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 LIC Fund (Fund) is being offered to the stated target market.

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)
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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.
Low to Medium – For my/our investment in the Fund, I/we accept that the value of my investment will fluctuate and could fall in value, particularly when investment markets suffer losses and/or if I invest for a shorter period than 3 years.
High – For my/our investment in the Fund, I/we accept that the value of my investment will fluctuate and could fall in value significantly, particularly when investment markets suffer losses and/or if I invest for a shorter period than 3 years.
04: DISTRIBUTIONS are subject to risks, including economic and market risk. Accordingly, there are circumstances where distributions from the Fund may be reduced, delayed or, in exceptional circumstances, not paid at all. If distributions are materially reduced or delayed, would you be able to meet your ongoing financial obligations and commitments?
Yes No
05: What is your intended timeframe for investing in the Fund?
MORE INFORMATION The Fund aims to achieve its investment objectives over three years and longer, and it may not be appropriate if your expected investment period is shorter than three years.
Years

of each month will us guaranteed and in so	ually be paid approximately t me limited circumstances, yo meet your ongoing financial (en days after the end of the u may have to wait longer to	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.			
I/We acknowledge and agree in favour of Affluence that:				
Information' sections (b) Affluence recommend	Market Questionnaire consti are for general information Is that I/we obtain appropria ion 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		

Company Application Form



This Form is for Companies that have not previously invested in the Affluence LIC Fund.

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

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

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 beneficial owner and at le a certified copy of an original drive Refer to the Application Pack for m and certification requirements.	r's licence, passp	ort or other Ide	ntification Document.		
PART 2 - INVESTMENT	MOUNT & 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 payment method yo	ou've used:				
ensure your name is included	Cheque > Made payable to: PERPETUAL	CORPORATE TR	UST LIMITED A	CF ALF APPLICATIONS		
in the application payment reference. Units will not be	Direct Deposit > Your Reference:					
allocated if the application payment cannot be identified	Deposit funds to: Westpac, 341 George 9	Street Sydney				
and matched.			Account No.: 4	64925		
	Name: Perpetual Corporate Trust Limit	ed ACF ALF Appli	ications			
have full access to operate	primary contact person first for matters related to the investment. This person will also e the investment within the online Registry Investor Centre. Preferred contact name(s):					
details in full.						
Adviser details are not acceptable unless your	Postal address:					
Adviser holds a power of attorney, a certified copy of			State:	Postcode:		
which must be provided.	Street or PO Box:			1 osteode.		
which must be provided.	Street or P0 Box:			T osteode.		
These contact details will be	Street or P0 Box: Suburb:		Country:			
These contact details will be used for all correspondence. All investment			Country:			
These contact details will be used for all correspondence. All investment		Home pho				
These contact details will be used for all correspondence. All investment	Suburb:	Home ph				
These contact details will be used for all correspondence. All investment	Suburb:	Home pho				
which must be provided. These contact details will be used for all correspondence. All investment communication is emailed.	Suburb: Mobile phone:	Home pho				
These contact details will be used for all correspondence. All investment	Suburb: Mobile phone: Email address:	Home pho				
These contact details will be used for all correspondence. All investment	Suburb: Mobile phone:	Home pho				

PART 4 – COMPANY DETA	AILS		
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? No		
	Is this a public Company? Yes No		
	Registered office address: Street:	State:	Postcode:
	Suburb:	Country:	
	Company principal place of business (if different from reg	gistered office):	
Select any items which apply to the company and provide the required information.	Company licensed by Australian Regulator Licence details:		
	ASX listed or subsidiary of ASX listed entity ASX Code:		
	Public company		

Please complete the Director letails in full.	Title:	Legal first name	e:		
	Middle names:		Legal last	name:	
	Date of birth:		Country of	f citizenship:	
	Residential Address:				
	Street:			State:	Postcode:
	Suburb:			Country:	
	Mobile phone:			J (
	Email address:				
	Is this Director a sophisticate	d Investor for the	nurnose of	Chapter 6D of	the Cornorations Act
	(2001) or a wholesale client for				
A beneficial owner is an ndividual who ultimately owns or controls 25% or nore of the Investor.	Is this Director a beneficial ov	wner?			
Read only access applies where the Director is not he primary contact for	Would you like this person to Yes No	have access to the	e investmer	nt in the Regist	try Investor Centre?
he investment.	Would you like this person to Yes No	receive monthly f	und update	s via email?	

lease complete the Director	Title:	Legal first nar	ne:
etails in full.			
Please complete an Additional Details form if there are additional Directors.	Middle names:		Legal last name:
	Date of birth:		Country of citizenship:
	Residential Address: Street:		State: Postcode:
	Suburb:		Country:
	Mobile phone:		
	Email address:		
			e purpose of Chapter 6D of the Corporations Ac of Chapter 7 of the Corporations Act (2001)?
	Yes No	Unsure	
beneficial owner is an advidual who ultimately wns or controls 25% or nore of the Investor.	Is this Director a beneficial No	al owner?	
Read only access applies where the Director is not the primary contact for the investment.	Would you like this person	n to have access to t	he investment in the Registry Investor Centre?
	Would you like this person Yes No	n to receive monthly	fund updates via email?
PART 6 – ADVISER DETAI	LS		
you use a financial adviser, ave them complete this	Adviser name:		
ection.	Email address:		
	Emait address:		
	Licensed dealer name:		AFSL No.:
	Would you like your Advise investment in the Registry		your Would you like your Adviser to receiv 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	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 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? Yes No

PART 10 - DECLARATION AND SIGNATURES

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

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

Cianaturas

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

Send these items to:

Affluence Funds Management Limited GPO Box 112, Brisbane QLD 4001

Attached certified copies of Identification Documents if

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

invest@affluencefunds.com.au

required. Once all information is received, we will

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

Units are issued as at the 1st of the following

email you a confirmation of receipt.