3: Target Market Questionnaire
01: What is your primary investment objective in applying to invest in the Fund? (tick one option only)
MORE INFORMATION
What is capital growth? Capital growth is the increase in the principal value (i.e. increase in the unit price) of an investment over time due to an increase in value of the Fund's underlying assets. Capital growth does not mean the increase in value of your investment as a result of reinvesting the income distributions.
What is capital preservation? Capital preservation in an investment is an investment in which there is lower volatility in the change of principal value (i.e. change in the unit price) and the risks of capital loss (i.e. devaluation of investment) are actively managed, although capital is not guaranteed so a loss may still be suffered.
What is capital guaranteed? A capital guaranteed investment is an investment in which the investor's principal is shielded from any loss of value over time.
What is an income distribution? An income distribution is the periodic payment of income from the Fund's assets to its investors.
Capital growth Capital preservation Capital guaranteed Income distributions

PART 3: Target Market Questionnaire

02: What percentage of your total investable assets, excluding your residential home, do you intend to allocate to the Fund?
MORE INFORMATION
What are investable assets? Investable assets are the financial resources you have available for investment purposes, excluding your primary residence and the money you need for daily living expenses; for example, bills and mortgage payments.
Less than or equal to 75%, More than 75% Prefer not to say
03: Which of the following best describes your tolerance for loss of your CAPITAL that is invested in the Fund (having regard to your response to question 1 above):
MORE INFORMATION
What is capital loss?
Capital loss is the decrease in value of an investment over time.
None – For my/our investment in the Fund, I/we cannot afford to lose any capital.
Low to Medium – For my/our investment in the Fund, I/we accept that I/we could lose some capital.
High – For my/our investment in the Fund, I/we accept that I/we could lose a substantial portion of my/our capital.
04: DISTRIBUTIONS are subject to risks, including economic and market risk. Accordingly, there are circumstances where distributions from the Fund may be reduced, delayed or, in exceptional circumstances, not paid at all. If distributions are materially reduced or delayed, would you be able to meet your ongoing financial obligations and commitments?
Yes No
05: What is your intended timeframe for investing in the Fund?
MORE INFORMATION The Fund aims to achieve its investment objectives over three years and longer, and it may not be appropriate if your expected investment period is shorter than three years.
Years

	ays after the end of the month. However, this is not u may have to wait longer to redeem your investment.
Yes No	
By completing and submitting this Target Market Affluence that:	t Questionnaire I/We warrant and confirm to
(a) all of the responses and information I/we have prosupporting documentation I/we have provided) are(b) I/we have received, read and understood the PDS.	vided in this Target Market Questionnaire (including any true, correct and complete;
I/We acknowledge and agree in favour of Affluen	nce that:
(a) nothing in this Target Market Questionnaire constited Information's sections are for general information p(b) Affluence recommends that I/we obtain appropriated Fund and our completion of the Target Market Question	purposes only; se professional advice in respect of our investment in the
Signatures:	
Signature A Date (day / month / year)	Signature B Date (day / month / year)
Full name	Full name

Self Managed Super Fund

Application Form



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

Complete this form using **BLACK INK** and write clearly within the boxes in **CAPITAL LETTERS**. Mark appropriate answer **boxes with a cross (X)**. You should read the PDS for the Fund in full before completing this Application Form.

If you have any questions, contact Affluence on 1300 233 583, +61 7 3532 4076 or invest@affluencefunds.com.au.

PART 1 - INVESTOR IDEN	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 member a certified copy of Refer to the Appl and certification	f an .icati	original d on Pack fo	river's or mo	s lice	nce, pass	port o	or oth	er Ic	lentifi	catio	n Docu	ımen	nt.
PART 2 - INVESTMENT A	MOUNT & PAYMENT D	ET/	AILS											
Minimum application is \$20,000 and thereafter multiples of \$1,000.	Investment amount:	\$,			,	0	0	0	-	0	0
For direct deposits, please ensure your name is included in the application payment	cluded Cheque > Made payable to: PERPETUAL CORPORATE TRUST LIMITED ACF AIF				AIF AI	PPLICA	IOITA	NS						
reference. Units will not be allocated if the application payment cannot be identified and matched.	Deposit Funds to: Wes BIC / Swift Code: WPA Name: Perpetual Corp	tpac ACAL	:, 341 Geor	BSB:	032-	000			No.:	92430	65			
PART 3 - PRIMARY CONT	ACT PERSON FOR THE	IN	VESTME	NT	(MU	ST NOT	BE	ADV	ISE	R DE	TAI	_S)		
Affluence will contact the p have full access to operate								men	t. Th	is pe	rson	will a	lso	
Please complete the contact details in full.	Preferred contact name(s):												
Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.	Postal address: Street or PO Box:						Si	tate:			Po	stcode):	
These contact details will be used for all correspondence.	Suburb:							ountr	·y:					
All investment communication is emailed.														
communication is emailed.	Mobile phone:					Home p	hone:							
	Email address:													
	How did you hear about A	٩fflu	ence?											

PART 4 - INVESTOR DET	AILS				
Please provide Super	Super Fund Name:				
Fund details.					
	Super Fund ABN:				
	Super Fund TFN:				
	Super ruliu ir iv.				
	La cubiaba a cunta cunta tha Fara da cababiaba da				
	In which country was the Fund established?				
	Australia OR Another country:				
	Is the Trustee for this Fund a (tick one):				
	Individuals (Go to part 5) Company	(Go to part 6)			
PART 5 - INDIVIDUAL TR	RUSTEE DETAILS 01				
Please complete the Trustee details in full.	Title: Legal First Na	ime:			
	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	e purpose of Chapter 6D of the Corporations Act			
	(2001) or a wholesale client for the purposes				
	Yes No Unsure				
A beneficial owner is an Individual who ultimately	Is this Trustee a beneficial owner?	Would you like this person to have			
owns or controls 25% or more of the Investor.	Yes No	access to the investment in the Registry Investor Centre?			
	If this Trustee is a Beneficial owner please	Yes No			
Read only access applies where the Trustee is not the primary contact for the investment.	select the Source of Investment Funds:	Would von like this war to a .			
	Gainful employment Inheritance / g Business activity Financial inve	manthly fund undates via amail?			
	Superannuation saving Other	Yes No			

PART 5 - INDIVIDUAL TRI	JSTEE DETAILS 02						
Please complete the Trustee details in full.	Title:	Legal First Name:					
	Middle names:	L	Legal last name:				
	Date of birth:	C	Country of citizenship:				
	Residential Address:						
	Street:		State: Postcode:				
	Suburb:		Country:				
	Mobile phone:	H	ome 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)?						
	(2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)? Yes No Unsure						
A beneficial owner is an Individual who ultimately	Is this Trustee a beneficial own	ier?	Would you like this person to have access to the investment in the				
owns or controls 25% or more of the Investor.			Registry Investor Centre?				
	If this Trustee is a Beneficial or select the Source of Investmen		Yes No				
Read only access applies where the Trustee is not	Gainful employment	Inheritance / gift	Would you like this person to receive				
the primary contact for the investment.	Business activity	Financial investme	monthly fund updates via email? Yes No				
	Superannuation saving	Other					
		Please go to	p part 8.				
PART 6 - COMPANY TRUS	STEE DETAILS						
Please complete the Company details in full.	Registered company name:						
	Country where the business is	registered: A	CN:				
	,						
	Is this a charity or not for profi	+? ls	s this a public company?				
	Yes No	(: 15	Yes No				
	Registered Office Address: Street:		State: Postcode:				
	Suburb:		Country:				

PART 7 - DIRECTOR DETA	AILS 01					
Please complete the Director details in full.	Title:	Legal first name:				
	Middle names:	,	Legal last name:			
	Date of birth:		Country of citizenship:			
	Residential Address: Street:		State:	Postcode:		
	Suburb:		Country:			
	Mobile phone:					
	Email address:					
	La thia Dissator a conhistinate d	luvestan fan tha n		the Commonstions Act		
	Is this Director 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 Director a beneficial ow	ner?	Would you like to access to the in Registry Investo			
Read only access applies	If this Director is a Beneficial o select the Source of Investmen		Yes	No		
where the Director is not the primary contact for the investment.	Gainful employment Business activity Superannuation saving	Inheritance / gift Financial investm Other	monthly fund u	this person to receive odates via email?		

PART 7 - DIRECTOR DET	AILS 02		
Please complete the Director details in full.	Title:	Legal first name:	
Please complete an Additional			
Details form if there are additional Directors.	Middle names:	Legal	last name:
additional Directors.			
	Date of birth:	Countr	ry of citizenship:
	Residential Address:		
	Street:		State: Postcode:
	Suburb:		Country:
	Mobile phone:		
	Email address:		
	Is this Director a conhisticated	Investor for the nurness	e of Chapter 6D of the Corporations Act
			r 7 of the Corporations Act (2001)?
	Yes No	Unsure	
A beneficial owner is an Individual who ultimately	Is this Director a beneficial own	ner?	Would you like this person to have
owns or controls 25% or	Yes No		access to the investment in the Registry Investor Centre?
more of the Investor.	If this Director is a Beneficial o	wner please	Yes No
Read only access applies where the Director is not	select the Source of Investmen		
the primary contact for the investment.	Gainful employment Business activity	Inheritance / gift Financial investments	Would you like this person to receive monthly fund updates via email?
the myestment.	Superannuation saving	Other	Yes No
)	ı
PART 8 - ADVISER DETAI	II S		
If you use a financial adviser,	Adviser name:		
have them complete this	Auvisei ilailie:		
section.			
	Email address:		
	Licensed dealer name:	AFSL I	No.:
	Would you like your Adviser to	have access to vour	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					
We are required to collect this information to satisfy egal requirements and to ensure correct amounts of withholding tax are deducted	residents of a country Yes	nts (including Trustees, Directors or be other than Australia for tax purposes? No Dowing and we may require you to provide a			
or foreign Investors.	Name:	Country of tax residency:	TIN, GIIN or other Tax ID No.:		
PART 10 - DISTRIBUTION	N AND WITHDRAWAL	. PAYMENTS			
ou are required to	Would you like your dis	stributions reinvested into the Fund as	additional units?		
rovide Australian or New Zealand bank account	Yes	No			
letails for electronic	Bank name and addres	SS:			
ayment of distributions and withdrawals. Payment					
annot be made by cheque. If no bank account details are					
rovided, distributions may					
e automatically reinvested.	Account name:				
	BSB:	Account number (including s	uffix for NZ applicants):		
	Pleas	se ensure the BSB and account numb	per are correct.		
DART 44 ARRITIONAL	NIVECTMENT ENGLIS	250			
PART 11 – ADDITIONAL I					
f you would like someone other than the primary	Additional enquirer na	me:			
ontact or your Adviser to					
ne able to enquire about this notes nvestment, please provide	Relationship to Investo	or:			
us with their details here.					
	Email address:				
	Would you like this per	rson to have read only access to the inv	estment in the Registry		
	Investor Centre?	Son to have read only access to the liv	estiment in the Registry		
	Yes	No			

PART 12 - DECLARATION AND SIGNATURES

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

- I have received, read and understood the PDS dated 30 September 2022 to which this Application Form applies and the TMD current at the date of signing this Application Form and have received and accepted the offer to invest in Australia or New Zealand. I agree to be bound by the PDS and the Constitution (each as amended from time to time).
- The information contained in the PDS and TMD does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs.
- None of AFM or any other person guarantees the repayment of the amount invested in the Fund, the performance of, nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. All details provided in this Application Form are true and correct and I am over the age of 18 years. I indemnify AFM against any liabilities whatsoever arising from acting on any information I provide in connection with this application. If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
- In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the investment will be held as joint tenants and either Investor is able to operate the account and bind the other Investor for future transactions.
- I acknowledge that AFM may be required to pass on information about me to comply with AML / CTF, FATCA and CRS requirements. I will provide AFM with all additional information and assistance AFM may request in order for AFM to comply with AML / CTF, FATCA and CRS requirements. I am not aware and have no reason to suspect the monies used to fund my investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other illegal activities under applicable laws or regulations. I am not a politically exposed person or organisation for the purposes of AML / CTF laws.
- I have read and understood the 'Privacy Statement' in the PDS. Unless I inform AFM otherwise, I consent to all uses of my personal information contained under that heading.
- AFM and the Registry may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons. AFM and the Registry are authorised to accept and act upon any instructions in respect of this application and the investment to which it relates given by me by facsimile. I indemnify AFM and the Registry against any loss arising as a result of any of them acting on facsimile instructions.
- AFM reserves the right to reject any application and AFM is released and indemnified in respect of any loss or liability arising from its rejection of an application for any reason.
- If I nominate an adviser, then I acknowledge that AFM or the Registry may supply my adviser or their AFSL holder with information about my investment unless I instruct AFM not to do so.
- I confirm my answers to the Target Market Questions completed with this Application Form are correct.

Signatures:

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 Documents if required (refer to Part 1 and the Application Pack)?				
Attached a copy of your Accountant's Certificate if you answered Yes – I am / We are a Wholesale Client in Part 2 of the Target Market Questions.				
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.