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	12-19
Individual and Joint	Individual	20-25
Trusts, including minors and deceased estates	Trust	26-33
Australian Companies	Company	34-39



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	luencefunds.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	10UNT & 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 Loce: 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 Fund and I under Power of the Fund and I under Power of the PDS and the Power of the PDS and the PDS	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 induction with this application. If this ape power. In application and AFM is released reason. Equired to pass on information abortion and assistance AFM may there are asson to suspect the more application of the application and assistance AFM may there are asson to suspect the more asson.	to which this Application Form appli offer to invest in Australia or New Ze nancial product advice or a recomm mount invested in the Fund, the perf in the Fund. demnify AFM against any liabilities we oplication is signed under Power of A and indemnified in respect of any lost ut me to comply with AML / CTF, FAT request in order for AFM to comply	ealand. I agree to be bound by the endation that the Fund is suitable formance of nor any particular whatsoever arising from acting on actorney, I declare that I have not ass or liability arising from its TCA and CRS requirements. I will with AML / CTF, FATCA and CRS he Fund have been or will be derived	
Signature A Full name: Title (e.g. Director, Sole Director)	Date (day / month / year): Tetc.):	Signature B Full name: Title (e.g. Director, Sole Director)	Date (day / month / year): tor 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

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 **certified**, 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



The following questions assist Affluence Funds Management Limited (Affluence) in meeting its regulatory obligations by enabling it to assess whether the Affluence Income Trust (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.
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.
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
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 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

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 50% 51% 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 – For my/our investment in the Fund, I/we accept that the value of my investment can fluctuate, I/we could lose a small amount of capital, particularly if I invest for a shorter period than 3 years.
Medium – For my/our investment in the Fund, I/we accept that the value of my investment can fluctuate, I/we could lose some capital, particularly if I invest for a shorter period than 3 years.
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 one to three years and longer, and it may not be appropriate if your expected investment period is shorter than one year.
Years

06: The Fund generally processes withdrawals monthly. Withdrawal requests received by the 25th day of the month will usually be paid approximately ten days after the end of the month. However, this is not guaranteed and in some limited circumstances, you may have to wait longer to redeem your investment. Would you be able to meet your ongoing financial obligations and commitments having regard to this timeframe for accessing your capital?				
Yes No				
By completing and sub Affluence that:	mitting this Target Marke	t Questionnaire I/We war	rant and confirm to	
 (a) all of the responses and information I/we have provided in this Target Market Questionnaire (including any supporting documentation I/we have provided) are true, correct and complete; (b) I/we have received, read and understood the PDS. 				
I/We acknowledge and	agree in favour of Affluer	nce that:		
Information' sections (b) Affluence recommend	Market Questionnaire constiture are for general information per that I/we obtain appropriation of the Target Market Que	ourposes only; e professional advice in res	Affluence and the 'More pect of our investment in the	
Signatures:				
Signature A	Date (day / month / year)	Signature B	Date (day / month / year)	
Full name		Full name		

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	TIFICATION		
These details can be found on the holding statement attached to your initial investment confirmation email.	I confirm the details of this investment entity remain unchanged. Investor ID (SRN): Investor name (Example: "John Smith" or "John Smith ATF John R Smith Super Fund"):		
PART 2 - INVESTMENT A	MOUNT & 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.	Please indicate which payment method you've used: Cheque > Made payable to: PERPETUAL CORPORATE TRUST LIMITED ACF AIT APPLICATIONS Direct Deposit > Your Reference: Deposit funds to: Westpac, 341 George Street, Sydney BIC / Swift Code: WPACAU2F BSB: 032-016 Account No.: 663120 Name: Perpetual Corporate Trust Limited ACF AIT Applications		
PART 3 - DISTRIBUTION A	AND WITHDRAWAL PAYMENTS		
You are required to provide Australian or New Zealand bank account details for electronic payment of distributions and withdrawals. Payment cannot be made by cheque. If no bank account details are provided, distributions may be automatically reinvested.	Would you like your distributions reinvested into the Fund as additional units? Yes No Bank name and address: Account name:		
	BSB: Account number (including suffix for NZ applicants):		
	Please ensure the BSB and account number are correct.		
PART 4 – ADVISER DETAI	LS		
If you use a financial adviser, have them complete this section.	Adviser name:		
	Email address:		

PART 4 - ADVISER DETAII	LS (CONTINUED)			
	Licensed dealer name: Would you like your Adviser to have access to y investment in the Registry Investor Centre? No	ould you like y	our Adviser to ro dates via email?	
PART 5 - DECLARATION A	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 Direct	or 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 Documents and certification requirements.						cume	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 pure of the property of the payable of	Reference stpac, 341 ACAU2F	PETU :: Georg	AL C	reet, Syd	ATE TE	Acco	ount		O ACF A		· PLI	CATIC	0
Affluence will contact the phave full access to operate Please complete the contact details in full.		e online F						men	t. Th	is pe	rson	will	l also	
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:						St	ate:			Pos	stco	de:	
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:						
	Super ruliu i riv:						
	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	Title: Legal First Na	me:					
details in full.							
	Middle names:	Legal last name:					
	Date of birth:	Country of citizenship:					
) [
	Residential Address:						
	Street:	State: Postcode:					
	Suburb:	Country:					
	Mobile phone:	Home phone:					
	Email address:						
	Littalt address:						
	Is this Trustee a sophisticated Investor for the (2001) or a wholesale client for the purposes (e purpose of Chapter 6D of the Corporations Act of 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 Trustee a beneficial owner?	Would you like this person to have access to the investment in the					
more of the Investor.	Yes No	Registry Investor Centre?					
Read only access applies	If this Trustee is a Beneficial owner please select the Source of Investment Funds:	Yes No					
where the Trustee is not the primary contact for	Gainful employment Inheritance / g	Would you like this person to receive					
the investment.	Business activity Financial inves	monthly fund updates via email?					
	Superannuation saving Other	Yes No					

Middle names: Legal last name: Date of birth: Country of citizenship: Residential Address: Street: 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] or a wholesale client for the purposes of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 6D of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 7 of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 6D of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 6D of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 6D of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 6D of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 6D of the Corporations Act [2001] or a wholesale client for the purpose of Chapter 6D of the Corporations Act [2001] or a wholesale client for the purpose of Chapt	PART 5 - INDIVIDUAL TR	USTEE DETAILS 02								
Middle names: Legal last name:	Please complete the Trustee	Title:	Legal First Name:	ne:						
Date of birth: Country of citizenship: Residential Address: Street: Street: Suburb: Country: Mobile phone: Home phone: Email address: 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] or a wholesale client for the purposes of Chapter 7 of the Corporations Act [2001]? Yes No Unsure Is this Trustee a beneficial owner? Nes No Unsure Is this Trustee a beneficial owner please select the Source of Investment Funds: Read only access applies where the Trustee is not the primary contact for the investment. Gainful employment Inheritance / gift Superannuation saving Other Please go to part 8. PART 6 - COMPANY TRUSTEE DETAILS Registered company name: Country where the business is registered: ACN:	details in full.									
Residential Address: Street: State: Postcode: Suburb: Country: Mobile phone: Home phone: Email address: Is this Trustee a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)? Yes No Unsure Is this Trustee a beneficial owner? Is this Trustee a beneficial owner? If this Trustee is a Deneficial owner please select the Source of Investment Funds: Gainful employment Inheritance / glift Business activity Financial investments Superannuation saving Other Please complete the Company details in full. PART 6 - COMPANY TRUSTEE DETAILS Registered: Country where the business is registered: ACN:		Middle names:	Leg	gal last name:						
Residential Address: Street: State: Postcode: Suburb: Country: Mobile phone: Home phone: Email address: Is this Trustee a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)? Yes No Unsure Is this Trustee a beneficial owner? Is this Trustee a beneficial owner? If this Trustee is a Deneficial owner please select the Source of Investment Funds: Gainful employment Inheritance / glift Business activity Financial investments Superannuation saving Other Please complete the Company details in full. PART 6 - COMPANY TRUSTEE DETAILS Registered: Country where the business is registered: ACN:										
Street: State: Suburb: Country: Mobile phone: Home phone: Email address: Is this Trustee a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)? Yes No Unsure Is this Trustee a beneficial owner? Yes No Unsure Is this Trustee a beneficial owner? If this Trustee is a Beneficial owner please select the Source of Investment Funds: Read only access applies where the Trustee is not the primary contact for the investment. Superannuation saving Other Please go to part 8. PART 6 - COMPANY TRUSTEE DETAILS Please complete the Company details in full. Country where the business is registered: ACN:		Date of birth:	Cou	untry of citizenship:						
Street: State: Suburb: Country: Mobile phone: Home phone: Email address: Is this Trustee a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)? Yes No Unsure Is this Trustee a beneficial owner? Yes No Unsure Is this Trustee a beneficial owner? If this Trustee is a Beneficial owner please select the Source of Investment Funds: Read only access applies where the Trustee is not the primary contact for the investment. Superannuation saving Other Please go to part 8. PART 6 - COMPANY TRUSTEE DETAILS Please complete the Company details in full. Country where the business is registered: ACN:										
Suburb: Country: Mobile phone: Home phone: Email address: Is this Trustee a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)? Yes No Unsure Is this Trustee a beneficial owner? Yes No Unsure Is this Trustee a beneficial owner? Yes No Unsure Would you like this person to have access to the investment in the Registry Investor Centre? If this Trustee is a Beneficial owner please select the Source of Investment Funds: Read only access applies where the Trustee is not the primary contact for the investment. Gainful employment Inheritance / gift Business activity Financial investments Superannuation saving Other Please go to part 8. PART 6 - COMPANY TRUSTEE DETAILS Pease complete the Company details in full. Country where the business is registered: ACN:										
Mobile phone: Home phone:		Street:		State: Postcode:						
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		Suburb:		Country:						
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		M I'I								
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		Mobile phone:	Hor	me pnone:						
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		Email address								
Country where the business is registered: Country where the business of Chapter 7 of the Corporations Act (2001)?		Email address:								
Country where the business is registered: Country where the business of Chapter 7 of the Corporations Act (2001)?				(2) (5) (1) (2) (1)						
A beneficial owner is an Individual who ultimately owns or controls 25% or more of the Investor. Read only access applies where the Trustee is not the primary contact for the investment. Business activity Business activity Please go to part 8. PART 6 – COMPANY TRUSTEE DETAILS Registered company details in full. Superannuation saving Registered company name: Country where the business is registered: ACN:										
Individual who ultimately owns or controls 25% or more of the Investor. Read only access applies where the Trustee is not the primary contact for the investment. Please go to part 8. ACN: Country where the business is registered: ACN: Country where the countr		Yes No	Unsure							
owns or controls 25% or more of the Investor. Read only access applies where the Trustee is not the primary contact for the investment. PART 6 - COMPANY TRUSTEE DETAILS Please complete the Company details in full. Read only access applies select the Source of Investment Funds: Gainful employment Inheritance / gift Would you like this person to receive monthly fund updates via email? Yes No Would you like this person to receive monthly fund updates via email? Yes No Please go to part 8. PART 6 - COMPANY TRUSTEE DETAILS Please complete the Company details in full. Country where the business is registered: ACN:	A beneficial owner is an	Is this Trustee a beneficial own	ner?							
Read only access applies where the Trustee is not the primary contact for the investment. Gainful employment	Individual who ultimately owns or controls 25% or	Yes No								
Read only access applies where the Trustee is not the primary contact for the investment. Gainful employment	more of the Investor.			Yes No						
the primary contact for the investment. Business activity Superannuation saving Other Please go to part 8. PART 6 - COMPANY TRUSTEE DETAILS Please complete the Company details in full. Country where the business is registered: ACN:	Read only access applies									
Please go to part 8. Please complete the Company details in full. Country where the business is registered: ACN:	the primary contact for	Business activity	Financial investment	is						
Please complete the Company details in full. Registered company name: Country where the business is registered: ACN:	the investment.	Superannuation saving	Other	Yes No						
Please complete the Company details in full. Registered company name: Country where the business is registered: ACN:			Please go to p	part 8.						
Country where the business is registered: ACN:	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 profit? Is this a public company?		Is this a charity or not for profi	it? Is tl	his a public company?						
Yes No Yes No										
Registered Office Address:										
Street: State: Postcode:		Street:		State: Postcode:						
Suburb: Country:		Suburb		Country						
Suburb. Coulity:		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:						
	Is this Director a sophisticated (2001) or a wholesale client for						
A beneficial owner is an Individual who ultimately owns or controls 25% or more of the Investor.	Is this Director a beneficial ow Yes No	vner?	Would you like this access to the invest Registry Investor C	tment in the			
Read only access applies	If this Director is a Beneficial of 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	Would you like this monthly fund updated				

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:	Count	ry of citizenship:				
	Residential Address:						
	Street:		State: Postcode:				
	Suburb:		Country:				
	Mobile phone:						
	Email address:)				
	Email address:						
	Is this Director a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)?						
	Yes No	Unsure	, or the outportune (200),				
A beneficial owner is an							
Individual who ultimately owns or controls 25% or	Is this Director a beneficial ow	Would you like this person to have access to the investment in the					
more of the Investor.	Yes No		Registry Investor Centre?				
Read only access applies	If this Director is a Beneficial of select the Source of Investment		Yes No				
where the Director is not the primary contact for	Gainful employment	Would you like this person to receive					
the investment.	Business activity	Financial investments	monthly fund updates via email?				
	Superannuation saving	Other	Yes No				
PART 8 - ADVISER DETA	ILS						
If you use a financial adviser,	Adviser name:						
have them complete this section.							
	Email address:						
	Licensed dealer name:	AFSL	No.				
	Licensed dealer manne:	AFSE	NO.:				
	Would you like your Adviser to		Would you like your Adviser to receive				
	investment in the Registry Inve	estor Centre?	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 for foreign Investors.	Are any of the applicants (including Trustees, Directors or beneficial owners) citizens or residents of a country other than Australia for tax purposes? Yes No If yes, complete the following and we may require you to provide additional information: Name: Country of tax residency: TIN, GIIN or other Tax ID No.:				
DART 10 - DISTRIBUTION	N AND WITHDRAWAL PAYMENTS				
You are required to provide Australian or New Zealand bank account details for electronic payment of distributions and withdrawals. Payment cannot be made by cheque. If no bank account details are provided, distributions may be automatically reinvested.	Would you like your distributions reinvested into the Fund as additional units? Yes No Bank name and address: Account name: BSB: Account number (including suffix for NZ applicants):				
	Please ensure the BSB and account number are correct.				
PART 11 – ADDITIONAL I	NVESTMENT ENQUIRER				
f you would like someone other than the primary contact or your Adviser to	Additional enquirer name:				
ne able to enquire about this nvestment, please provide us with their details here.	Relationship to Investor:				
	Email address:				
	Would you like this person to have read only access to the investment in the Registry Investor Centre? Yes No				

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	ole Director etc.)	Title (e.g. Trustee, Director etc	:.)

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 Certifica Target Market Questions.	ite if you answered Yes – I am / We are a Wholesale Client in Part 2 of the				
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.

If you have not invested in											
	Has the applicant invested in an Affluence fund previously?										
an Affluence fund previously, you must attach the required	Yes, Investor ID (SRN):										
certified identification documents.	No - For each individual of an original driver the Application Pack certification require	r's licence, pas k for more det	sport or ot	her Identif	icatior	Doc	umen	t. Re	efer	rto	
PART 2 - INVESTMENT A	AMOUNT & PAYMENT DET	ΓAILS									
Minimum application is \$20,000 and thereafter multiples of \$1,000.	Investment amount: \$	3	,		,	0	0	0		-	0 0
For direct deposits, please ensure your name is included in the application payment reference. Units will not be allocated if the application payment cannot be identified and matched.	Please indicate which paym Cheque > Made payable to Direct Deposit > Your Ref Deposit funds to: Westpa BIC / Swift Code: WPACA Name: Perpetual Corpor	to: PERPETUA ference: ac, 341 George AU2F BS	L CORPOR Street, Sy B: 032-016	dney Ac	count				PP	LICA	TIONS
Affluence will contact the phaye full access to operate											
Please complete the contact	the investment within the or Preferred contact name(s):	nline Registr			tmen	t. Th	is pe	rson	ı w	rill al	50
Please complete the contact details in full. Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of	the investment within the o	nline Registr		r Centre.	tmen	t. Th	is pe			code:	
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	Preferred contact name(s): Postal address:	nline Registr		r Centre.			is pe				
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	Preferred contact name(s): Postal address: Street or PO Box:	nline Registr	y Investo	r Centre.	State: Countr		is pe				
Please complete the contact details in full.	Preferred contact name(s): Postal address: Street or PO Box: Suburb:	nline Registr	y Investo	r Centre.	State: Countr		is pe				

PART 4 - INVESTUR DET	AILS UT								
Please provide all details for	Title: Legal first name:								
the individual Investor.									
	Middle names:		Legal last name:						
	Date of birth:		Country of	citizenship:					
	Residential Address: Street:			State:	Postcode:				
	Suburb:			Country:	,				
	Mobile phone:		Home pho	ne:					
	Email address:								
	Email address.								
	TFN:								
	IFIN:								
	Is this Individual a sophisticat Act (2001) or a wholesale clie								
	Yes No	Unsure	·	·					
Read only access applies	Please select this Individual's	Source of Investn	nent Funds:						
where the Individual is not the primary contact	Gainful employment	Superannuatio	n saving	Financial inve	stments				
for the investment.	Business activity Inheritance / gift Other								
	Would you like this person to have access to the investment in the Registry Investor Centre? No								
	Would you like this person to	receive monthly fl	una upaates	s via email?					
	0,100								

Please provide all details for the individual Investor. Please complete an Additional Details form if there are additional Investors. Middle names: Legal last name: Country of citizenship: Residential Address: Street: Suburb: Country: Mobile phone: Home phone: Email address:							
Details form if there are additional individual Investors. Middle names: Legal last name: Country of citizenship: Residential Address: Street: State: F Suburb: Country: Mobile phone: Home phone:							
additional individual Investors. Date of birth: Country of citizenship: Residential Address: Street: State: F Suburb: Country: Mobile phone: Home phone:							
Date of birth: Country of citizenship: Residential Address: Street: State: Suburb: Country: Mobile phone: Home phone:							
Residential Address: Street: State: F Suburb: Country: Mobile phone: Home phone:							
Street: State: F Suburb: Country: Mobile phone: Home phone:							
Street: State: F Suburb: Country: Mobile phone: Home phone:							
Suburb: Country: Mobile phone: Home phone:	D						
Mobile phone: Home phone:	Postcode:						
Mobile phone: Home phone:							
Email address:							
Email address:							
TEN:	TFN:						
Is this Individual 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	nent in the						
where the Individual is not the primary contact for the investment. Please select this Individual's Source of Investment Funds: Would you like this pe monthly fund updates	s via email?						
Gainful employment Inheritance / gift	No						
Business activity Financial investments							
Superannuation saving Other							
PART 5 - ADVISER DETAILS							
If you use a financial adviser, Adviser name:							
have them complete this section.							
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 have access to your monthly fund updates with the Registry Investor Centre?							

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	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.:				
	AND WITHDRAWAL PAYME						
You are required to provide Australian or New Zealand bank account details for electronic payment of distributions	Would you like your distributi Yes No Bank name and address:	ons reinvested into the Fund as	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.						
	T touse clist	ne the Bob and decount ham					
PART 8 – ADDITIONAL IN	IVESTMENT 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	Relationship to Investor:						
us with their details here.							
	Email address:						
	Would you like this person to Investor Centre?	have read only access to the inv	restment in the Registry				
	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	

PART 10 - 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)?						
Attached a copy of your Accountant's Certifications.	ate if you answered Yes – I am / We are a Wholesale Client in Part 2 of the						
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	NITFICATION												
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 copy ocument. Ref	y of an o er to th	original (e Applic	driver's ation F	licen ack fo	ce, p	assp	ort or	othe	er		
PART 2 - INVESTMENT A	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 met	hod you	ı've use	d:								
ensure your name is included in the application payment reference. Units will not be	Cheque > Made paya Direct Deposit > Your		ETUAL	CORPOR	RATE TI	RUST	LIMI	TED /	ACF A	AIT AI	PPLI	ICATIO	ONS
allocated if the application payment cannot be identified	Deposit funds to: We	•	eorge S	-	-								
PART 3 - PRIMARY CON Affluence will contact the part of the part	orimary contact person fi	E INVESTN	Limited MENT ters re	(MUST	NOT the ir	BE A	ns ADVI	ISEI		TAI		l also)
PART 3 - PRIMARY CON Affluence will contact the place full access to operate	Name: Perpetual Con TACT PERSON FOR TH primary contact person for the investment within the	E INVESTN irst for matine online Re	Limited MENT ters re	MUST	NOT the ir	BE A	ns ADVI	ISEI	R DE	TAI		l also)
Please complete the contact	Name: Perpetual Contact PERSON FOR TH	E INVESTN irst for matine online Re	Limited MENT ters re	MUST	NOT the ir	BE A	ns ADVI	ISEI	R DE	TAI		l also)
Affluence will contact the phave full access to operate Please complete the contact details in full. Adviser details are not	Name: Perpetual Contact PERSON FOR THe primary contact person find the investment within the Preferred contact name	E INVESTN irst for matine online Re	Limited MENT ters re	MUST	NOT the ir	BE A	ns ADVI	ISEI	R DE	TAI		l also)
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 Con TACT PERSON FOR TH primary contact person for the investment within the	E INVESTN irst for matine online Re	Limited MENT ters re	MUST	NOT the ir	BE Anvestr	ns ADVI	ISEI	R DE	rson)
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 Control PERSON FOR THE Perimary contact person for the investment within the Preferred contact name Postal address:	E INVESTN irst for matine online Re	Limited MENT ters re	MUST	NOT the ir	BE Anvestr	ADVI	ISEF	R DE	rson	will)
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 Contact PERSON FOR THE Perimary contact person for the investment within the Preferred contact name Postal address: Street or PO Box:	E INVESTN irst for matine online Re	Limited MENT ters re	MUST	NOT the ir	BE Anvestr	ADVIment	ISEF	R DE	rson	will		
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 Contact PERSON FOR THE Perimary contact person for the investment within the Preferred contact name Postal address: Street or PO Box:	E INVESTN irst for matine online Re	Limited MENT ters re	(MUST	NOT the ir	BE Anvestr	ADVIment	ISEF	R DE	rson	will		
PART 3 – PRIMARY CON Affluence will contact the part of the part	Name: Perpetual Contact PERSON FOR THE Perimary contact person for the investment within the Preferred contact name Postal address: Street or PO Box: Suburb:	E INVESTN irst for matine online Re	Limited MENT ters re	(MUST	NOT the irr Cent	BE Anvestr	ADVIment	ISEF	R DE	rson	will		

PART 4 - INVESTOR DETA	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	Do the terms of the Trust identify the beneficiaries by reference to membership of a class?							
you provide a copy of the Trust Deed.	No Yes - Provide details of the membership class / es (e.g. unit holders, family members of named person, charitable purpose):							
A honoficial assessin an								
A beneficial owner is an individual who ultimately	Does the Trust have any beneficial owners who are not Trustees or Directors of the Trustee Company?							
owns 25% or more or controls the Trust.	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 TR	RUSTEE DETAILS 01								
lease complete the Trustee etails in full.	Title:	Legal First Nan	ne:						
	Middle names:		Legal last	name:					
	Date of birth:		Country of	citizenship:					
	Residential Address: Street:			State:	Postcode:				
	Street.			State.	1 osteode.				
	Suburb:			Country:					
	Suburb.			Country.					
	Mobile phone:		Home pho	ne:					
	Troble phone:								
	Email address:								
	Linait address.								
	Is this Trustee a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)?								
	Yes No	Unsure	·	·					
beneficial owner is an									
ndividual who ultimately wns or controls 25% or nore of the Investor.	Is this Trustee a beneficial o	wner?							
Read only access applies	If this Trustee is a Beneficial owner please select the Source of Investment Funds:								
where the Trustee is not he primary contact for	Gainful employment Superannuation saving Financial investments								
he investment.	Business activity Inheritance / gift Other								
	Would you like this person to have access to the investment in the Registry Investor Centre?								
	Yes No								
	Would you like this person to	receive monthly f	fund updates	s via email?					
	Yes No								

PART 5 - INDIVIDUAL TR	USTEE DETAILS 02								
Please complete the Trustee letails in full.	Title:	Legal First Nan	ne:						
Please complete an Additional									
Details form if there are	Middle names:		Legal last	name:					
		J							
	Date of birth:		Country of	citizenship:					
	Residential Address: Street:			State:	Postcode:				
	Suburb:			Country:					
	Mobile phone:		Home phone:						
	Email address:								
	Is this Trustee a sophisticated (2001) or a wholesale client for the Yes No								
beneficial owner is an									
ndividual who ultimately wns or controls 25% or nore of the Investor.	Is this Trustee a beneficial ow Yes No	ner?							
Read only access applies	If this Trustee is a Beneficial owner please select the Source of Investment Funds:								
where the Trustee is not he primary contact for	Gainful employment	Superannuation	on saving	n saving Financial investments					
he investment.	Business activity Inheritance / gift Other								
	Would you like this person to	have access to th	e investmen	nt in the Registry I	Investor Centre?				
	Yes No								
	Would you like this person to	receive monthly f	und updates	s via email?					
	Yes No								

PART 6 - COMPANY TRUS	STEE DETAILS								
Please complete the Company details in full.	Registered company name:								
	Country where the business i	s registered: ACN:							
	Is this a charity or not for pro								
	Yes No	Yes	No						
	Registered office address:								
	Company Trustee principal p	lace of business (if different from re	egistered office):						
PART 7 - DIRECTOR DETA	ALL C 01								
		Long Singt many							
Please complete the Director details in full.	Title:	Legal first name:							
	Middlenene								
	Middle names:	Legal last name	ie:						
	D								
	Date of birth:	enship:							
	Residential Address:								
	Mobile phone:								
	Email address:								
		ns Act (2001) or a wholesale client of the Corporations Act (2001)?	Would you like this person to have access to the investment in the Registry Investor Centre?						
A beneficial owner is an	Yes No	Unsure	Yes No						
Individual who ultimately owns or controls 25% or	Is this Director a beneficial o	wner?							
more of the Investor.	Yes No		Would you like this person to receive monthly						
	If this Director is a Beneficial Source of Investment Funds:	l owner please select the	fund updates via email?						
Read only access applies where the Director is not	Gainful employment	Inheritance / gift	Yes No						
the primary contact for the investment.	Business activity	Financial investments							
are investment.	Superannuation saving	Other							

PART 7 - DIRECTOR DET	AILS 02						
Please complete the Director	Title:	Legal first name:					
Details in full. Please complete an Additional							
Details form if there are additional Directors.	Middle names:	Leg	gal last name:				
additional Birectors.							
	Date of birth:	Cou	untry of citizenship:				
	Residential Address:						
	Street:		State:	Postcode:			
	Suburb:		Country:				
	Mobile phone:						
	Email address:						
	Is this Director a sophisticate (2001) or a wholesale client f						
	Yes No	Unsure	spier 7 of the Corporations	ACT (2001):			
A beneficial owner is an							
ndividual who ultimately owns or controls 25% or	Is this Director a beneficial or	wner?	access to the investr	Would you like this person to have access to the investment in the			
more of the Investor.			Registry Investor Centre? Yes No				
Read only access applies	If this Director is a Beneficial select the Source of Investme	•	Yes	J NO			
where the Director is not the primary contact for	Gainful employment	Would you like this p					
the investment.	Business activity	ts Yes	monthly fund updates via email? Yes No				
	Superannuation saving	Other)			
PART 8 - ADVISER DETA							
f you use a financial adviser, nave them complete this	Adviser name:						
section.							
	Email address:						
	Licensed dealer name:	AF:	SL No.:				
	Would you like your Adviser to	o have access to your	Would you like your A	dviser to receiv			
	investment in the Registry Inv		monthly fund updates	s via email?			
	Yes No		Yes	No			

PART 9 - TAX STATUS								
We are required to collect this information to satisfy legal requirements and to ensure correct amounts of withholding tax are deducted for foreign Investors.	residents of a country other the	ding Trustees, Directors or benean Australia for tax purposes? d we may require you to provide add Country of tax residency:						
PART 10 - DISTRIBUTION	AND WITHDRAWAL PAYME	ENTS						
You are required to provide Australian or New Zealand bank account details for electronic payment of distributions	Would you like your distribution Yes No Bank name and address:	ns reinvested into the Fund as ad	ditional units?					
and withdrawals. Payment cannot be made by cheque. If no bank account details are provided, distributions may be automatically reinvested.								
be dutomatically remivested.	Account name:							
	BSB: Account number (including suffix for NZ applicants):							
	Please ensure the BSB and account number are correct.							
PART 11 – ADDITIONAL IN	IVESTMENT 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:							
	Liliait audi ess:							
	Would you like this person to h Investor Centre? Yes No	ave read only access to the inves	tment 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: Date (day / month / year) Date (day / month / year) Full name Full name Title (e.g. Trustee, Director-Trustee Company) Title (e.g. Trustee, Director-Trustee Company) PART 13 - CHECKLIST - HAVE YOU: WHAT HAPPENS NEXT? Completed and signed this Attached a copy of your Application forms, funds and identification application form? Accountant's Certificate if you

- 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)?
- answered **Yes I am / We are** a Wholesale Client in Part 2 of the Target Market Questions.

Send these items to:

Affluence Funds Management Limited. GPO Box 112, Brisbane QLD 4001

invest@affluencefunds.com.au

- 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 origin olication Pa	al drive ck for i	er's lice	ence,	passp	ort c	or oth	ner Íd	Ientifi	catio	n l	Docum	
PART 2 - INVESTMENT A	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 me	thod y	ou've	used									
ensure your name is included	Cheque > Made paya	ble to: PER	PETUA	L COR	PORA	TE TR	RUST	LIMI	TED	ACF /	AIT A	PF	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	George	Street	, Sydı	ney								
and matched.	BIC / Swift Code: WF Name: Perpetual Co			B: 032-	0.0				No.:	6631	20			
Affluence will contact the have full access to operate		ie online F						men	t. Th	is pe	rsor	ר א ר	vill als	0
details in full.														
Adviser details are not acceptable unless your	De stal address													
Adviser holds a power of	Postal address: Street or PO Box:						St	tate:			Po	ost	code:	
attorney, a certified copy of which must be provided.														
These contact details will be used for all correspondence.	Suburb:							ounti	·y:					
All investment														
communication is emailed.	Mobile phone: Home pho					one:								
	Email address:													
	Lilian duuless:													
	How did you hear about	Affluence	?											

PART 4 - CUMPANY DET	AIL5								
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 the required information.	Company licensed by Australian Regulator Licence details:								
me required information.	ASX listed or subsidiary of ASX listed entity ASX Code:								
	Public company								

PART 5 - DIRECTOR DET	AILS 01								
Please complete the Director	Title:	Legal first name	e:						
details in full.									
	Middle names:		Legal las	st name:					
	Date of birth:		Country	of citizenship:					
	Residential Address: Street:			State:	Postcode:				
	Suburb:			Country:					
	Mobile phone:								
	Email address:								
	Is this Director a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)?								
	Yes No	T the purposes of Unsure	r Cnapter .	of the Corporati	ions Act (2001)?				
A beneficial owner is an Individual who ultimately	Is this Director a beneficial ow	vner?	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?							
Read only access applies	If this Director is a Beneficial of select the Source of Investmen	Yes No							
where the Director is not the primary contact for	Gainful employment Inheritance / gift								
the investment.	Business activity	Financial invest	ments	monthly fund up	dates via email?				
	Superannuation saving	Other		Tes	INU				

PART 5 - DIRECTOR DETA	AILS 02				
Please complete the Director	Title:	Legal first name:			
details in full. Please complete an Additional					
Details form if there are additional Directors.	Middle names:	Lega	al last name:		
	Date of birth:	Date of birth: Country of citizenship:			
	Residential Address:				
	Street:		State: Postcode:		
	Suburb:		Country:		
	Mobile phone:				
	Email address:				
	Is this Director a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)?				
	Yes No	Unsure	iter / of the Corporations Act (2001)?		
A beneficial owner is an	— Offsure				
ndividual who ultimately owns or controls 25% or more of the Investor.	Is this Director a beneficial owner?		Would you like this person to have access to the investment in the		
	Yes No		Registry Investor Centre?		
Read only access applies	If this Director is a Beneficial select the Source of Investme		Yes No		
where the Director is not the primary contact for the investment.	Gainful employment Inheritance / gift		Would you like this person to receive		
	Business activity Financial investments		monthly fund updates via email? Yes No		
	Superannuation saving	Other	les ivo		
PART 6 - ADVISER DETAI					
f you use a financial adviser, nave them complete this section.	Adviser name:				
	Email address:				
	Licensed dealer name:	AFSI	L No.:		
	Would you like your Adviser to investment in the Registry Inve		Would you like your Adviser to receive monthly fund updates 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 A	ND WITHDRAWAL PAYMENTS		
You are required to provide Australian or New Zealand bank account details for electronic payment of distributions and withdrawals. Payment cannot be made by cheque. If no bank account details are provided, distributions may be automatically reinvested.	Would you like your distributions reinvested into the Fund as additional units? Yes No Bank name and address: Account name:		
·	Account name.		
	BSB: Account number (including suffix for NZ applicants): Please ensure the BSB and account number are correct.		
PART 9 - ADDITIONAL IN	VECTMENT ENGLIDED		
If you would like someone other than the primary contact or your Adviser to be able to enquire about this investment, please provide us with their details here.	Additional enquirer name: Relationship to Investor: Email address: Would you like this person to have read only access to the investment in the Registry Investor Centre?		

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:

Signature A	Date (day / month / year)	9	ignature B	Date (day / month / year)
Full name		Full nam	ie	
Title (e.g. Director, Sole Direct	tor etc.)	Title (e.g	. Director, Secretary	etc.)
PART 11 - CHECKLIST -	HAVE YOU:		WHAT HAPPEN	S NEXT?
Completed and signed this application form? Attached a cheque or	Attached a copy of your Accountant's Certificate answered Yes – I am / W a Wholesale Client in P	le are	documents mus	ns, funds and identification at be received by the 25th of the accepted for that month.

- arranged a payment for the full application amount?
- Attached certified copies of Identification Documents if required (refer to Part 1 and the Application Pack)?

the Target Market Questions.

Send these items to:

Affluence Funds Management Limited. GPO Box 112, Brisbane QLD 4001

invest@affluencefunds.com.au

- · 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.

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.

se complete all details	Investor Name / Entity:				
n full.					
	Is this applicant a:				
	Trustee Director Indiv	vidual Beneficial Owner			
anoficial owner is an	If Touches on Dineston one though honeficial				
beneficial owner is an individual who ultimately wns or controls 25% or nore of the Investor.	If Trustee or Director, are they a beneficial of Yes No	owner?			
	If an Individual, please provide TFN:				
	Middle names:	Legal last name:			
	Date of birth:	Country of citizenship:			
	Residential Address:				
	Street:	State: Postcode:			
	Suburb:	Country:			
	Mobile phone:	Home phone:			
	Email address:				
		e purpose of Chapter 6D of the Corporations Act is of Chapter 7 of the Corporations Act (2001)?			
	Yes No Unsu	ıre			
	If this Trustee or Director is a Beneficial ow please select the Source of Investment Fund	, , ,			
	Gainful employment Inheritance				
	Business activity Financial inv	vestments Yes No			

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.

ase complete all details	Investor Name / Entity:				
full.					
	In this conditions to				
	Is this applicant a:	Panafiaial Owner			
	Trustee Director Individual	Beneficial Owner			
beneficial owner is an advividual who ultimately was or controls 25% or core of the Investor.	If Trustee or Director, are they a beneficial owner Yes No	r?			
	If an Individual, please provide TFN:				
	Title: Legal first name:				
	Middle names:	egal last name:			
	Date of birth:	Country of citizenship:			
		'			
	Residential Address:				
	Street:	State: Postcode:			
	Suburb:	Country:			
	Mobile phone:	Home phone:			
	Mobile priorie:	ione phone:			
	Email 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)?				
	Yes No Unsure	maple 7 of the corporations Act (2001):			
	If this Trustee or Director is a Beneficial owner please select the Source of Investment Funds:	Would you like this person to have access to the investment in the			
	Gainful employment Inheritance / gift	Registry Investor Centre?			
		Yes No			
	Business activity Financial investment Superannuation saving Other	ents Yes No			



Affluence Funds Management Level 10, 320 Adelaide Street, Brisbane QLD 4000 GPO Box 112, Brisbane QLD 4001