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.

n you answer yes to either PART Tor PART 2, you will not need to complete the remaining questions.
Investor Name / Entity:
DADT 1. Financial Advisor
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 - Lam/We are not a Wholesale Client. Please complete PART 3 below.
No - I am/We are not a Wholesale Client. Please complete PART 3 below.
PART 3: Target Market Questionnaire
PART 3: Target Market Questionnaire 01: What is your primary investment objective in applying to invest in the Fund? (tick one option only)
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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.
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PART 3: Target Market Questionnaire 01: What is your primary investment objective in applying to invest in the Fund? (tick one option only) MORE INFORMATION What is capital growth? Capital growth is the increase in the principal value (i.e. increase in the unit price) of an investment over time due to an increase in value of the Fund's underlying assets. Capital growth does not mean the increase in value of your investment as a result of reinvesting the income distributions. What is capital preservation? Capital preservation in an investment is an investment in which there is lower volatility in the change of principal value (i.e. change in the unit price) and the risks of capital loss (i.e. devaluation of investment) are actively managed, although capital is not guaranteed so a loss may still be suffered.
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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

the month will usually guaranteed and in sor	rocesses withdrawals monthly be paid approximately ten done in the limited circumstances, you meet your ongoing financial cing your capital?	lays after the end of the mon u may have to wait longer to	th. However, this is not redeem your investment.
Yes No			
By completing and sub Affluence that:	mitting this Target Marke	et Questionnaire I/We war	rant and confirm to
supporting document	nd information I/we have pro ation I/we have provided) are ead and understood the PDS.		Questionnaire (including any
I/We acknowledge and	agree in favour of Affluer	nce that:	
Information' sections (b) Affluence recommend	Market Questionnaire consti are for general information Is that I/we obtain appropriation of the Target Market Que	purposes only; te 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	



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 IDEI														
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	1):												
certified identification documents.	No - For each individual please attach a Identification De Identification De	certified o	copy of Refer	an o to the	riginal d Applica	river's ation P	licen ack fo	ce, p	assp	ort or	othe	er	le	
PART 2 - INVESTMENT A	AMOUNT & PAYMENT I	DETAILS	5											
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 n	netho	d you	've use	d:								
ensure your name is included in the application payment	Cheque > Made paya Direct Deposit > Your			JAL C	ORPOR	ATE TI	RUST	LIMI	TED /	ACF A	AIT AI	PPLICA	TIOI	NS —
reference. Units will not be allocated if the application														
payment cannot be identified	Deposit funds to: We			_	,	,	٨٥٥٥	ount l	No .	//010				
PART 3 - PRIMARY CON	BIC / Swift Code: WF Name: Perpetual Co TACT PERSON FOR TH	rporate Tr	-ust Lii	mited		ΓAppl	icatio	ns				_S)		
PART 3 - PRIMARY CON Affluence will contact the phave full access to operate Please complete the contact	Name: Perpetual Co TACT PERSON FOR TH primary contact person f	E INVES	TME	NT (MUST	NOT	BE A	ns ADV	ISEF	R DE	TAII		lso	
PART 3 - PRIMARY CON Affluence will contact the phave full access to operate Please complete the contact details in full.	Name: Perpetual Co TACT PERSON FOR TH primary contact person for the investment within the	E INVES	TME	NT (MUST	NOT	BE A	ns ADV	ISEF	R DE	TAII		lso	
PART 3 - PRIMARY CONTACT THE PART 3 - PRIMARY CONTACT THE PART AND THE	Name: Perpetual Co TACT PERSON FOR TH primary contact person for the investment within the	E INVES	TME	NT (MUST	NOT	BE Anvestr	ns ADV	ISEF	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 Co TACT PERSON FOR TH primary contact person for the investment within the Preferred contact name Postal address:	E INVES	TME	NT (MUST	NOT	BE Anvestr	ADV ment	ISEF	R DE	rson	will a		
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 Co TACT PERSON FOR TH primary contact person for the investment within the Preferred contact name Postal address: Street or PO Box:	E INVES	TME	NT (MUST	NOT	BE Anvestr	ADV ment	ISEF	R DE	rson	will a		
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 Co TACT PERSON FOR TH primary contact person for the investment within the Preferred contact name Postal address: Street or PO Box:	E INVES	TME	NT (MUST ated to nvestor	NOT	BE Anvestre.	ADV ment	ISEF	R DE	rson	will a		
Affluence will contact the p	Name: Perpetual Co TACT PERSON FOR TH primary contact person for the investment within the Preferred contact name Postal address: Street or PO Box: Suburb:	E INVES	TME	NT (MUST ated to nvestor	NOT the ir	BE Anvestre.	ADV ment	ISEF	R DE	rson	will a		

PART 4 - INVESTOR DET	AILS						
Please complete this section	Trust type:						
in full.	Registered managed investment scheme ARSN:						
	Other regulated trust Details:						
	Other trust (e.g. family, unit, charitable) Trust type:						
	Full name of the trust / designation:						
	In which country was the Trust established?						
	Australia OR Another Country:						
	ABN (if registered):						
	TFN:						
	Does the Trust have a settlor, and was the settlement amount on establishment greater than \$10,000?						
	No Yes - full name of settlor:						
If you are awared "No" to	De the terms of the Truck identify the honeficienies by reference to march anchine for all 2						
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? No Yes - Provide details of the membership class / es (e.g. unit holders, family members						
you provide a copy of the Trust Deed.	of named person, charitable purpose):						
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 Nam	ne:					
etaits in rutt.								
	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:							
	Is this Trustee a sophisticated							
	(2001) or a wholesale client for	or the purposes of Unsure	f Chapter 7 o	of the Corpora	itions Act (2001)?			
beneficial owner is an		Olisare						
ndividual who ultimately wns or controls 25% or nore of the Investor.	Is this Trustee a beneficial ow Yes No	ner?						
ead only access applies	If this Trustee is a Beneficial owner please select the Source of Investment Funds:							
here the Trustee is not	Gainful employment	Superannuation			investments			
ne primary contact for ne 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	und 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:	
idditional Trustees.					
	Date of birth:		Country of	f citizenship:	
	Residential Address: Street:			State:	Postcode:
	Suburb:			Country:	
	Mobile phone:		Home pho	ne:	
	Firemen				
	Email address:				
	Liliait audi ess:				
	Is this Trustee a sophisticated (2001) or a wholesale client for the No				
Neneficial owner is an Individual who ultimately owns or controls 25% or nore of the Investor.	Is this Trustee a beneficial ow	vner?			
Read only access applies where the Trustee is not he primary contact for he investment.	If this Trustee is a Beneficial of Gainful employment Business activity	owner please sele Superannuation Inheritance / g	on saving	Financial inve	
	Would you like this person to Yes No	have access to th	e investmer	nt in the Registry I	nvestor Centre?
	Would you like this person to	receive monthly f	und update	s via email?	

PART 6 - COMPANY TRUS	STEE DETAILS					
Please complete the Company details in full.	Registered company name:					
uetaits iii rutt.						
	Country where the business is registered:	ACN:				
	Is this a charity or not for profit?	Is this a public company?				
	Yes No	Yes No				
	Registered office address:					
	Company Trustee principal place of business	(if different from registered office):				
		·				
PART 7 - DIRECTOR DETA	AILS 01					
Please complete the Director	Title: Legal first nar	me:				
details in full.						
	Middle names:	Legal last name:				
	Date of birth:	Country of citizenship:				
	Residential Address:					
	Mobile phone:					
	Mobile priorie:					
	- " "					
	Email address:					
	Is this Director a sophisticated Investor for th Chapter 6D of the Corporations Act (2001) or					
	for the purposes of Chapter 7 of the Corporat					
A beneficial owner is an	Yes No Unsure	Yes No				
Individual who ultimately owns or controls 25% or	Is this Director a beneficial owner?					
more of the Investor.	Yes No	Would you like this person to receive monthly				
	If this Director is a Beneficial owner please s	_ · · · · · · · · · · · · · · · · · · ·				
Read only access applies where the Director is not	Source of Investment Funds: Gainful employment Inheritance / 9	yes No				
the primary contact for	Business activity Financial inve					
the 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?	Would you like this paccess to the investr	ment in the
more of the Investor.			Registry Investor Ce	
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	Inheritance / gift	Would you like this p	
the investment.	Business activity	Financial investmen	ts 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 that	ding Trustees, Directors or benean Australia for tax purposes? If 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 and withdrawals. Payment cannot be made by cheque. If	Would you like your distribution Yes No Bank name and address:	ns reinvested into the Fund as ac	Iditional units?				
no bank account details are provided, distributions may							
be automatically reinvested.	Account name:						
	BSB:	Account number (including suf	fix 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 contact or your Adviser to	Additional enquirer name:						
be able to enquire about this	Relationship to Investor:						
investment, please provide us with their details here.	Retationship to investor.						
	Email address:						
	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? Attached a copy of your Application forms, funds and identification

Completed and signed this
application form?

Attached a cheque or	
arranged a payment for t	he
full application amount?	

Attached certified copies of Identification Documents if
Under the Identification Documents if
required (refer to Part 1 and
the Application Pack)?

Accountant's Certificate if you answered **Yes – I am / We are** a Wholesale Client in Part 2 of the Target Market Questions.

Send these items to:

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.