Eligibility Form
New Investor

Affluence SMALL COMPANY FUND

PART 1: ELIGIBILTY CONFIRMATION

The Fund is only available to Eligible Investors. Further detail is provided in the IM.

Select ONE option to indicate Eligibility and complete Part 2 or 3 if applicable.

- ☐ I have been certified as an Eligible Investor by AFM in the past two years
- ☐ I am investing at least $500,000
- ☐ I meet the net assets or gross income test. You must have your accountant complete Part 2 below or attach an Accountant's Certificate prepared in accordance with Section 761G (7) of the Corporations Act 2001.
- ☐ I am a Sophisticated Investor as defined by Section 761GA of the Corporations Act. An Australian financial services licencee must complete Part 3 below.
- ☐ I am a professional investor under Section 761G (7) (d) of the Corporations Act.

  Type of professional investor:

PART 2: ACCOUNTANTS CERTIFICATE – GIVEN UNDER S761G (7) OF THE CORPORATIONS ACT

If you chose the third option in Part 1 above, this Part must be completed by a Qualified Accountant.

I (Name of accountant):

Of Address:

Street: | State: | Postcode:

Suburb: | Country:

being a qualified Accountant* certify that:

- has net assets^ in excess of $2.5 million, or
- had a gross income^ in excess of $250,000 per annum for each of the last two financial years.

I belong to: (Name of professional body e.g. CPA Australia, ICAA, NIA)

My membership number from this professional body is:

Name of Investor

Signatures:

Signature A

Date (day / month / year)

^ The net assets or gross income of the investor include:

- the assets or income of controlled trusts or companies; and/or
- the assets or income of a person who controls the investor (where the proposed investor is a company or trust).

When determining the net assets or gross income of a person who controls a corporate or trust investor, the net assets or gross income of any other company or trust controlled by that person may be included.

For the purposes of this Accountant's Certificate, the term 'control' is defined in section 50AA of the Corporations Act.

- * Qualified accountant means any member of:
- Australian Certified Practicing Accountants (CPA) who is entitled to use the post nominals 'CPA' or 'FCPA';
- Institute of Chartered Accountants in Australia (ICAA who is entitled to use the post-nominals 'CA', 'ACA' or 'FCA';
- Accountants belonging to certain foreign bodies who have at least three years' experience in accounting or auditing and are providing this certificate to a person who is a resident in the same country.

PART 3: SOPHISTICATED INVESTOR SECTION 761GA OF THE CORPORATIONS ACT

If you chose the fourth option in Part 1 above, your financial adviser or another AFS licensee must complete this Part. If your financial adviser completes this Part, they must also complete the adviser details section of the Application Form. If you believe you meet the criteria but do not have a financial adviser, call us on 1300 233 583 to discuss.

Financial services licensee to complete this section:

I am the financial services licensee no.:

or an authorised representative no.:

I of financial services licensee no.:

Certify that the following is true and correct:

The offer of units to the investor is made through me. I am satisfied on reasonable grounds that the investor has previous experience in investing in financial products that allows them to assess:

- the merits of subscribing for units;
- the value of units;
- the risks involved in holding the units;
- the investor's own information needs; and
- the adequacy of the information given by me and Affluence Funds Management Limited (AFM).

Signatures:

Signature A

Date (day / month / year)

Self Managed Super Fund
Application Form

Affluence
SMALL COMPANY FUND

This Form is for Self Managed Super Funds that have not previously invested in the Affluence Small Company 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 IM for the Fund in full before completing this Application Form.

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

PART 1 – INVESTOR 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 | 0 |

Please indicate which payment method you've used:

☐ Cheque > Made payable to: AFFLUENCE FUNDS MANAGEMENT LIMITED ATF ASF APPLICATIONS

☐ Direct Deposit > Your Reference:

Deposit funds to: Westpac, 260 Queen Street, Brisbane
BIC / Swift Code: WPACAU2F **BSB:** 034-001 **Account No.:** 586192
Name: AFFLUENCE FUNDS MANAGEMENT LIMITED ATF ASF 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.

Is this Trustee a beneficial owner?

☐ 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

Read only access applies where the Trustee 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

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

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 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

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.

Is this Director a beneficial owner?

☐ Yes ☐ No

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

☐ Gainful employment
☐ Business activity
☐ Superannuation saving
☐ Inheritance / gift
☐ Financial investments
☐ Other

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

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

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:

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 IM dated 1 April 2019 to which this Application Form applies and have received and accepted the offer to invest in Australia. I agree to be bound by the IM and the Constitution (each as amended from time to time).
- I am a wholesale client as defined in section 761G(7) or a sophisticated investor as defined in section 761GA of the Corporations Act. The information contained in the IM does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs. AFM has not given me a product disclosure statement or any other document that would be required to be given to me under Chapter 7 of the Corporations Act if this product were provided to me as a retail client and does not have any other obligation to me under Chapter 7 of the Corporations Act that AFM would have if the product were provided to me as a retail client.
- 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 laws, FATCA laws and the CRS. 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 laws. 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 the AML/CTF laws.
- I have read and understood the 'Privacy Statement' in the IM. 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.

Signatures:

Signature A	Date (day / month / year)	Signature B	Date (day / month / year)

Full name

Full name

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

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

PART 13 – CHECKLIST

Have you:

- ☐ Completed and signed this application form?
- ☐ Attached a cheque or arranged a payment for the full application amount?
- ☐ Attached certified copies of Identification Documents if required (refer to Part 1 and the Application Pack)?
- ☐ Attached a copy of your Accountant's Certificate as required under Part 1 of the Eligibility Form.

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 25th of each month to be accepted for that month.**
- **We will contact you if further information is required. Once all information is received, we will email you a confirmation of receipt.**
- **Units are issued as at the 1st of the following month. We will email you a statement confirming your investment by the 10th of the following month.**