

# Affluence LIC Fund Application Pack



This Application Pack accompanies the Product Disclosure Statement (“PDS”) for the Affluence LIC Fund (“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](http://www.affluencefunds.com.au)
- 1300 233 583 or +61 7 3532 4076
- [invest@affluencefunds.com.au](mailto:invest@affluencefunds.com.au)



To **add to an existing Fund** investment

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



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

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



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

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

Type of Entity Investing	Application forms to be completed	Pages
All New Investors	Target Market Questions	7
Self Managed Super Fund	Self Managed Super Fund	10-19
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:

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

Direct deposit:

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@affluencefunds.com.au](mailto:invest@affluencefunds.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
<b>Individual</b>		
Use given names, not initials	John Alfred Smith	J A Smith
<b>Company</b>		
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
<b>Trust<sup>1</sup></b>		
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
<b>Superannuation funds<sup>1</sup></b>		
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
<b>Deceased estates<sup>2</sup></b>		
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	
<b>A minor (less than 18 years old)<sup>3</sup></b>		
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.

**This form is for existing Investors in the Affluence LIC Fund** 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, contact Affluence on 1300 233 583, +61 7 3532 4076 or [invest@affluencefunds.com.au](mailto:invest@affluencefunds.com.au)

### PART 1 – INVESTOR IDENTIFICATION

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 AMOUNT & PAYMENT DETAILS

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.

Additional investment amount: \$  ,  ,  ,  .

Please indicate which payment method you've used:

Cheque > Made payable to: PERPETUAL CORPORATE TRUST LIMITED ACF ALF APPLICATIONS

Direct deposit > Your reference:

Deposit funds to: Westpac, 341 George Street, Sydney

BIC / Swift Code: WPACAU2F BSB: 032-143

Account No.: 464925

Name: Perpetual Corporate Trust Limited ACF ALF Applications

### PART 3 – DECLARATION AND AUTHORISATION

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.
- All details provided in this Application Form are true and correct. 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.
- 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.
- 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.

Signature A

Date (day / month / year):

Signature B

Date (day / month / year):

Full name:

Full name:

Title (e.g. Director, Sole Director etc.):

Title (e.g. Director, Sole Director etc.):

Email your completed form to: [invest@affluencefunds.com.au](mailto: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
<b>SMSF with an ABN</b>	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.
<b>SMSF without an ABN</b>	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.
<b>Individuals</b>	For each individual, provide certified copies of Individual Identification Documents outlined on the next page.
<b>Company</b>	For each individual who is a beneficial owner of the company, provide certified copies of Individual Identification Documents outlined on the next page.
<b>Family or Discretionary Trust</b>	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.
<b>Charitable Organisation</b>	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.
<b>Children under 18 (minors)</b>	For each Trustee and the child, provide certified copies of Individual Identification Documents outlined on the next page.
<b>Registered Managed Investment Scheme</b>	No Identification Documents required
<b>Deceased Estate</b>	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

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.

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.

**What is capital preservation?**

Capital preservation in an investment is an investment in which there is lower volatility in the change of principal value (i.e. change in the unit price) and the risks of capital loss (i.e. devaluation of investment) are actively managed, although capital is not guaranteed so a loss may still be suffered.

**What is capital guaranteed?**

A capital guaranteed investment is an investment in which the investor's principal is shielded from any loss of value over time.

**What is an income distribution?**

An income distribution is the periodic payment of income from the Fund's assets to its investors.

Capital growth    Capital preservation    Capital guaranteed    Income distributions

## PART 3: Target Market Questionnaire

### 02: What percentage of your total investable assets, excluding your residential home, do you intend to allocate to the Fund?

#### MORE INFORMATION

##### What are investable assets?

Investable assets are the financial resources you have available for investment purposes, excluding your primary residence and the money you need for daily living expenses; for example, bills and mortgage payments.

Less than or equal to 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 for the part of your portfolio 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 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

**06: The Fund generally processes withdrawals monthly. Withdrawal requests received by the last business day of each 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 submitting this Target Market Questionnaire I/We warrant and confirm to Affluence that:**

- (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 Affluence that:**

- (a) nothing in this Target Market Questionnaire constitutes advice to me/us from Affluence and the 'More Information' sections are for general information purposes only;**
- (b) Affluence recommends that I/we obtain appropriate professional advice in respect of our investment in the Fund and our completion of the Target Market Questionnaire.**

**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 LIC Fund.** 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](mailto:invest@affluencefunds.com.au)

### PART 1 – INVESTOR IDENTIFICATION

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 AMOUNT & PAYMENT DETAILS

Minimum Application is \$20,000.00.

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.

Investment amount: \$    ,    ,  0 0 0 . 0 0

Please indicate which payment method you've used:

Cheque > Made payable to: PERPETUAL CORPORATE TRUST LIMITED ACF ALF APPLICATIONS

Direct Deposit > Your Reference:

Deposit funds to: Westpac, 341 George Street, Sydney

BIC / Swift Code: WPACAU2F BSB: 032-143 Account No.: 464925

Name: Perpetual Corporate Trust Limited ACF ALF Applications

### PART 3 – 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 4 – ADVISER DETAILS

If you use a financial adviser, have them complete this section.

Adviser name:

Email address:

## PART 4 – ADVISER DETAILS (CONTINUED)

Licensed dealer name:

AFSL No.:

**Would you like your Adviser to have access to your investment in the Registry Investor Centre?**

 Yes

 No

**Would you like your Adviser to receive monthly fund updates via email?**

 Yes

 No

## PART 5 – DECLARATION AND AUTHORISATION

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

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

**Signatures:**

Signature A

Date (day / month / year)

Signature B

Date (day / month / year)

Full name

Full name

Title (e.g. Director, Sole Director etc.)

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

Email your completed form to: [invest@affluencefunds.com.au](mailto: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 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](mailto:invest@affluencefunds.com.au).

### PART 1 – INVESTOR IDENTIFICATION

If you have not invested in an Affluence fund previously, you must attach the required certified identification documents.

Has the applicant invested in an Affluence fund previously?

Yes, Investor ID (SRN):

No - For each member, individual Trustee or Director of a company Trustee, please attach a certified copy of an original driver's licence, passport or other Identification Document. Refer to the Application Pack for more detail on acceptable Identification Documents and certification requirements.

### PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

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: \$    ,    ,  0  0  0 .  0

Please indicate which payment method you've used:

Cheque > Made payable to: PERPETUAL CORPORATE TRUST LIMITED ACF ALF APPLICATIONS

Direct Deposit > Your Reference:

Deposit funds to: Westpac, 341 George Street, Sydney

BIC / Swift Code: WPACAU2F

BSB: 032-143

Account No.: 464925

Name: Perpetual Corporate Trust Limited ACF ALF Applications

### PART 3 – PRIMARY CONTACT PERSON FOR THE INVESTMENT (MUST NOT BE ADVISER DETAILS)

Affluence will contact the primary contact person first for matters related to the investment. This person will also have full access to operate the investment within the online Registry Investor Centre.

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 communication is emailed.

Preferred contact name(s):

Postal address:

Street or PO Box:

State:

Postcode:

Suburb:

Country:

Mobile phone:

Home phone:

 

Email address:

How did you hear about Affluence?

**PART 4 – INVESTOR DETAILS**

Please provide Super Fund details.

**Super Fund Name:**

**Super Fund ABN:**

**Super Fund TFN:**

**In which country was the Fund established?**

Australia

OR

Another country:

**Is the Trustee for this Fund a (tick one):**

Individuals (Go to part 5)

Company (Go to part 6)

**PART 5 – INDIVIDUAL TRUSTEE DETAILS 01**

Please complete the Trustee 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:**

**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

**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.**

**Is this Trustee a beneficial owner?**

Yes

No

**Would you like this person to have access to the investment in the Registry Investor Centre?**

Yes

No

**If this Trustee is a Beneficial owner please select the Source of Investment Funds:**

Gainful employment

Inheritance / gift

Business activity

Financial investments

Superannuation saving

Other

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

Yes

No

## PART 5 – INDIVIDUAL TRUSTEE DETAILS 02

Please complete the Trustee 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:

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

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.

Is this Trustee a beneficial owner?

Yes

No

Would you like this person to have access to the investment in the Registry Investor Centre?

Yes

No

If this Trustee is a Beneficial owner please select the Source of Investment Funds:

Gainful employment

Inheritance / gift

Business activity

Financial investments

Superannuation saving

Other

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.

Registered company name:

Country where the business is registered:

ACN:

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:

**PART 7 – DIRECTOR DETAILS 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 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

A beneficial owner is an individual who ultimately owns or controls 25% or more of the Investor.

Read only access applies where the Director is not the primary contact for the investment.

Is this Director a beneficial owner?

 Yes

 No

If this Director is a Beneficial owner please select the Source of Investment Funds:

 Gainful employment

 Inheritance / gift

 Business activity

 Financial investments

 Superannuation saving

 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 fund updates via email?

 Yes

 No

## PART 7 – DIRECTOR DETAILS 02

Please complete the Director details in full.

Please complete an Additional Details form if there are additional Directors.

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 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

A beneficial owner is an individual who ultimately owns or controls 25% or more of the Investor.

Read only access applies where the Director is not the primary contact for the investment.

Is this Director a beneficial owner?

Yes

No

Would you like this person to have access to the investment in the Registry Investor Centre?

Yes

No

If this Director is a Beneficial owner please select the Source of Investment Funds:

Gainful employment

Inheritance / gift

Business activity

Financial investments

Superannuation saving

Other

Yes

No

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

Yes

No

## PART 8 – ADVISER DETAILS

If you use a financial adviser, have them complete this section.

Adviser name:

Email address:

Licensed dealer name:

AFSL No.:

Would you like your Adviser to have access to your investment in the Registry Investor Centre?

Yes

No

Would you like your Adviser to receive monthly fund updates via email?

Yes

No

**PART 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.

Are any of the applicants (including Trustees, Directors or beneficial owners) citizens or residents of a country other than Australia for tax purposes?

Yes  No

If yes, complete the following and we may require you to provide additional information:

Name: \_\_\_\_\_ Country of tax residency: \_\_\_\_\_ TIN, GIIN or other Tax ID No.: \_\_\_\_\_

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

**PART 10 – DISTRIBUTION 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 INVESTMENT ENQUIRER**

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 12 – DECLARATION AND SIGNATURES

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

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

**Signatures:**

<div style="border: 1px solid black; padding: 10px; width: 100%; height: 40px; margin-bottom: 5px;"></div> <b>Signature A</b>	<b>Date (day / month / year)</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; padding: 10px; width: 100%; height: 40px; margin-bottom: 5px;"></div> <b>Signature B</b>	<b>Date (day / month / year)</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<b>Full name</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>		<b>Full name</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	
<b>Title (e.g. Trustee, Director, Sole Director etc.)</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>		<b>Title (e.g. Trustee, Director etc.)</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	

## PART 13 – CHECKLIST

Have you:

- Completed and signed this application form?
- Attached a cheque or arranged a payment for the full application amount?
- Attached certified copies of Identification Documents if required (refer to Part 1 and the Application Pack)?
- Attached a copy of your Accountant's Certificate if you answered **Yes – I am / We are a Wholesale Client** in Part 2 of the Target Market Questions.

Send these items to:

Mail:  
Affluence Funds Management Limited  
GPO Box 112  
Brisbane QLD 4001

Email:  
invest@affluencefunds.com.au

## WHAT HAPPENS NEXT?

- 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 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.

**This Form is for one or more individuals** who 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](mailto:invest@affluencefunds.com.au).

## PART 1 – INVESTOR IDENTIFICATION

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 individual who has not previously invested, please attach a certified copy of an original driver's licence, passport or other Identification Document. Refer to the Application Pack for more detail on acceptable Identification Documents and certification requirements.

## PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

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: \$ 

			,			,		0	0	0	.	0	0
--	--	--	---	--	--	---	--	---	---	---	---	---	---

Please indicate which payment method you've used:

Cheque > Made payable to: PERPETUAL CORPORATE TRUST LIMITED ACF ALF APPLICATIONS

Direct Deposit > Your Reference:

Deposit funds to: Westpac, 341 George Street, Sydney

BIC / Swift Code: WPACAU2F BSB: 032-143 Account No.: 464925

Name: Perpetual Corporate Trust Limited ACF ALF Applications

## PART 3 – PRIMARY CONTACT PERSON FOR THE INVESTMENT (MUST NOT BE ADVISER DETAILS)

Affluence will contact the primary contact person first for matters related to the investment. This person will also have full access to operate the investment within the online Registry Investor Centre.

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 communication is emailed.

Preferred contact name(s):

Postal address:

Street or PO Box:

State:

Postcode:

Suburb:

Country:

Mobile phone:

Home phone:

Email address:

How did you hear about Affluence?

**PART 4 – INVESTOR DETAILS 01**

Please provide all details for the individual Investor.

**Title:****Legal first name:****Middle names:****Legal last name:****Date of birth:****Country of citizenship:****Residential Address:**

Street:

State:

Postcode:

Suburb:

Country:

**Mobile phone:****Home phone:****Email address:****TFN:**

Is this Individual a sophisticated Investor for the purpose of Chapter 6D of the Corporations Act (2001) or a wholesale client for the purposes of Chapter 7 of the Corporations Act (2001)?

 Yes No Unsure

**Read only access applies where the Individual is not the primary contact for the investment.**

**Please select this Individual's Source of Investment Funds:** Gainful employment Superannuation saving Financial investments 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 fund updates via email?** Yes No

**PART 4 – INVESTOR DETAILS 02**

Please provide all details for the individual Investor.

Please complete an Additional Details form if there are additional individual Investors.

**Title:**  
[Text Box]

**Legal first name:**  
[Text Box]

**Middle names:**  
[Text Box]

**Legal last name:**  
[Text Box]

**Date of birth:**  
[Text Box]

**Country of citizenship:**  
[Text Box]

**Residential Address:**

Street:

[Text Box] State: [Text Box] Postcode: [Text Box]

Suburb:

[Text Box] Country: [Text Box]

**Mobile phone:**

[Text Box] **Home phone:** [Text Box]

**Email address:**

[Text Box]

**TFN:**

[Text Box]

**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

No

Unsure

**Would you like this person to have access to the investment in the Registry Investor Centre?**

Yes

No

**Please select this Individual's Source of Investment Funds:**

Gainful employment

Inheritance / gift

Business activity

Financial investments

Superannuation saving

Other

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

Yes

No

**Read only access applies where the Individual is not the primary contact for the investment.**

**PART 5 – ADVISER DETAILS**

If you use a financial adviser, have them complete this section.

**Adviser name:**

[Text Box]

**Email address:**

[Text Box]

**Licensed dealer name:**

[Text Box] **AFSL No.:** [Text Box]

**Would you like your Adviser to have access to your investment in the Registry Investor Centre?**

Yes

No

**Would you like your Adviser to receive monthly fund updates via email?**

Yes

No

**PART 6 – TAX STATUS**

We are required to collect this information to satisfy legal requirements and to ensure correct amounts of withholding tax are deducted for foreign Investors.

Are any of the applicants citizens or residents of a country other than Australia for tax purposes?

Yes  No

If yes, complete the following and we may require you to provide additional information:

Name: \_\_\_\_\_ Country of tax residency: \_\_\_\_\_ TIN, GIIN or other Tax ID No.: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART 7 – DISTRIBUTION AND WITHDRAWAL PAYMENTS**

You are required to provide Australian or New Zealand bank account details for electronic 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 8 – ADDITIONAL INVESTMENT ENQUIRER**

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 9 – DECLARATION AND SIGNATURES****I acknowledge, declare and agree that by signing this Application Form:**

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

**Signatures:**

<b>Signature A</b>	<b>Date (day / month / year)</b> <input type="text"/>	<b>Signature B</b>	<b>Date (day / month / year)</b> <input type="text"/>
<b>Full name</b> <input type="text"/>		<b>Full Name</b> <input type="text"/>	
<b>Signature C</b>	<b>Date (day / month / year)</b> <input type="text"/>	<b>Signature D</b>	<b>Date (day / month / year)</b> <input type="text"/>
<b>Full name</b> <input type="text"/>		<b>Full name</b> <input type="text"/>	

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

### Send these items to:

<b>Mail:</b>	<b>Email:</b>
Affluence Funds Management Limited GPO Box 112 Brisbane QLD 4001	invest@affluencefunds.com.au

## WHAT HAPPENS NEXT?

- 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 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.

**This Form is for Trusts** 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](mailto:invest@affluencefunds.com.au).

### PART 1 – INVESTOR IDENTIFICATION

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 individual Trustee or at least one beneficial owner of a company Trustee, please attach a certified copy of an original driver's licence, passport or other Identification Document. Refer to the Application Pack for more detail on acceptable Identification Documents and certification requirements.

### PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

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: \$    ,    ,  0 0 0 . 0 0

Please indicate which payment method you've used:

Cheque > Made payable to: PERPETUAL CORPORATE TRUST LIMITED ACF ALF APPLICATIONS

Direct Deposit > Your Reference:

Deposit funds to: Westpac, 341 George Street, Sydney

BIC / Swift Code: WPACAU2F BSB: 032-143 Account No.: 464925

Name: Perpetual Corporate Trust Limited ACF ALF Applications

### PART 3 – PRIMARY CONTACT PERSON FOR THE INVESTMENT (MUST NOT BE ADVISER DETAILS)

Affluence will contact the primary contact person first for matters related to the investment. This person will also have full access to operate the investment within the online Registry Investor Centre.

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 communication is emailed.

Preferred contact name(s):

Postal address:

Street or PO Box:

State:

Postcode:

Suburb:

Country:

Mobile phone:

Home phone:

Email address:

How did you hear about Affluence?

**PART 4 – INVESTOR DETAILS**

**Please complete this section in full.**

**Trust type:**

<input type="checkbox"/>	Registered managed investment scheme	ARSN: <input type="text"/>
<input type="checkbox"/>	Other regulated trust	Details: <input type="text"/>
<input type="checkbox"/>	Other trust (e.g. family, unit, charitable)	Trust type: <input type="text"/>

**Full name of the trust / designation:**

**In which country was the Trust established?**

<input type="checkbox"/>	Australia	OR	Another Country: <input type="text"/>
--------------------------	-----------	----	---------------------------------------

**ABN (if registered):**

**TFN:**

**Does the Trust have a settlor, and was the settlement amount on establishment greater than \$10,000?**

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes - full name of settlor: <input type="text"/>
--------------------------	----	--------------------------	--

**If you answered “No” to this question please ensure you provide a copy of the Trust Deed.**

**A beneficial owner is an individual who ultimately owns 25% or more or controls the Trust.**

**Do the terms of the Trust identify the beneficiaries by reference to membership of a class?**

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes - Provide details of the membership class / es (e.g. unit holders, family members of named person, charitable purpose): <input type="text"/>
--------------------------	----	--------------------------	--

**Does the Trust have any beneficial owners who are not Trustees or Directors of the Trustee Company?**

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes - Please complete an additional details form (page 38 and 39) for each additional beneficial owner: <input type="text"/>
--------------------------	----	--------------------------	--

**Is the Trustee for this Trust a (tick one):**

<input type="checkbox"/>	Individual (Go to part 5)	<input type="checkbox"/>	Company (Go to part 6)
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**PART 5 – INDIVIDUAL TRUSTEE DETAILS 01**

Please complete the Trustee 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:

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

If this Trustee is a Beneficial owner please select the Source of Investment Funds:

 Gainful employment

 Superannuation saving

 Financial investments

 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 fund updates via email?

 Yes

 No

**PART 5 – INDIVIDUAL TRUSTEE DETAILS 02**

**Please complete the Trustee details in full.**

**Please complete an Additional Details form if there are additional Trustees.**

**Title:**  
[Text Box]

**Legal First Name:**  
[Text Box]

**Middle names:**  
[Text Box]

**Legal last name:**  
[Text Box]

**Date of birth:**  
[Text Box]

**Country of citizenship:**  
[Text Box]

**Residential Address:**

Street: [Text Box] State: [Text Box] Postcode: [Text Box]

Suburb: [Text Box] Country: [Text Box]

**Mobile phone:**  
[Text Box]

**Home phone:**  
[Text Box]

**Email address:**  
[Text Box]

**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

**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.**

**Is this Trustee a beneficial owner?**

Yes  No

**If this Trustee is a Beneficial owner please select the Source of Investment Funds:**

Gainful employment  Superannuation saving  Financial investments  
 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 fund updates via email?**

Yes  No

**PART 6 – COMPANY TRUSTEE 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?

Yes     No

Is this a public company?

Yes     No

Registered office address:

Company Trustee principal place of business (if different from registered office):

**PART 7 – DIRECTOR DETAILS 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:

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

A beneficial owner is an individual who ultimately owns or controls 25% or more of the Investor.

Read only access applies where the Director is not the primary contact for the investment.

Would you like this person to have access to the investment in the Registry Investor Centre?

Yes     No

Is this Director a beneficial owner?

Yes     No

If this Director is a Beneficial owner please select the Source of Investment Funds:

<input type="checkbox"/> Gainful employment	<input type="checkbox"/> Inheritance / gift
<input type="checkbox"/> Business activity	<input type="checkbox"/> Financial investments
<input type="checkbox"/> Superannuation saving	<input type="checkbox"/> Other

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

Yes     No

**PART 7 – DIRECTOR DETAILS 02**

Please complete the Director details in full.

Please complete an Additional Details form if there are additional Directors.

**Title:**  
[Text Box]

**Legal first name:**  
[Text Box]

**Middle names:**  
[Text Box]

**Legal last name:**  
[Text Box]

**Date of birth:**  
[Text Box]

**Country of citizenship:**  
[Text Box]

**Residential Address:**

Street:  
[Text Box]

State:  
[Text Box]

Postcode:  
[Text Box]

Suburb:  
[Text Box]

Country:  
[Text Box]

**Mobile phone:**  
[Text Box]

**Email address:**  
[Text Box]

**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

**A beneficial owner is an individual who ultimately owns or controls 25% or more of the Investor.**

**Read only access applies where the Director is not the primary contact for the investment.**

**Is this Director a beneficial owner?**

Yes

No

**If this Director is a Beneficial owner please select the Source of Investment Funds:**

Gainful employment

Inheritance / gift

Business activity

Financial investments

Superannuation saving

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 fund updates via email?**

Yes

No

**PART 8 – ADVISER DETAILS**

**If you use a financial adviser, have them complete this section.**

**Adviser name:**  
[Text Box]

**Email address:**  
[Text Box]

**Licensed dealer name:**  
[Text Box]

**AFSL No.:**  
[Text Box]

**Would you like your Adviser to have access to your investment in the Registry Investor Centre?**

Yes

No

**Would you like your Adviser to receive monthly fund updates via email?**

Yes

No

**PART 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.

Are any of the applicants (including Trustees, Directors or beneficial owners) citizens or residents of a country other than Australia for tax purposes?

Yes  No

If yes, complete the following and we may require you to provide additional information:

Name: \_\_\_\_\_ Country of tax residency: \_\_\_\_\_ TIN, GIIN or other Tax ID No.: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART 10 – DISTRIBUTION 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 INVESTMENT ENQUIRER**

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 12 – DECLARATION AND SIGNATURES

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

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

**Signatures:**

<div style="border: 1px solid black; padding: 10px; width: 100%; height: 100%;"><b>Signature A</b></div>	<div style="border: 1px solid black; padding: 10px; width: 100%; height: 100%;"><b>Date (day / month / year)</b> <input type="text"/></div>	<div style="border: 1px solid black; padding: 10px; width: 100%; height: 100%;"><b>Signature B</b></div>	<div style="border: 1px solid black; padding: 10px; width: 100%; height: 100%;"><b>Date (day / month / year)</b> <input type="text"/></div>
<b>Full name</b> <input type="text"/>		<b>Full name</b> <input type="text"/>	
<b>Title (e.g. Trustee, Director-Trustee Company)</b> <input type="text"/>		<b>Title (e.g. Trustee, Director-Trustee Company)</b> <input type="text"/>	

## PART 13 – CHECKLIST

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

**Send these items to:**

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

**Email:**  
[invest@affluencefunds.com.au](mailto:invest@affluencefunds.com.au)

## WHAT HAPPENS NEXT?

- 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 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.

**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](mailto:invest@affluencefunds.com.au).

## PART 1 – INVESTOR IDENTIFICATION

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 beneficial owner and at least one Director of a company, please attach a certified copy of an original driver's licence, passport or other Identification Document. Refer to the Application Pack for more detail on acceptable Identification Documents and certification requirements.

## PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

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: \$    ,   ,  0 0 0 . 0 0

Please indicate which payment method you've used:

Cheque > Made payable to: PERPETUAL CORPORATE TRUST LIMITED ACF ALF APPLICATIONS

Direct Deposit > Your Reference:

Deposit funds to: Westpac, 341 George Street, Sydney

BIC / Swift Code: WPACAU2F

BSB: 032-143

Account No.: 464925

Name: Perpetual Corporate Trust Limited ACF ALF Applications

## PART 3 – PRIMARY CONTACT FOR THE INVESTMENT (MUST NOT BE ADVISER DETAILS)

Affluence will contact the primary contact person first for matters related to the investment. This person will also have full access to operate the investment within the online Registry Investor Centre.

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 communication is emailed.

Preferred contact name(s):

Postal address:

Street or PO Box:

State:

Postcode:

Suburb:

Country:

Mobile phone:

Home phone:

Email address:

How did you hear about Affluence?

**PART 4 – COMPANY DETAILS**

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:

ASX listed or subsidiary of ASX listed entity

ASX Code:

Public company

**PART 5 – DIRECTOR DETAILS 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 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

**A beneficial owner is an individual who ultimately owns or controls 25% or more of the Investor.**

**Read only access applies where the Director is not the primary contact for the investment.**

**Is this Director a beneficial owner?**
 Yes

 No

**Would you like this person to have access to the investment in the Registry Investor Centre?**

 Yes

 No

**If this Director is a Beneficial owner please select the Source of Investment Funds:**

 Gainful employment

 Inheritance / gift

 Business activity

 Financial investments

 Superannuation saving

 Other

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

 Yes

 No

**PART 5 – DIRECTOR DETAILS 02**

**Please complete the Director details in full.**

**Please complete an Additional Details form if there are additional Directors.**

**Title:**  
[Text Box]

**Legal first name:**  
[Text Box]

**Middle names:**  
[Text Box]

**Legal last name:**  
[Text Box]

**Date of birth:**  
[Text Box]

**Country of citizenship:**  
[Text Box]

**Residential Address:**

**Street:**  
[Text Box]

**State:** [Text Box] **Postcode:** [Text Box]

**Suburb:**  
[Text Box]

**Country:** [Text Box]

**Mobile phone:**

[Text Box]

**Email address:**

[Text Box]

**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

**A beneficial owner is an individual who ultimately owns or controls 25% or more of the Investor.**

**Read only access applies where the Director is not the primary contact for the investment.**

**Is this Director a beneficial owner?**

Yes

No

**Would you like this person to have access to the investment in the Registry Investor Centre?**

Yes

No

**If this Director is a Beneficial owner please select the Source of Investment Funds:**

Gainful employment

Inheritance / gift

Business activity

Financial investments

Superannuation saving

Other

Yes

No

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

Yes

No

**PART 6 – ADVISER DETAILS**

**If you use a financial adviser, have them complete this section.**

**Adviser name:**

[Text Box]

**Email address:**

[Text Box]

**Licensed dealer name:**

[Text Box]

**AFSL No.:**

[Text Box]

**Would you like your Adviser to have access to your investment in the Registry Investor Centre?**

Yes

No

**Would you like your Adviser to receive monthly fund updates via email?**

Yes

No

## PART 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 INVESTMENT ENQUIRER

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.

### Signatures:

<div style="border: 1px solid black; padding: 10px; width: 100%; height: 40px; margin-bottom: 5px;">Signature A</div>	<b>Date (day / month / year)</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; padding: 10px; width: 100%; height: 40px; margin-bottom: 5px;">Signature B</div>	<b>Date (day / month / year)</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<b>Full name</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>		<b>Full name</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	
<b>Title (e.g. Director, Sole Director etc.)</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>		<b>Title (e.g. Director, Secretary etc.)</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	

## PART 11 – CHECKLIST

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

**Send these items to:**

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

**Email:**  
[invest@affluencefunds.com.au](mailto:invest@affluencefunds.com.au)

## WHAT HAPPENS NEXT?

- 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 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.

### ADDITIONAL APPLICANT DETAILS

Please complete all details in full.

Investor Name / Entity:

Is this applicant a:

Trustee  Director  Individual  Beneficial Owner

A beneficial owner is an individual who ultimately owns or controls 25% or more of the Investor.

If Trustee or Director, are they a beneficial owner?

Yes  No

If an Individual, please provide TFN:

Title:

Legal first name:

Middle names:

Legal last name:

Date of birth:

Country of citizenship:

Residential Address:

Street:

State:

Postcode:

Suburb:

Country:

Mobile phone:

Home phone:

Email address:

Is this 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

If this Trustee or Director is a Beneficial owner please select the Source of Investment Funds:

Gainful employment  Inheritance / gift  
 Business activity  Financial investments  
 Superannuation saving  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 fund updates via email?

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.

### ADDITIONAL APPLICANT DETAILS

Please complete all details in full.

Investor Name / Entity:

Is this applicant a:

Trustee  Director  Individual  Beneficial Owner

**A beneficial owner is an Individual who ultimately owns or controls 25% or more of the Investor.**

If Trustee or Director, are they a beneficial owner?

Yes  No

If an Individual, please provide TFN:

Title:

Legal first name:

Middle names:

Legal last name:

Date of birth:

Country of citizenship:

Residential Address:

Street:

State:

Postcode:

Suburb:

Country:

Mobile phone:

Home phone:

Email address:

Is this 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

If this Trustee or Director is a Beneficial owner please select the Source of Investment Funds:

Gainful employment  Inheritance / gift  
 Business activity  Financial investments  
 Superannuation saving  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 fund updates via email?

Yes  No



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

1300 233 583 | [invest@affluencefunds.com.au](mailto:invest@affluencefunds.com.au) | [www.affluencefunds.com.au](http://www.affluencefunds.com.au)