

Application Form

September 2024

Pantheon Global Evergreen Mid-Market Secondaries (PGPE) ('PGEMS', 'Unit Class')

APIR: EVO5616AU

The applicant **MUST** complete, print and sign this form.

Initial applications: certified copies of originals **MUST** be either posted or scanned and emailed to the below address.

Keep a copy of your completed Application Form for your records.

Please ensure all relevant sections are complete before submitting this form.

This is the Application Form for the Unit Class listed in section 8.2.

This Application Form for PGEMS should accompany the Product Disclosure Statement ('PDS') issued by Evolution Trustees Limited (ABN 29 611 839 519 AFSL 486217) ('Evolution Trustees'). Evolution is the Responsible Entity and issuer of PGEMS. Longreach Alternatives Ltd (ABN 25 082 852 364 AFSL 246747) ('Longreach') is the Investment Manager of PGEMS. The PDS contains important information about investing in PGEMS. You should read the PDS and the Target Market Determination ("TMD") before applying for units in PGEMS.

The PDS and TMD may change from time to time. Where information that changes is not materially adverse to investors, Longreach may update this information by updating the relevant document.

The information provided in the PDS and TMD is general information only and does not take into account your personal financial situation or needs. You should obtain your own financial advice tailored to your own personal circumstances.

If you are an existing investor in PGEMS and would like to make an additional investment, please see the PDS for details on how to make an additional investment.

A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS. Longreach will provide you with a copy of the PDS, TMD and the Application Form, on request without charge.

Please use block letters and a black or blue pen. If you make an error while completing your application form, do not use correction fluid.

Cross out your mistakes and initial your changes.

Contact Details

Our fund administrator:

Apex Fund Services Pty Ltd ('Apex')

Phone: 1300 127 780

Email: registry@apexgroup.com

Please send a copy of your initial Application Form along with certified copies of supporting documentation via any of the following methods:

Post: Apex Fund Services - Unit Registry

GPO Box 4968
Sydney, NSW 2001
AUSTRALIA

Email: registry@apexgroup.com

Fax: 02 9251 3525 (Please include cover note)

Section 1: Introduction

This application form is being completed:

☐

on behalf of a client

☐

on behalf of myself

Please provide the following contact details:

Email

Telephone (including country code)

Type of Investor	Sections to complete	Pages
ALL INVESTORS MUST COMPLETE	<input type="checkbox"/> Section 1	1
	<input type="checkbox"/> Section 8-10	18 - 27
Then complete the section relevant to you:		
<input type="checkbox"/> Individual(s)	<input type="checkbox"/> Section 2	4- 6
<input type="checkbox"/> Other Entity (Partnership/ Association/ Registered Cooperative/ Government Body/Estate/Custodian)	<input type="checkbox"/> Section 3	7 - 9
<input type="checkbox"/> Trust / Superannuation fund with an individual trustee	<input type="checkbox"/> Section 2 <input type="checkbox"/> Section 4	4 - 6 10 - 12
<input type="checkbox"/> Trust / Superannuation fund with a corporate trustee	<input type="checkbox"/> Section 4 <input type="checkbox"/> Section 5	10 - 12 13 - 14
<input type="checkbox"/> Company	<input type="checkbox"/> Section 5	13 - 14
And complete these if you would like to appoint a power of attorney, agent or financial adviser:		
<input type="checkbox"/> Power of attorney, authorised representation or agent	<input type="checkbox"/> Section 6	15 - 16
<input type="checkbox"/> Financial adviser	<input type="checkbox"/> Section 7	17
If you do not fit into these categories, or you are unsure which category relates to you, please call our fund administrator, Apex on 1300 127 780 .		

Important Information:

Additional information required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ('AML/CTF Act'), the US Foreign Account Tax Compliance Act ('FATCA') and the OECD Common Reporting Standard ('CRS') Legislation.

In accordance with the AML/CTF Act, FATCA and the CRS, the Responsible Entity is required to collect additional information about you. The Responsible Entity may also ask you to provide certified copies of certain identification documents along with the application form.

Under the AML/CTF Act, FATCA and CRS, the Responsible Entity is prohibited from processing your application until all of the information and supporting documentation requested in this form has been received. In most cases, the information that you provide in this form will satisfy the AML/CTF Act, FATCA and CRS. However, in some instances the Responsible Entity may contact you to request further information. It may also be necessary for the Responsible Entity to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act, FATCA and CRS.

Declarations

When you complete this Application Form you make the following declarations:

- I/We have read the PDS and TMD to which this Application Form applies and agree to be bound by the terms and conditions of the PDS of PGEMS and the Constitution of PGEMS in which I/we have chosen to invest. By signing this Application Form, I/we acknowledge that I/we have read and understood the PDS and TMD, including any supplemental information.

- I/We acknowledge that PGEMS is only available to 'wholesale' investors and by completing Section 8.7 of this application I am/we are declaring that I am/we are a wholesale investor as defined by Section 761G of the 'Corporations Act 2001 (Cth)'.

- I/We acknowledge that Evolution Trustees is not responsible for the delays in receipt of an Application Form caused by the postal service or by a delay in processing of payments by the applicant's financial institution.

- I/We acknowledge that Evolution Trustees reserves the right to reject any application or scale back an application in its absolute discretion.

- If I/We have provided an email address, I/we consent to receive ongoing investor information including PDS information, confirmation of transactions and additional information as applicable via email.

- I/We hereby consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager and related bodies corporate who are located outside Australia for the purpose of administering the products and services which I/we have engaged the services of Apex or its related bodies corporate and to foreign government agencies (if necessary).

- I/We hereby acknowledge and agree that Evolution Trustees have outlined in the PDS provided to me/us how and where I/we can obtain a copy of the Responsible Entity's Privacy Statement.

- I/We hereby confirm that the personal information that I/we have provided to Apex is correct and current in every detail, and should these details change, I/we shall promptly advise Apex in writing of the change(s).

- If I/We lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify Apex from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application.

- I/We have received and accepted this offer in Australia or New Zealand.

- I/We acknowledge that the Responsible Entity and Investment Manager has not guaranteed or made any representation as to the performance or success of PGEMS, or the repayment of capital from the PGEMS. Investments in PGEMS are subject to various risks, including delays in repayment and loss of income or principal invested.

- I/We acknowledge that an investment in PGEMS is not a deposit with or liability of Evolution Trustees and is subject to investment risk including possible delays in repayment and loss of income or capital invested.

- I/we acknowledge that application monies will be held in a trust account until invested in PGEMS or returned to me/ us. Interest will not be paid to applicants in respect of their application monies regardless of whether their monies are returned.

- If I/We have completed and lodged the relevant sections on authorised representatives/agents on the Application Form then I/we agree to release, discharge and agree to indemnify the Responsible Entity and Investment Manager from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from their acting on the instructions of my/our authorised representatives, agents and/or nominees.

- If this is a joint application, each of us agrees that our investment is held as joint tenants.

- I/We acknowledge that I am/we are 18 years of age or over and I am/we are eligible to hold units in PGEMS in which I/we have chosen to invest. We do not accept investments from people under 18 years of age; however, investments may be designated on their behalf.

- I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:

- I am/we are ineligible to hold units in PGEMS or have provided misleading information in my/our Application Form; or

- I/we owe any amounts to the Responsible Entity;

Then I/we appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in PGEMS.

- I/We agree to provide further information or personal details to the Responsible Entity if required to meet its obligations under the AML/CTF Act and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.

Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements. For more information about the use of TFNs for investments, contact the enquiries section of your local branch of the Australian Taxation Office. Once provided, your TFN will be applied automatically to any future investments in PGEMS where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Exempt investors should attach a copy of the certificate of exemption. For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

TFN exemption codes:

E	Investments held by pension and benefit recipients – please write the full name of the benefit you receive (e.g. Age Pensions).	N	Non-residents – please provide your country of residence for tax purposes.
O	Entities not required to lodge an income tax return – please provide the reason as to why the entity does not have to lodge an income tax return.	D	Do not wish to quote TFN.
X	Other exemption – please provide us with any other reason for your exemption.		

WHEN YOU SIGN THIS APPLICATION, YOU DECLARE THAT YOU HAVE READ AND AGREED TO THE DECLARATIONS ABOVE

Section 2: Individual(s) or Individual Trustee(s)

Complete this section if you are investing in your own name or as an individual trustee.

PLEASE SEE PAGE 6 FOR DETAILS REGARDING THE REQUIRED AML/CTF DOCUMENTATION

2.1 Type of investor

Tick **one** box only and complete the specified parts of this section

- ☐ **Individual** - complete 2.2
- ☐ **Sole trader** - complete 2.2 and 2.4
- ☐ **Jointly with another individual(s)** - complete 2.2, 2.3 and 2.5
- ☐ **Individual trustee for an individual** - complete 2.2, 2.3 and 2.5 (if there is more than one individual trustee)
- ☐ **Individual trustee for a trust** - complete 2.2 and 2.3 (also complete Section 3)

2.2 Investor 1

Title Full Given Name(s) Surname
Telephone number (including country code) (daytime)

Date of Birth

TFN (or exemption code) or Reason for Exemption
(See exemption codes on page 3)

Street address

Unit No Building Name

Street No
Suburb Street Name
State Post Code Country

Country of birth

Are you a foreign resident for tax purposes?

☐ No ☐ Yes, please advise Country of residence

Do you hold dual citizenship?

☐ No ☐ Yes, please advise what Countries

2.3 Investor 2

Title Full Given Name(s) Surname
Telephone number (including country code) (daytime)

Date of Birth

TFN (or exemption code) or Reason for Exemption
(See exemption codes on page 3)

Street address

Unit No	<input type="text"/>	Building Name	<input type="text"/>		
Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>
		Country	<input type="text"/>		

Country of birth

Are you a foreign resident for tax purposes?

☐ No ☐ Yes, please advise Country of residence

Do you hold dual citizenship?

☐ No ☐ Yes, please advise what Countries

2.4 Sole trader details

Business name (if applicable, in full)

ABN (if obtained)*

Street address

Unit No	<input type="text"/>	Building Name	<input type="text"/>		
Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>
		Country	<input type="text"/>		

2.5 Signing authority

Please tick to indicate signing requirements for future instructions (e.g. withdrawals, change of account details, etc.)

☐ Only one investor required to sign

☐ All investors must sign

Note: See page 3 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

Identification documents - Individuals

The AML/CTF Act requires the Responsible Entity to adopt and maintain an AML/CTF compliance program. The AML/CTF compliance program includes ongoing customer due diligence which may require the Responsible Entity to collect further information.

Identification documentation provided must be in the name of the applicant. Non-English language documents must be translated by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided. If you are unable to provide the identification documents described please call our fund administrator, Apex, on **1300 127 780**. In some instances, the Responsible Entity may request that you provide further identification documentation.

Each individual investor must provide either:

- one document from Group A; or
- one document from Group B AND one document from Group C.

These documents should be provided as a CERTIFIED COPY of the original.

GROUP A (one of these)

- ☐ A current Australian driver's licence (or foreign equivalent) that includes a photo
- ☐ An Australian passport
- ☐ A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that provides your signature
- ☐ An identity card issued by a State or Territory Government that includes a photo
- ☐ A national identity card issued by a foreign government or the UN (or an agency of the UN). If it is in a language other than English please include a translation prepared by an accredited translator

OR

GROUP B (one of these)

- ☐ A birth certificate or birth extract issued by a State or Territory Government
- ☐ A citizenship certificate issued by the Commonwealth Government
- ☐ A citizenship certificate issued by a foreign government. If it is in a language other than English please include a translation prepared by an accredited translator
- ☐ A birth certificate issued by a foreign government or the UN (or an agency of the UN). If it is in a language other than English please include a translation prepared by an accredited translator
- ☐ A pension card issued by Centrelink

GROUP C (and one of these)

- ☐ A notice from an Australian government (Commonwealth, State or Territory) recording financial benefits
- ☐ An ATO notice issued stating an assessment owing/payable to/from the ATO to yourself
- ☐ A notice from a local government or utilities provider recording services received (e.g. a water or electricity bill, or a rates notice)

All Group C documents must be issued during the last 12 months and must contain your name and residential address

Section 3: Other Entity

Complete this section if you are investing for a partnership or as a partner, association, registered co-operative, government body, estate, or custodian.

PLEASE SEE PAGE 9 FOR DETAILS REGARDING THE REQUIRED AML/CTF DOCUMENTATION

3.1 General information

Full name of entity	<input type="text"/>
Registered business name of entity (if any)	<input type="text"/>
Country where entity established	<input type="text"/>

3.2 Type of entity

Is the entity regulated by a professional association?

☐ Yes, please provide details Name of association

Name of association

Membership details

☐ No, provide number of partners/committee members/public members

Please provide details of any partner who is a beneficial owner who owns or controls (directly or indirectly) 25% or more of the partnership. (If more than 4 applicants please provide further information in an attachment)

Partner / Committee Member / Public Member 1

Title Full Given Name(s) Surname

Telephone Number (including country code) (daytime)

Date of Birth

Street Address

Unit No Building Name

Street No Street Name

Suburb State Post Code Country

Country of Birth

Partner / Committee Member / Public Member 2

Title Full Given Name(s) Surname

Telephone Number (including country code) (daytime)

Date of Birth

Street address

Unit No Building Name

Street No Street Name

Suburb State Post Code Country

Country of Birth

Partner / Committee Member / Public Member 3

Title	<input type="text"/>	Full Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Telephone Number (including country code) (daytime)		<input type="text"/>	<input type="text"/>		
Date of Birth		<input type="text"/>			

Street address

Unit No	<input type="text"/>	Building Name	<input type="text"/>		
Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>
Country of Birth		<input type="text"/>			

Partner / Committee Member / Public Member 4

Title	<input type="text"/>	Full Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Telephone Number (including country code) (daytime)		<input type="text"/>	<input type="text"/>		
Date of Birth		<input type="text"/>			

Street address

Unit No	<input type="text"/>	Building Name	<input type="text"/>		
Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>
Country of Birth		<input type="text"/>			

PLEASE ATTACH AML/CTF DOCUMENTATION (SEE PAGE 9) AND CONTINUE TO SECTION 8

Identification documents - Partnership, association, registered co-operative, government body, estate or custodian

The AML/CTF Act requires the Responsible Entity to adopt and maintain an AML/CTF compliance program. The AML/CTF compliance program includes ongoing customer due diligence which may require the Responsible Entity to collect further information.

Identification documentation provided must be in the name of the applicant. Non-English language documents must be translated by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided. If you are unable to provide the identification documents described please call our fund administrator, Apex, on **1300 127 780**.

In some instances, the Responsible Entity may request that you provide further identification documentation. Refer to the appropriate entity structure for details of required identification documents.

Partnership	<p>GROUP A (one of these) AND Group B</p> <ul style="list-style-type: none"> <input type="checkbox"/> An original, a certified copy or certified extract of the partnership agreement <input type="checkbox"/> A certified copy or certified extract of minutes of a partnership meeting <input type="checkbox"/> An original current membership certificate (or equivalent) of a professional association <input type="checkbox"/> Membership details independently sourced from the relevant professional association <input type="checkbox"/> A notice issued by the Australian Taxation Office within the last 12 months <input type="checkbox"/> An original or certified copy of a certificate of registration of business name issued by a government agency in Australia 	<p>GROUP B (at least one of the following identification documents to verify the identity of one of the partners)</p> <ul style="list-style-type: none"> <input type="checkbox"/> A current Australian drivers licence (or foreign equivalent) that includes a photo <input type="checkbox"/> An Australian passport <input type="checkbox"/> A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that provides your signature <input type="checkbox"/> An identity card issued by a State or Territory Government that includes a photo <input type="checkbox"/> A national identity card issued by a foreign government or the UN (or an agency of the UN). If it is in a language other than English please include a translation prepared by an accredited translator
Association	<p>Description Association Incorporated Association is registered by the State or Territory in which the association is based. Features include:</p> <ul style="list-style-type: none"> - Not for profit - Appointment of a public officer and committee - Profits, if any, can only be used to promote non profit objectives <p>Unincorporated Association does not have a legal identity and cannot hold assets in its own name. It must appoint individuals as trustees, who own the assets but hold them for the benefit of the association.</p>	<p>Please provide all of the below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The registration number (if any) of the association <input type="checkbox"/> The registered office details of the association <input type="checkbox"/> The principal place of business of the association <input type="checkbox"/> The full name of the public officer and committee members of the association <input type="checkbox"/> Certified copy of photo identification for at least 2 of the public officers/committee members
Registered Co-operative	<p>Description A Registered Co-operative is a democratic structure owned and controlled by the people it serves, who join together for a common benefit. It is a separate legal entity (registered under the relevant State or Territory legislation) with the general aim of providing services for its members rather than making profits.</p>	<p>Please provide all of the below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The registration number (if any) of the association <input type="checkbox"/> The registered office details of the association <input type="checkbox"/> The principal place of business of the association <input type="checkbox"/> The full name of the public officer and committee members of the association <input type="checkbox"/> Certified copy of photo identification for at least 2 of the public officers/committee members
Government Body	<p>Description A Government Body is a legal entity that is owned or controlled by a Federal, State or Local Government (e.g. universities, local councils and statutory agencies).</p>	<p>Evidence of establishment (e.g. specific piece of legislation)</p>
Beneficial Owners	<p>Provide the identification documents listed under individuals on page 5 for each beneficial owner.</p>	
Estate	<p>Provide an original certified copy of the grant of probate or letters of administration including the names of the administrators; OR An original certified copy of the death certificate AND the identification documents of any power of attorney or authorised representative</p>	
Custodian	<p>Provide certified copy of the Power of Attorney and Authority Signatory List</p>	

Section 4: Trust / Superannuation Fund

Complete this section if you are investing for a trust or superannuation fund.

PLEASE SEE PAGE 11 FOR DETAILS REGARDING THE REQUIRED AML/CTF DOCUMENTATION

4.1 General information

Full name of trust or superannuation fund	<input type="text"/>
Name of business (if any)	<input type="text"/>
Country where trust established	<input type="text"/>

4.2 Trustee details

How many trustees are there?

- ☐ **Individual** - At least one trustee must complete Section 2 of this form
- ☐ **Company** - At least one trustee must complete Section 4 of this form

4.3 Type of Trust

<input type="checkbox"/> Registered managed investment scheme	Australian Registered Scheme Number (ARSN) <input type="text"/>
<input type="checkbox"/> Regulated trust (including SMSF)	Name of regulator (e.g. ASIC, APRA, ATO) <input type="text"/>
Registration/licence details	<input type="text"/>
Australian Business Number (ABN)*	<input type="text"/>
Tax File Number (TFN) (or exemption code)*	<input type="text"/>
<input type="checkbox"/> Other trust also complete section 4.4 and 4.5. Please describe:	<input type="text"/>
ABN <input type="text"/>	TFN (or exemption code) <input type="text"/>

4.4 Beneficiaries

Complete this section if you ticked 'Other trust' in 4.3

Does the Trust Deed name beneficiaries?

☐ **Yes**, how many?

Provide the full name of each beneficiary: (If more than 4 please provide as an attachment)

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

☐ **No**, describe the class of beneficiary:

(e.g. the name of the family group, class of unit holders, the charitable purpose or charity name)

Note: See page 3 of the application form for terms and conditions relating to the collection of TFNs and ABNs.

4.5 Beneficial Ownership Information

Complete this section only if you ticked 'Other trust' in 4.3.

Please provide the **Full Name**, **Date of Birth** and **Residential Address** of any beneficial owner of the trust. 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 **appointor** of the trust (who holds the power to appoint or remove the trustees of the trust), the **settlor** of any trust over \$10,000 upon establishment, and **beneficiaries with at least a 25% interest** in the trust. All beneficial owners will need to provide AML verification documents as per page 6.

Beneficial owner 1

Full name Date of birth
Street address (Not a PO Box)
Suburb State Post Code Country

Beneficial owner 2

Full name Date of birth
Street address (Not a PO Box)
Suburb State Post Code Country

Beneficial owner 3

Full name Date of birth
Street address (Not a PO Box)
Suburb State Post Code Country

Beneficial owner 4

Full name Date of birth
Street address (Not a PO Box)
Suburb State Post Code Country

PLEASE ATTACH AML/CTF DOCUMENTATION (SEE BELOW) AND CONTINUE TO SECTION 8

Identification documents - Trust / Superannuation Fund

The AML/CTF Act requires the Responsible Entity to adopt and maintain an AML/CTF compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

Identification documentation provided must be in the name of the applicant. Non-English language documents must be translated by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided. If you are unable to provide the identification documents described please call our fund administrator, Apex, on **1300 127 780**.

In some instances, the Responsible Entity may request that you provide further identification documentation. If you are one of the following types of trust / trustee;

- **Registered managed investment schemes;**
- **Regulated superannuation fund (including self managed superannuation funds); or**
- **Government superannuation funds;**

Then you need to provide at least one of the following identification documents:

- ☐ A copy of the company search on the ATO database
- ☐ A copy of the company search of the relevant regulator's website
- ☐ A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website

GROUP A (one of the following)

- ☐ A certified copy or certified extract of the Trust Deed
- ☐ Signed meeting minutes showing the full name of the trust
- ☐ Annual report or audited financial statements
- ☐ A certified copy of a notice issued by the ATO within the previous 12 months
- ☐ A letter from a qualified lawyer or accountant confirming the name of the trust (original only)

And:

GROUP B (select applicable option for trustee type)	
<input type="checkbox"/>	If you are an Individual Trustee - please complete provide the identification documents listed on page 6
<input type="checkbox"/>	If you are a Corporate Trustee - please complete provide the identification documents listed on page 14
<input type="checkbox"/>	If you are a combination of both -please complete for one trustee from each investor type listed on page 6 and page 14
Please provide the identification documents listed under individuals on page 6 for each beneficial owner.	

Section 5: Company / Corporate Trustee

Complete this section if you are investing for a company or where a company is acting as a trustee.

5.1 Company type

- ☐ Australian public company - complete 5.2 ☐ Foreign public company - complete 5.2 and 5.3
- ☐ Australian proprietary company - complete 5.2, 5.4 and 5.5 ☐ Foreign private company - complete all sections

5.2 Company Details

Company name

ACN / ABN (If registered in Australia) ³

TFN ³ TFN exemption reason (Australian Residents) ³

Given name(s) of contact person

Registered street address (Not a PO Box)

Suburb State Post Code Country

Principal place of business in Australia

Note for non-Australian companies: you must provide a local agent name and address if you do not have a principal place of business in Australia.

- ☐ Tick if the same as above, otherwise provide:

Registered street address (Not a PO Box)

Suburb State Post Code Country

5.3 Additional Details for Non-Australian company

- ☐ Tick if the company is registered with ASIC

Australian Registered Body Number

- ☐ (ARBN)

Tick if the company is registered with a regulatory body

Name of regulatory body

Company identification number issued (if any)

Registered company address

Suburb State Post Code Country

5.4 Director Information

All proprietary companies and foreign private companies must provide the full name of each director of the company:

1

2

3

4

If there are more than 4 directors please provide as an attachment.

³ You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements. See page 3 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

5.5 Beneficial Owner

Managing Officials: All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf):

1	<input type="text"/>	2	<input type="text"/>
3	<input type="text"/>	4	<input type="text"/>

Shareholders: All proprietary or non-listed public domestic companies and foreign companies must provide the details of each shareholder who owns directly, jointly or beneficially at least 25% of the company's issued capital.

Shareholder 1

Full name	<input type="text"/>	Date of birth	<input type="text"/>
Street address (Not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>

Shareholder 2

Full name	<input type="text"/>	Date of birth	<input type="text"/>
Street address (Not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>

Shareholder 3

Full name	<input type="text"/>	Date of birth	<input type="text"/>
Street address (Not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>

Shareholder 4

Full name	<input type="text"/>	Date of birth	<input type="text"/>
Street address (Not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>

Note: See Page 3 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

PLEASE ATTACH AML/CTF DOCUMENTATION (SEE BELOW) AND CONTINUE TO SECTION 8

Identification documents - Company / Corporate trustee

The AML/CTF Act requires the Responsible Entity to adopt and maintain an AML/CTF compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

Identification documentation provided must be in the name of the applicant. Non-English language documents must be translated by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided. If you are unable to provide the identification documents described please call our fund administrator, Apex, on **1300 127 780**.

In some instances, the Responsible Entity may request that you provide further identification documentation.

If you are an Australian company provide at least one of the following identification documents:

- ☐ A certified copy of the Certificate of Registration or Licence
- ☐ A copy of a company search on the ASIC database
- ☐ A copy of information regarding the company / trustee's licence or other information held by the relevant Commonwealth, State or Territory regulatory body

If you are a non-Australian company provide one of the following:

- ☐ A certified copy of the company's certificate of registration or incorporation (issued by ASIC or equivalent in the domestic jurisdiction) showing the company's registration number
- ☐ A certified copy of the company's articles of association or constitution
- ☐ A copy of a company search on the ASIC database or relevant foreign registration body

All of above must clearly show the company's full name and type (i.e. public or private)

Other Trust with Beneficial Owners

Please provide the identification documents listed under individuals on page 6 for each beneficial owner.

Section 6: Authorised representative or agent

Complete this section if you are completing this Application Form as an agent under a direct authority such as a Power of Attorney. You must also complete the section relevant to the investor/applicant that you are acting on behalf of.

6.1 Power of Attorney

- ☐ I would like to appoint an authorised representative to operate on this account **OR**
- ☐ I am an agent under power of attorney or the investor's legal or nominated representative - complete 6.2

The appointed authorised signatory can do the following things in respect of my/our investment in PGEMS:

- Change my/our account details to my/our investments in PGEMS;
- Obtain details of my/our investments in PGEMS;
- Issue investment and/or withdrawal instructions on my/our behalf relating to my/our investments in PGEMS; and
- Issue instructions as to how my/our investment distributions are to be paid.

Full name of authorised representative agent

Title of role held with the applicant

Signature

6.2 Power of Attorney Documentation

You must attach a valid Power of Attorney.

- ☐ The document is an original or certified copy
- ☐ The document is signed by the applicant / investor
- ☐ The document is current and complete
- ☐ The document permits the attorney / agent (you) to transact on behalf of the applicant / investor

PLEASE SEE PAGE 16 FOR DETAILS REGARDING THE REQUIRED AML/CTF DOCUMENTATION

Identification documents - Authorised representative or agent

The AML/CTF Act requires the Responsible Entity to adopt and maintain an AML/CTF compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

Identification documentation provided must be in the name of the applicant. Non-English language documents must be translated by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided. If you are unable to provide the identification documents described please call our fund administrator, Apex, on **1300 127 780**.

In some instances, the Responsible Entity may request that you provide further identification documentation.

6.3 Individual Agents

These documents should be provided as a CERTIFIED COPY of the original.

Each Individual Agent must provide either:

- one document from Group A, or
- one document from Group B AND one document from Group C.

GROUP A (one of these)

- ☐ A current Australian driver's licence (or foreign equivalent) that includes a photo
- ☐ An Australian passport
- ☐ A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that provides your signature
- ☐ An identity card issued by a state or territory government that includes a photo
- ☐ A national identity card issued by a foreign government or the UN (or an agency of the UN). If it is in a language other than English please include a translation prepared by an accredited translator

OR

GROUP B (one of these)

- ☐ A birth certificate or birth extract issued by a state or territory government
- ☐ A citizenship certificate issued by the Commonwealth Government
- ☐ A citizenship certificate issued by a foreign government. If it is in a language other than English please include a translation prepared by an accredited translator
- ☐ A birth certificate issued by a foreign government or the UN (or an agency of the UN). If it is in a language other than English please include a translation prepared by an accredited translator
- ☐ A pension card issued by Centrelink

GROUP C (and one of these)

- ☐ A notice from an Australian government (Commonwealth, state or territory) recording financial benefits
- ☐ An ATO notice issued stating an assessment owing/payable to/from the ATO to yourself
- ☐ A notice from a local government or utilities provider recording services received (e.g. a water or electricity bill, or a rates notice)

All Group C documents must be issued during the last 12 months and must contain your name and residential address.

Section 7: Financial adviser - Complete if applicable

By completing this section you nominate the named adviser as your financial adviser for the purpose of your investment in PGEMS. You also consent to give your financial adviser / authorised representative / agent access to your account information.

7.1 Financial adviser

☐ I am a financial adviser completing this application form as an authorised representative or agent.

Name of adviser	<input type="text"/>						
Dealer Group	<input type="text"/>						
Name of advisory firm	<input type="text"/>						
AFSL number	<input type="text"/>						
Postal address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Post code	<input type="text"/>	Country	<input type="text"/>
Email address of advisory firm (required)	<input type="text"/>					Adviser / Dealer Group stamp <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Email address of adviser	<input type="text"/>						
Business telephone (including country code)	<input type="text"/>	<input type="text"/>					
Facsimile (including country code)	<input type="text"/>	<input type="text"/>					

7.2 Financial adviser declaration

☐ I have completed an appropriate Customer Identification Procedure ('CID') on this investor which meets the AML/CTF Act

AND EITHER

☐ I have attached the relevant CID documents

OR

☐ I have not attached the CID documents however I will retain them and agree to provide them to Evolution Trustees on request. I also agree to forward these documents to Evolution Trustees if I ever become unable to retain the documents.

I have provided personal financial advice to the investor(s) named in this application taking into account their personal needs, objectives, financial and taxation situation (having regard to the nature and any complexities of this product), have complied with all requirements of the Corporations Act and applicable law in relation to this investment by the Investor(s) and have provided the Investor with a statement of advice.

If I cease being the financial advisor for the investor I will notify the administrator at that time.

Date:

Financial adviser signature

(Adviser detailed in Section 7.1)

Section 8: All applicants - ALL INVESTORS MUST COMPLETE THIS SECTION

8.1 Contact details

Please advise the mailing and contact details for all correspondence in regards to your investment, including statements **(Please select at least one)**

☐ Investor ☐ Adviser ☐ Administrator

Preferred method for receiving statements:

☐ Email ☐ Post ☐ Both

Contact details:

Given name(s) of contact person

C/O- (if applicable)

PO Box Unit Number Building Name

Street No Street Name

Suburb State Post code Country

Email address

Home telephone (including Country Code)

Business telephone (including Country Code)

Mobile (including Country Code)

Facsimile (including Country Code)

8.2 Investment details

Unit Class	APIR Code	PDS date	Minimum initial investment	Investment amount	Distribution options (Please only tick one)	
					Reinvest	Deposit into nominated financial institution
Pantheon Global Evergreen Mid-Market Secondaries (PGPE)	EVO5616AU	TBC	\$50,000		<input type="checkbox"/>	<input type="checkbox"/>

8.3 Investor banking detail and distribution instructions

☐ By ticking this box, I wish to reinvest all distributions into PGEMS; **OR**, if you wish to receive cash, please provide details below;

Bank Account Details for Distributions (if applicable)

Account Name	<input type="text"/>
Financial Institution	<input type="text"/>
Branch	<input type="text"/>
BSB	<input type="text"/>
Account Number	<input type="text"/>
Bank Country	<input type="text"/>

If no selection is made distributions will be re-invested. Your distribution selection will apply to your entire holding in PGEMS and cannot apply to only part of your holding. The Responsible Entity may suspend or discontinue reinvestment in its discretion.

Bank Account Details for Redemptions:

☐ The bank account detailed above can also be used for redemptions; **OR**

Account Name	<input type="text"/>
Financial Institution	<input type="text"/>
Branch	<input type="text"/>
BSB	<input type="text"/>
Account Number	<input type="text"/>
Bank Country	<input type="text"/>

8.4 Payment Method

☐ **Cheque**
Cheques drawn on an Australian bank account should be made payable to 'Evolution Trustees Limited ATF Pantheon Private Market Fund Australia'.

☐ **Electronic Funds Transfer**
Account Name: Evolution Trustees Limited ATF Pantheon Private Markets Fund - Application
Financial Institution: National Australia Bank

Branch Number (BSB): 082-401
Account Number: 78-613-6478
Reference: Applicant Name

8.5 Purpose of Investment and Source of Funds

Please outline the purpose of investment (e.g. superannuation, portfolio investment, etc)

Please outline the source/s of initial funding and anticipated ongoing funding (e.g. salary, savings, business activity, financial investments, real estate, inheritance, gift, etc and expected level of funding activity or transactions)

8.6 Investor Communications

Annual Financial Report

The annual financial report for PGEMS will be available each year.

☐ if you would like an electronic copy of the annual financial report sent to you please tick this box.

☐ if you would like a hard copy of the annual financial report sent to you please tick this box.

Privacy

Do you wish to receive marketing information from the Investment Manager (and the Investment Manager's related bodies corporate) about products and services that may be of interest to you? This information may be distributed by mail, email or other form of communication.

☐ Yes ☐ No

Online Access

☐ Please tick this box if you would like to be provided with access to view details of your investments online (including periodic and tax statements).

Please ensure you have supplied your email address and mobile number in Section 1 as your login details to the Apex web portal will be sent via email and SMS.

ACCOUNTANT'S CERTIFICATE THAT INVESTOR IS WHOLESALE UNDER SECTION 761G OF THE CORPORATIONS ACT

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Accounting Firm

Unit Number/Level	Street Number	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb/City or Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Name of Accounting Firm and Post Nominal's e.g. CPA

PLEASE COMPLETE THE BLANKS

I, being a qualified accountant approved by the Australian Securities and Investments Commission in accordance with ASIC Policy Statement 154, certify that:

Investor Name: Investor Address: Investor Occupation:

☐ has net assets of \$2.5 million or more as at (please insert date).

AND/OR

☐ received a gross income of \$250,000 or more in each of the last two financial years ending 30 June and

, and therefore qualifies as a Wholesale Investor under the Section 761G of the Corporations Act (Cth).

Date:

Signature of Qualified Accountant

Note: Only a "qualified accountant" may provide a certificate under Section 708(8)(c). ASIC has approved the following persons as a "qualified accountant":

1. Any member of CPA Australia (CPAA) who is entitled to use the post-nominals "CPA" or "FCPA", and is subject to and complies with CPAA's continuing professional education requirement;
2. Any member of the National Institute of Chartered Accountants in Australia (ICAA), who is entitled to use the post-nominals "CA", "ACA", or "FCA" and is subject to and complies with the ICAA's continuing professional education requirements; and
3. Any member of the National Institute of Accountants (NIA) who is entitled to use the post-nominals "PNA", "FPNA", "MNA" or "FNIA" and is subject to and complies with the NIA's continuing professional education requirements.

Section 9: Foreign Tax Compliance: US Foreign Account Tax Compliance Act ('FATCA') and other jurisdictions Common Reporting Standards ('CRS')

ALL INVESTORS MUST COMPLETE THIS SECTION

9.1.1 FATCA and CRS Certification

What is FATCA and CRS?

FATCA and CRS are two ways in which a large number of governments are seeking the same thing - to improve global tax compliance. Both require financial institutions to capture relevant information on foreign taxpayers, as follows:

- FATCA promotes cross border tax compliance by US taxpayers, by implementing an international standard for the automatic exchange of information related to those taxpayers. Australia has entered into an inter-governmental agreement (IGA) with the US to implement FATCA in Australia, to be administered through the ATO. The AUS-USA FATCA IGA requires the ATO to obtain detailed account information for US citizens and/or taxpayers on an annual basis. The effect of this is that, to satisfy their FATCA obligations, relevant Australian financial institutions must identify any US taxpayers and report those taxpayers' financial account data to the ATO. The Tax Laws Amendment (Implementation of the FATCA Agreement) Act 2014 (Cth) gave domestic legal effect to the obligations by inserting Division 396-A FATCA into the Taxation Administration Act 1953 (Cth).
- CRS is a global reporting standard, developed by the OECD, for the automatic exchange of information (AEOI). Its goal is to allow tax authorities to obtain a clearer understanding of financial assets held abroad by their residents, for tax purposes. Over 96 countries have agreed to share information on residents' assets and incomes in accordance with defined reporting standards. Once again, this means that financial institutions around the globe must provide tax authorities with taxpayer financial account data, and the financial institutions must therefore collect this information from their customers and pass it on. The Tax Laws Amendment (Implementation of the Common Reporting Standard) Act 2016 (Cth) gave domestic legal effect to the obligations by inserting Division 396-C Common Reporting Standard into the Taxation Administration Act 1953 (Cth).

FATCA and CRS information - Who should complete this section?

This section should be completed by the person completing the application form who is **authorised to provide tax residency and certification information** for:

- all other applicants; and
- the underlying entity for example: trust or partnership etc; and
- the beneficial owners and controlling persons.

☐ Tick this box if you confirmed you are an existing investor in Section 1, and have certified your tax residency status for both FATCA and CRS since 1 July 2017. Your FATCA and CRS certification is complete and no further information is required.

Personal information collected for the purposes of the FATCA and the CRS will be:

- Used for the purpose of meeting the issuer's obligations under CRS and the IGA between Australia and the US implementing the US legislation known as FATCA
- Used for other purposes relating to my holding such as to verify my identity and to review and correct discrepancies in the information recorded about me and my holdings.

FATCA and CRS certification of individual, joint individual, sole trader or deceased estate

If you are an **individual, joint individual, a sole trader**, or you will hold the account on behalf of another individual or a deceased estate, then please select the best option below and answer the associated questions. If your account is held on behalf of an entity, eg a company, trust, partnership etc, please go to the section on the next page 'FATCA and CRS certification of an entity'. If you do not provide this information, we will not be able to accept your application.

Is the following statement correct? (Tick if applicable)

☐ Your account is held by an individual or an entity acting in the capacity of executor or administrator of a deceased estate, where EITHER certified copies of the death certificate or Grant of Probate/Letters of Administration have already been provided to us, OR certified copies of these documents are attached to this application.
If you selected the above, your FATCA and CRS certification is complete and **no further information is required**.

Is/are all of the Individual applicant(s) (including the person/s for whom the account will be held eg a children's account) a citizen or a resident for tax purposes in a country other than Australia?

- ☐ Yes – please complete **9.1.3 Foreign Individual Investors and Individual Beneficial Owner**. **Note:** If an individual is both an Australian and a foreign tax resident, or a tax resident of more than one foreign country, you must also provide this information.
- ☐ No – your FATCA & CRS certification is complete and **no further information is required**.
- ☐ Only some of the individuals are Australian tax residents:

- For those Individuals who are **Australian tax residents only** (including the person/s for whom the account is held), please complete **9.1.2 Australian tax resident information**.
- For the remaining individuals (ie who are NOT solely Australian tax residents), please complete **9.1.3 Foreign Individual Investors and Individual Beneficial Owner**.

9.1.2 Australian tax resident information (if more than 3 Australian Tax residents please provide information in an attachment)

Full name of Australian tax resident 1

Full name of Australian tax resident 2

Full name of Australian tax resident 3

9.1.3 Foreign Individual Investor(s) and Individual Beneficial Owner(s) details (if more than 3 individual investors and beneficial owners please provide information in an attachment)

Please provide ALL information, including your foreign. Taxpayer Identification Number ('TIN'), or exclusions, as relevant. Where a TIN is issued by your jurisdiction, failure to provide this information may result in your application not being processed.

Full name of individual 1

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN.1

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

Full name of individual 2

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN 1

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

Full name of individual 3

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN 1

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

9.1.4 FATCA and CRS certification of an entity

If you are an investor that is one of the following:

- A company or other incorporated body, or
- Another type of entity eg a trust, partnership, cooperative or association etc; or
- An individual/s that will hold the Account on behalf of another entity that is a superannuation fund, trust, partnership, government body, co-operative, association or other type of entity, please select ONE option that best describes your organisation from the following:

☐ **An Australian regulated superannuation fund** (including a complying SMSF), retirement or pension fund.

Please provide the superannuation fund's ABN to complete your certification.

If you selected this option, your certification is complete and no further information is required.

☐ **An account held by an entity acting in the capacity of executor or administrator of a deceased estate**, where EITHER a certified copy of the death certificate or Grant of Probate/Letters of Administration have already been provided to us, OR certified copies of these documents are attached to this application.

If you selected this option, your certification is complete and no further information is required.

☐ **Public Listed Company, or a Majority Owned Subsidiary of a Public Listed company**, (includes public listed companies or majority owned subsidiaries of listed companies that are not Financial Institutions)

Please provide the name of the market or stock exchange where your company is listed.

Please provide your company's unique exchange code here, e.g. ASX code, ticker code.

If you selected this option, your certification is complete and no further information is required.

☐ **Not a Financial Account.** Certain accounts are NOT considered to be 'Financial Accounts' for the purposes of FATCA and CRS. These include:

- An Employee Share Scheme or Trust as defined in the Income Tax Assessment Act 1997
- An Escrow Account established in connection with a court order or judgment, or a sale, exchange, or lease of real or personal property where certain requirements have been met.

If you selected this option, your certification is complete and no further information is required.

☐ **Exempt Beneficial Owner.** Under CRS and FATCA, an Exempt Beneficial Owner includes, but is not limited to:

- Australian government organisation or agency
- Reserve Bank of Australia
- International (including intergovernmental) organisation

If you selected this option, your certification is complete and no further information is required.

☐ **Financial institution.** Includes:

- Depository institution
- Investment entity
- Specified insurance company
- Custodian institution.

If you selected this option, please complete **9.2.1 Financial Institution** below.

☐ **Non-Financial Entity (NFE) or (NFFE).** This includes the following entity types:

- Private or proprietary company that is NOT a financial institution
- Public unlisted company that is NOT a financial institution
- Partnership
- Trust
- Co-operative
- Association or club
- Registered or non-registered charitable organisation
- Other type of entity

If you selected this option, please complete **9.2.2 NFE/NFFE entities** below.

9.2.1 Financial Institution

What is your Global Intermediary Identification Number ('GIIN')?

If you do not have a GIIN, what is your financial institution status? (Tick one):

- ☐ Deemed Compliant Foreign Financial Institution ('FFI')
☐ Excepted FFI
☐ Non-participating FFI
☐ Other (please specify)

Are you an Investment Entity (financial institution) located in a non-CRS participating jurisdiction and professionally managed by another financial institution?

☐ Yes ☐ No

If you answered **YES**, please complete the remainder of this section AND 9.2.2 NFE/NFFE entities.

Is the registered holder of this account also a financial institution?

☐ Yes ☐ No

If you answered **YES**, please provide the GIIN.

If the registered holder does not have a GIIN, what is its financial institution status (tick one):

- ☐ Deemed Compliant
☐ FFI Excepted FFI
☐ Non-participating FFI
☐ Other (please specify)

This completes the required information for Financial Institutions.

9.2.2 NFE/NFFE entities

An entity is Active if it derives more than 50% of its income from the sale of goods or services AND it uses more than 50% of its assets to generate income from the sale of goods or services. An NFE is Passive if it does not fit the description of an Active entity, OR is a professionally-managed investment entity located in a non-participating CRS jurisdiction.

Is the NFE/NFFE Active or Passive?

☐ Active If Active, please complete 9.2.3 Entity foreign tax residency information

☐ Passive If Passive, please complete 9.2.3 Entity foreign tax residency information and 9.2.4 Entity foreign beneficial owner(s) or Controlling Persons' details

9.2.3 Entity foreign tax residency information

Is this entity a resident for tax purposes in a country other than Australia?

☐ Yes ☐ No

If you answered **No**, your certification is complete and no further information is required.

If you answered **Yes**, please provide **ALL** information, including your foreign or exclusions, as relevant. Where a TIN is issued by your jurisdiction, failure to provide this information may result in your application not being processed.

Country of tax residency 1

Address

☐ TIN 1

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

9.2.4 Entity foreign beneficial owner(s) or Controlling Persons¹ details

Is/Are any of the beneficial owner(s) or controlling person(s)(including the settlor or protector of a trust) a resident for tax purposes in a country other than Australia?

☐ Yes ☐ No

If you answered **No**, your certification is complete and no further information is required.

If you answered **Yes**, please provide ALL information, including your foreign TIN or exclusions, as relevant. Where a TIN is issued by your jurisdiction, failure to provide this information may result in your application not being processed.

Full name of individual 1

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN 1

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

Full name of individual 2

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN 1

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

Full name of individual 3

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN 1

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

¹ A Controlling Person means any individual who ultimately beneficially owns 25% or more of an entity or controls the entity, including control through a chain of ownership or by means of control other than direct control.

Note: Capitalised terms used in this section have the meanings defined in the intergovernmental agreement between the Australian and governments to improve international tax compliance and to implement FATCA dated 28 April 2014.

Section 10: Declarations - ALL INVESTORS MUST COMPLETE THIS SECTION

All parties must sign for joint applications. If signed under Power of Attorney, the attorney must enclose a certified copy of the Power of Attorney and declare that he/she has not received notice of revocation of that power. The Power of Attorney must also enclose a certified copy of their driver's licence or passport, proof of identity or age card. If the application is for a company, two directors or a director and secretary must sign, unless the company is a sole director company, in which case the sole director only must sign.

I/We acknowledge that by signing below:

I/we declare that the details given in this Application Form are true and correct. I/we acknowledge that by signing this application form, I/we:

- agree to become bound by the provisions of the Constitution, the PDS and TMD of PGEMS, as may be amended from time to time; and
- understand that you may need to contact me and that I may need to provide additional information to meet the requirements of the AML/CTF legislation.

I/We acknowledge that I/we understand that:

- units in PGEMS do not represent deposits or other liabilities of Evolution Trustees;
- investing in PGEMS is subject to investment risk, including possible delays in repayment and loss of income and principal invested; and
- neither the Responsible Entity, Investment Manager nor any other entity guarantees the performance of PGEMS or the repayment of capital invested in PGEMS.

I/We acknowledge that by signing this application form:

- I/we agree to provide any additional information and/or documentation required by the Responsible Entity for FATCA and CRS purposes (in addition to that provided in Section 9 of this form) upon request, and to inform the Responsible Entity if a change in circumstances means that any of the information or documentation provided is no longer correct.

Dated:

Name of investor 1

Signature of investor 1

Tick capacity (mandatory for companies)

☐ Sole Director ☐ ☐ Secretary

Director Name of investor 2

Signature of investor 2

Tick capacity (mandatory for companies)

☐ Sole Director ☐ Director ☐ Secretary

Power of Attorney

Executed by and on behalf of

by its attorney:

Attorney name

in the presence of:

Witness name

Attorney signature

Witness signature

Attorney's residential address (mandatory)

PO Box / RMB / Locked bag/care of (c/-) property name / building name (if applicable)

Suite no./unit no./level no. and street address

Town/suburb

State

Post code

Country (if not Australia)

Application Checklist

- ☐ Have you completed all sections relevant to you? (as set out in the introduction)
- ☐ Have you nominated your financial adviser in Section 7 (If applicable)?
- ☐ Have you provided certified copies of your identification documents or has your financial adviser completed this for you?
- ☐ Have you completed Section 8.7 **Certificate of Income and/or Assets - Wholesale Investors?**
- ☐ Have you completed all other relevant details and SIGNED the Application Form?
- ☐ Have you completed **Section 9 Foreign Tax Compliance: FATCA and CRS?**

If all applicable sections have been completed, please send the following:

- A copy of your completed Application Form;
- Certified copies of identification documents (unless your adviser has agreed to retain these); and
- A cheque made payable to Evolution Trustees Limited ATF Pantheon Private Market Fund Australia (unless you are paying by EFT).

By post: Apex Fund Services - Unit Registry

GPO Box 4968
Sydney, NSW
2001 AUSTRALIA

or via

Email: registry@apexgroup.com

FAX: 02 9251 3525 (please include cover page note)

Please note: cheques can only be accepted when sent by post.