FAIRLIGHT

Application Form - Class C

APIR: PIM4707AU | ARSN: 629 066 913

This Initial Application Form relates to a Product Disclosure Statement dated 4 July 2024 ("PDS") issued by The Trust Company (RE Services) Limited ABN 45 003 278 831, AFSL NO 235150, for the offer of units in the Fairlight Global Small & Mid Cap (SMID) Fund ("Fund"). Terms defined in the PDS have the same meaning in this Initial Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Initial Application Form. If you are an existing Unitholder(s) and this is an additional investment, please use the Additional Investment Form.

This form is an editable PDF. You may complete digitally by typing within the fields relevant to you and printing and signing once completed. Alternatively, you may print this template and complete relevant fields by hand.

Post, email or fax your application:

Apex Fund Services Pty Ltd Attention: Unit Registry

GPO Box 4968 Sydney NSW 2001

Email: registry@apexgroup.com

Fax: +61 2 9251 3525

For assistance

Contact Apex Fund Services Pty Ltd

Phone: 1300 133 451

Please confirm what category of investor you are. You must select one option prior to submitting application.

Consumer Attributes

Wholesale Investor (as defined by section 761G of the Corporations Act 2001).

Platform Provider

A Retail Investor (as defined in the Corporations Act) that has received personal financial advice in respect to the Fund.

You must ensure your Financial Adviser details are provided in section 5.

We will be unable to process your application unless this section is completed.

A Retail Investor (as defined in the Corporations Act) who has not received personal advice in respect of the Fund.

To assist the RE in meeting the Design and Distribution Obligations (DDO) you are required to indicate your consumer attributes in response to each of the questions set out below. Please ensure all questions are completed and you must select only one answer for each question otherwise your application will be rejected. These attributes should reflect your current objectives, financial situation and needs. Warning: If unsure on how to complete, we recommend you seek financial advice.

What is your primary investment objective?	What is your investment time horizon?	What is your intended use of this investment in your overall investment portfolio?
Capital Growth	Up to and including 2 years i.e. Short term	Standalone portfolio up to 100%
Capital Preservation	More than 2 years but less than 5 years i.e. Medium term	Major allocation up to 75%
Income distribution	Equal to 5 years but less than 7 years i.e. Medium to long term	Core component up to 50%
	Equal to 7 years or more i.e. long term	Minor allocaton up to 25%
		Satellite component up to 10%

What do you anticipate your withdrawal needs?	What is your tolerence for risk (able to bear loss)?	How did you hear about the Fund?
Weekly	Extremely High	Financial Adviser
Monthly	Very High	Platform
Quarterly	High	Research House
Yearly	Medium	Other please specify
More often than one year	Low	



Please tick one box below and complete the relevant sections of the Application Form.

Investor type	Complete sections	Pages
Individual/Joint Investors/Sole Trader	Sections 1, 5 & 6*	3, 10, 14
Company	Sections 2, 5 & 6*	4, 10, 14
Trust/Superannuation Fund – Individual Trustee	Sections 3, 4, 5 & 6*	7, 9, 10, 14
Trust/Superannuation Fund – Corporate Trustee	Sections 2, 3, 5 & 6*	4, 7, 10, 14

If none of the above categories are applicable (e.g. associations or partnerships), please contact us for assistance on +612 8231 6486.

Certifying a copy of an original document

All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier. A 'certified extract' means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described below.

People who can certify documents or extracts are:

- A lawyer, being a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
- · A magistrate, a chief executive officer of a Commonwealth court or a judge, registrar or deputy registrar of a court.
- · A Justice of the Peace.
- A notary public (for the purposes of the Statutory Declaration Regulations 1993).
- An agent of the Australian Postal Corporation (APC) who is in charge of, or a permanent employee of the APC with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
- A police officer or an Australian consular officer or an Australian diplomatic officer (under the Consular Fees Act 1955).
- An officer with 2 or more continuous years of service with one or more financial institutions (under the Statutory Declaration Regulations 1993).
- A finance company officer with 2 or more continuous years of service with one or more financial companies (under the Statutory Declaration Regulations 1993).
- 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.
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more
 years of continuous membership.

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

^{*} Section 6 is the Tax Status Declaration (including the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) - Self Certification), please complete the relevant tax section: 6.1 Individuals - Tax Status, 6.2 Entities - Foreign Tax Status.

1. Individual / Joint Investors / Sole Trader Details

Complete this section if the Investor is investing in their own names, including as a sole trader. Investor 1 Title Date of Birth Given Names Surname Occupation Country of Birth Tax File Number or Exemption Code Country of Residence for Tax Purposes Residential Address (not a PO Box) Suburb Postcode State Country Mobile Number Telephone Email Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email. Investor 2 (Only applicable for Joint Investors) Title Date of Birth Given Names Surname Country of Birth Occupation Tax File Number or Exemption Code Country of Residence for Tax Purposes Residential Address (not a PO Box) Suburb State Postcode Country Mobile Number Telephone Email Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email. If there are more than two individuals, please provide details and attach to this application form.

Any one investor to sign	gn		
	de, all investors will be required to sign.		
	ation for Sole Trader (only if applying	ng as a sole trader)	
Full Business Name	(it any)		
Australian Business	Number (if obtained)		
Address of Principal	Place of Business (not a PO Box). If resid	lential address, mark 'As 'Abov	ve'.
Suburb	State	Postcode	Country
2. Company (in	cluding Corporate Trustee) – e	details	
Complete this section superannuation func	n if the Investor is investing for, or on bel I).	nalf of, a company (including a	s the corporate trustee for a trust/
Full Company Name			
Country of Formation	n, Incorporation or Registration	Country of Residence	e for Tax
Tax File Number or E	exemption (Australian residents)	ACN/ABN (if register	red in Australia)
Principal business ac	otivity		
Name of Regulator (i	f licensed by an Australian Commonwea	Ith, State or Territory statutory	regulator)
Details of two dire		Do	eo of Direk
Director 1 – Full Nam	le	Da	te of Birth
Director 2 – Full Nan	ne (if not a Sole Director Company)	Da	te of Birth
Registered Business	Address in Australia or in Country of For	rmation	
Suburb	State	Postcode	Country
Principal Place of Bu	siness (not a PO Box address)		
Suburb	State	Postcode	Country

Signing authority (for applications with two or more individuals)

Type of Company If an Australian Company, registration status with ASIC. **Proprietary Company** Public Company If a Foreign Company, registration status with the relevant foreign registration body. Private/Proprietary Company Public Company Other - please specify below Name of Relevant Foreign Registration Body Foreign Company Identification Number Is the Company listed? No Yes - Name of Market/Stock Exchange If the company is registered as a proprietary company by ASIC or is a private company registered by a foreign registration body, please list the name of each director of the company. Director 1 - Full Name Director 4 - Full Name Director 2 - Full Name Director 5 - Full Name Director 3 - Full Name Director 6 - Full Name If there are more than six directors please provide full names separately and attach to this Application. If the company is an Australian proprietary or an unregulated foreign company, please provide details for each Beneficial Owner having more than 25 per cent of the company's issued share capital. Beneficial owner 1 Given Names Surname Date of Birth Occupation Residential Address (not a PO Box) Suburb State Postcode Country Beneficial owner 2 Given Names Surname Date of Birth Occupation

Postcode

State

Residential Address (not a PO Box)

Suburb

Country

Beneficial owner 3					
Given Names		Surname			
Date of Birth		Occupation	Occupation		
Residential Address (no	ot a PO Box)				
Suburb	State	Postcode	Country		
Individuals controlli	ng the company				
* Includes exercising control thre	ough the capacity to determine decisions r power of veto. If no such person can be	s about financial or operating policies; or by means of trus	who directly or indirectly control the company. sts, agreements, arrangements, understanding & practices; company (such as the managing director or directors who		
Other beneficial own	ner 1				
Given Names		Surname			
Role (such as Managin	g Director)				
Residential Address (no	ot a PO Box)				
Date of Birth		Occupation			
Other beneficial own	ner 2	Surname			
Role (such as Managin	g Director)				
Residential Address (no	ot a PO Box)				
Date of Birth		Occupation			
Other beneficial own	ner 3				
Given Names		Surname			
Role (such as Managin	g Director)				
Residential Address (no	ot a PO Box)				
Date of Birth		Occupation			

Contact per	son details		
Given Names		Surname	
Residential A	ddress (not a PO Box)		
Suburb	State	Postcode	Country
Mobile Numb	per	Telephone	
ooovao		Totophiono	
Email			
LIIIali			
*Investors are enco	puraged to provide their email address so that they can receive a copy of the rele	evant reports. Certain reports will only be sent by ϵ	email.
2 Tweet /	Summanustian Fund Dataila		
3. Irust / 3	Superannuation Fund – Details		
Complete this	s section if the Investor is investing for, or on behalf of, a	Trust/Superannuation Fund.	
Full Name of	Trust/Superannuation Fund		
Country of Es	stablishment	Country of Residence for Tax Purp	ooses
Tay File Num	har ar Evernation Code	Australian Duainaga Number (if an)
rax File INUIII	ber or Exemption Code	Australian Business Number (if an	у)
Full name of s	settlor(s) (being the person(s) who settles the initial sum	or assets to the Trust - applicable	for Unregulated Trust only.
T			
Type of trus	s t DNE box from the following list to indicate the type of Tru	st and provide the information helo	nw)
	•		vv)
Type: A	Regulated Trust (e.g. self-managed superannuation fu		
Name of Regi	ulator (e.g ASIC, APRA, ATO)	Registration/Licensing details	
Type: B	Foreign Superannuation Fund		
Name of Regi		Registration/Licensing details	
Type: C	Unregulated Trust		
Trust Descrip	tion (e.g. family, unit, charitable, discretionary)		
Describe clas	s of beneficiaries below (e.g. unit holders, family membe	ers, charitable purposes)	

Beneficiaries	
Provide the full names of all company and individual beneficiaries.	
Beneficiary 1 – Full Name	Beneficiary 4 – Full Name
Beneficiary 2 – Full Name	Beneficiary 5 – Full Name
Beneficiary 3 – Full Name	Beneficiary 6 – Full Name
If there are more than six beneficiaries please provide their full nan	nes on a separate page and attach to this Application Form.
Individuals controlling the trust	
Provide the names of the individuals that directly or indirectly contro	
Trustee, they must be listed again below to confirm that they are the *Includes control by acting as Trustee; or by means of trusts, agreements, arrangements, under	
the ability to appoint or remove the Trustees.	
Beneficial owner 1	
Given Names	Surname
Role (such as Managing Director)	
Residential Address (not a PO Box)	
Date of Birth	Occupation
Dute of Birth	Occupation
Beneficial owner 2	
Given Names	Surname
Role (such as Managing Director)	
Residential Address (not a PO Box)	
Date of Birth	Occupation
Date of Birth	Occupation
Beneficial owner 3	
Given Names	Surname
Role (such as Managing Director)	
Residential Address (not a PO Box)	

Occupation

Date of Birth

Beneficial owner 4			
Given Names		Surname	
Role (such as Managing Director)			
Residential Address (not a PO Box	()		
	•		
Date of Birth		Occupation	
Date of Birtii		Occupation	
	.,		
4. Individual Trustee – De	etails		
Individual trustee 1			
Title		Date of Birth	
Given Names		Surname	
Occupation			
Residential Address (not a PO Box	()		
	,		
Suburb	State	Postcode	Country
Cubuib	otato	1 03:00 00	Country
Mobile Number		Telephone	
WODIIe Number		relephone	
5			
Email			
Investors are encouraged to provide their email a	address so that they can receive a copy of the relev	vant reports. Certain reports will only be sent by er	nail.
Individual trustee 2			
Title		Date of Birth	
Given Names		Surname	
Occupation			
Residential Address (not a PO Box	x)		
Suburb	State	Postcode	Country

Mobile Number		Telephone	
Email			
Investors are encouraged to provide their er	mail address so that they can receive a copy of	the relevant reports. Certain reports will only be sent by	email.
5.1 Investment Details			
Investment Amount			
Initial Investment \$		Distribution M	lethod*
		Reinvest	Pay to bank
* The distribution amount can be allocated t	to either Reinvest or Pay to Bank. Please indica	ate your choice by ticking the appropriate box. If left blan	k, distributions will be reinvested.
Investment Class Class C			
Source of funds being inves	sted (tick the most relevant o	ption)	
Retirement income Financial investment	Employment income Other – please specify below	Business activities Sale of	assets Inheritance/gif
Electronic Funds Transfer Bank: National Australia Ba BSB: 082-401 Account Number: 3379501 Account Name: Fairlight Gl	ank	cation	
OR			
OR Direct Debit:		ervices) Limited Fairlight Global Small & fairlightam.com.au/forms and attach w	
Distribution Account Detai	ils		
This section must be complete	ed for Fund distributions.		
Australian Bank/Institution		Branch	
Account Name			
BSB		Account Number	

The name of the Investor's nominated bank account must be the same as the Investor's name.

5.2 Adviser or Agent Fees

By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser/authorised representative/agent access to your account information unless you indicate otherwise by ticking the box below.

5.2.1 Adviser or Agent

l am a financial adviser completing	this application form as an authori	sed representative or an agent.	
Name of Adviser		AFSL Number (if financial adviser)	
Dealer Group (if financial adviser)			
Name of Advisory Firm			
Postal Address			
	0		
Suburb	State	Postcode	Country
Email Address of Advisory Firm (r	aguired if financial advisor)		
Email Address of Advisory Firm (required if financial advisor)			
Email Address of Adviser			
Business Telephone		Facsimile	
Business Telephone		Facsimile	

5.2.2 Access to Information

Unless you elect otherwise, your financial adviser will have access to your account information and will receive copies of all statements and transaction confirmations.

Tick this box if you DO NOT want your financial adviser to have access to information about your investment.

Tick this box if you DO NOT want copies of statements and transaction confirmations sent to your adviser.

5.3 AML Identification Documents

To comply with the AML requirements, we must collect certain information from prospective investors supported by ORIGINAL CERTIFIED COPIES of the identification documents for all investors as described below.

Please refer to page 2 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process an Application.

Group A – Individual Investors

Each individual investor, individual trustee, beneficial owner, or individual agent or authorised representative must provide one of the following:

An Australian driver's licence (or foreign equivalent) including your photo and signature; or

An Australian passport expired no more than 2 years previously or a current foreign passport including your photo and signature; or An identity card issued by a State or Territory Government that includes a photo; or

If you do not have one of the above documents, then ONE OF an Australian birth or citizenship certificate or DHS pension card PLUS one of either of the following showing the residential address and name of the investor: A notice issued by the ATO showing a debt payable by you which is not more than 12 months old (please block out TFN) OR a utilities or local government notice for services to the address which is no more than 3 months old.

Group B – Trusts (Retail Funds, Regulated or Government Superannuation Funds including SMSFs and Registered Charitable Trusts)

Provide Group A verification documents for each individual Trustee or Group D or E verification documents for Corporate Trustees, and provide one of the following including the Trust's full name and type:

A copy of the company search from the relevant regulator's website e.g. APRA, ASIC or the ATO database; or

Copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

Group C – Other Trusts (unregulated)

Provide Group A verification documents for each Individual Trustee or Group D or E verification documents for the Corporate Trustee and Group A verification documents for each beneficial owner* of the Trust. For the Trust, provide one of the following:

Certified copy or certified extract of the Trust Deed/Constitution containing the signature page; or

Annual report or audited financial statements; or

A certified copy of a notice received by the ATO in the last 12 months; or

A certified copy of a notice issued by the ATO within the previous 12 months.

* A beneficial owner of a trust is any individual who has a 25% or more interest in the trust or controls the trust. This includes the appoint or (who can appoint or remove the trustees), the settlor of, and the beneficiaries with at least a 25% interest in, a trust.

Group D - Australian Companies

Provide Group A verification documents for each beneficial owner* and for the Company provide one of the following including the Company's full name, type (private or public) and ACN:

Perform a search of the ASIC database (Apex to perform on behalf of the investor); or

A full company search issued in the previous 3 months; or

A certificate of Company Registration; or

If the company is listed, or is a majority owner of a listed company, on the ASX, provide details of the exchange and the ticker code; or

A copy of information regarding the company's licence or other information held by the relevant regulatory body e.g. AFSL, RSE, ACL etc.

Group E – Foreign Companies

Provide Group A verification documents for each beneficial owner* and for the Company provide one of the following including the Company's full name, type (private or public) and its ARBN or foreign regulator identification number:

A certified copy of the company's Certificate of Registration or incorporation issued by ASIC or the equivalent issued by the foreign jurisdiction's in which the company was incorporated, established or formed; or

A certified copy of the company's articles of association or constitution; or

A copy of a company search on the ASIC database or relevant foreign registration body.

Group F - Agents and Representatives

Each agent or authorised representative must provide one of the following*:

If you are an Individual Agent or Representative – please provide the identification documents listed for individuals above; or If you are a Corporate Agent or Representative – please provide the identification documents listed above for companies.

^{*}A beneficial owner of a company is anyone (either directly or indirectly) who can exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official or equivalent.

^{*}A beneficial owner of a company is anyone (either directly or indirectly) who can exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official or equivalent.

^{*} Agents and authorised representatives must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order etc.

5.4 Authorised Representative Appointment

Complete this section if an Investor wishes to appoint a person to act in a legal capacity as their authorised representative and to operate the investment in the Fund on their behalf. In general, an authorised representative can do everything an Investor can do with their investment, except appoint another authorised representative.

We may act on the sole instructions of the authorised representative until the Investor advises us in writing that the appointment of the authorised representative has been terminated. We may also terminate or vary an appointment of an authorised representative on giving an Investor 14 days prior notice.

If an authorised representative is a partnership or a company, any one of the partners or any Director of the company is individually deemed to have the powers of the authorised representative.

Please attach a certified copy of your authority document such as a Power of Attorney and a certified copy of the identification required of the authorised representative per Group F in Section 5.3. The authority document must be current and complete, and must permit the authorised representative to transact on your behalf.

Authorised representative details			
Given Names	Surname		
Signature of authorised representative	Date		

5.5 Declaration and Signatures

I/we declare and agree each of the following:

- a. I/we have read the current PDS to which this application applies and have received and accepted the offer in it, including the risks as they are outlined in the PDS and the risks associated with this application and holding units in the Fund.
- b. My/our application is true and correct.
- c. I am/we are bound by any terms and conditions contained in the current PDS, including the terms for transmission of information by electronic instructions and the provisions of the Constitution of the Fund as amended from time to time.
- d. I/we have legal power to invest.
- e. If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- f. If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- g. I/we acknowledge that none of The Trust Company (RE Services) Limited ABN 45 003 278 831 or any of their related entities, officers or employees or any related company or any of the appointed service providers including the Investment Manager, Administrator and Custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund, nor do they make any recommendation as to the suitability or taxation consequences of investing in the Fund.
- h. I/we agree to the anti-money laundering and counter-terrorism financing statements contained in the PDS. I/ we agree to provide further information or personal details to The Trust Company (RE Services) Limited and the Administrator and Custodian if required to meet their obligations under any anti-money laundering and counter-terrorism law and regulations, and acknowledge that processing my/our application may be delayed and will be processed at the unit price applicable for the business day on which all required information has been received and verified, and if the information or documentation requested is not provided, the application may be refused.
- i. I/we have read and understood the privacy disclosure as detailed in the PDS and agree to be bound by The Trust Company (RE Services) Limited's, Apex's and Fairlight's privacy policies. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure and each of the Responsible Entity's, Investment Manager's, Administrator and Custodian's privacy policies. I/we consent to The Trust Company (RE Services) Limited disclosing this information to my/our financial adviser (named in this form) for units in the Fund. Where the financial adviser no longer acts on my/our behalf, I/we will notify The Trust Company (RE Services) Limited of the change.
- j. If I/we have appointed an authorised representative, I/we release, discharge and indemnify The Trust Company (RE Services)
 Limited from any loss, expense, action or other liability which may be suffered by, brought against me/us or The Trust Company
 (RE Services) Limited for any action or omissions by the authorised representative whether authorised by me/us or not.
- k. I/we certify that the information provided in the separate identification forms, including information relating to tax-related requirements, is reasonable based on verifiable documentation, and agree to promptly notify The Trust Company (RE Services) Limited or the Administrator and Custodian and provide them with any changes to the information provided in connection with this Application.

Signature 1*	Signature 2*
-ull Name	Full Name
Date	Date
Tick capacity (mandatory for companies): Sole Director and Company Secretary	Tick capacity (mandatory for companies): Director
Director	Secretary
Secretary	

6. Tax Status Declaration

Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) - Self Certification

Individuals should complete section 6.1.

Entities including companies and corporate trustees of SMSF should complete section 6.2

6.1 Individuals – Tax Status Declaration Form

Guide to completing this section: This section is designed to collect the tax status of an individual where the individual has been identified as a potential taxpayer of a country other than Australia.

- Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.
- Tax information must be collected from the individual.
- Please note: The individual may be treated as being a non-Australian taxpayer if the requested information is not provided.

6.1.1 Tax Information

Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

Please answer both tax residency questions:

Is the individual a tax resident of Australia? Yes No Is the individual a tax resident of another Country? Yes No

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

. Country	TIN	If no TIN, list reason A, B or C
2. Country	TIN	If no TIN, list reason A, B or C
3. Country	TIN	If no TIN, list reason A, B or C

If there are more countries, provide details on a separate sheet and tick this box:

Reason A The country of tax residency does not issue TINs to tax residents.

Reason B The individual has not been issued with a TIN.

 $\mbox{\bf Reason}\,\mbox{\bf C} \quad \mbox{The country of tax residency does not require the TIN to be disclosed.}$

^{*} Joint applicants must both sign.

^{*} For Individual Trustee Trust/Superannuation Funds each individual trustee must sign.

^{*} For Corporate Trustee Trust/Superannuation Funds two Directors, a Director and Secretary or Sole Director must sign.

6.1.2 Declaration

By completing and signing this declaration:

- I certify that the information I have provided is true and correct; and
- I undertake to provide a suitably updated Tax Status Declaration within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

Signature Date

6.2 Entities - Foreign Tax Status Declaration Form

Guide to completing this section

- This section is required for any entity that is required to confirm:
 - a. Its FATCA status,
 - b. Its CRS status, or
 - c. Whether it or any of its controlling persons are foreign tax residents,
- · Complete one form for each entity. Complete all applicable sections of this form in BLOCK LETTERS.
- An entity can be a company, trust, partnership, association, registered co-operative or government body.
- Tax information must be collected from an authorised representative of the entity.

6.2.1 Superannuation Funds

Is this investment held on behalf of an Australian regulated superannuation fund (including a complying SMSF), retirement or pension fund?

No – proceed to 6.2.2 Yes – skip to 6.2.5 and sign

6.2.2 Tax Information

Tick one of the four Tax Status boxes below (if the entity is a Financial Institution, please provide all the requested information below).

1. A Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for ATCA/CRS purposes)

If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status (select ONE of the following statuses):

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non Reporting IGA Financial Institution

(If the Entity is a Trustee-Documented Trust, provide the Trustee's GIIN)

Non-participating Financial Institution

US Financial Institution

Yes

Other (describe the FATCA status in the box provided)

Please answer the question below for all financial institutions

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

If Yes, proceed to section 6.2.3 (Foreign Controlling Persons). If No, please go to section 6.2.5 to complete the form.

CRS Participating Jurisdictions are on the OECD website at:

www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction.

2. A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate.

If the entity type is listed above, please proceed to section 6.2.5 to complete the form.

3. A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org).

If the entity is a Foreign Charity or an Active NFE, please proceed to section 6.2.4 (Country of Tax Residency).

4. Other (Entities that are not previously listed – Passive Non-Financial Entities).

Does the entity have any Controlling Persons* who are tax residents of countries other than Australia?

Please proceed to section 6.2.3 (Foreign Controlling Persons).

6.2.3 Foreign Controlling Persons (Individuals)

Yes	No					
+ 4 0		 	_	 	. 10	050/ (.)

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided as Beneficial Owner).

Full Name

Role (such as Director or Senior Managing Official)

If there are more Controlling Persons, provide details on a separate sheet and tick this box: $\frac{1}{2} \int_{\mathbb{R}^{n}} \left(\frac{1}{2} \int_{\mathbb{R}^{n}} \left(\frac{1}{$

Proceed to section 6.2.4.

6.2.4 Country of Tax Residency

Is the entity a tax resident of a country other than Australia?

Yes No

If Yes, please provide the entities' country of tax residence and tax identification number (TIN) or equivalent below. If the entity is a tax resident of more than one other country, please list all relevant countries below.

If No, please proceed to section 6.2.5 to complete the form.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employer Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

4.	Country	TIN	If no TIN, list reason A, B or C
5.	Country	TIN	If no TIN, list reason A, B or C
ි.	Country	TIN	If no TIN, list reason A, B or C

If there are more countries, provide details on a separate sheet and tick this box:

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

^{*} A Controlling Person is any individual who directly or indirectly exercises control over the entity. For a company, this includes any beneficial owners controlling more than 25% of the shares in the company. For a Trust, this includes Trustees, Settlors or Beneficiaries. For a partnership this includes any partners. Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

6.2.5 Declaration

By completing and signing this declaration:

- I certify that the information I have provided is true and correct; and
- I undertake to provide a suitably updated Tax Status Declaration within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

Entity Declaration

(To be completed by an authorised representative of the entity, such as a Director or Trustee).				
Given Names	Surname			
	_			
Capacity (Company Director, Trustee, etc)	Date			
Signature	Date			

Post your original signed Initial Application Form, Identification Forms and certified copies of your identification required to:

Apex Fund Services Pty Ltd (Apex)

Attention: Unit Registry GPO Box 4968 Sydney NSW 2001

Email: registry@apexgroup.com

Fax: +61 2 9251 3525

Please ensure that you have transferred your Application Monies or enclosed a cheque for payment.