REGAL

Application Form

REGAL PARTNERS MULTI-STRATEGY INCOME FUND

You should read the Product Disclosure Statement (dated 1 September 2026) (**PDS**) and Fund Updates (if any) issued by Regal Partners (RE) Limited (ABN 69 083 644 731, AFSL 230222) (**Responsible Entity**) for the Regal Partners Multi-Strategy Income Fund (ARSN 693 454 287, APIR Code RGL9341AU) (**Fund**) carefully, and in their entirety, before applying for units in the Fund. The information provided in the PDS is general information only and does not take into account of your personal financial situation or needs. You should obtain your own financial advice tailored to your personal circumstances.

No units will be allocated on receipt of an Application Form that was not initially provided to you with the PDS. This Application Form is for new investments in the Fund. The Corporations Act 2001 (Cth)(Corporations Act) requires that a person who provides access to an Application Form must provide access, by the same means and at the same time, to the PDS. If you have received the PDS electronically, we will provide a paper copy of the PDS free of charge upon request.

Terms defined in the PDS have the same meaning in this Application Form (unless given a different meaning in this Application Form). The information provided in the PDS is general information only and does not take account of your personal financial situation or needs. You should obtain your own financial advice tailored to your personal circumstances.

The offer in the PDS is only made to Eligible Investors being Wholesale Clients (as that term is defined in the Corporations Act) who is in Australia.

The Applicant must complete, print and sign this Application Form. Please keep a copy for your records.

Please ensure all relevant sections are completed before lodging this Application Form.

If completing by hand please only use blue or black pen and print in BLOCK LETTERS.

A signed and completed Application Form (including the required certified copies of your identification information) must be received by the Registry no later than 5pm (Sydney time) at least three (3) Business Days prior to the relevant Subscription Date. Cleared subscription funds must be available in the Application Account no later than 5pm (Sydney time) at least three (3) Business Days prior to the relevant Subscription Date.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION FORM

Complete the sections noted in the table below for your particular investor type and send the completed application form along with the required identification to us by email, fax or mail. If you email or fax your identification documents, we reserve the right to request certified copies of the originals to follow in the mail for our records and your account may not be opened until they have been received.

SECTIONS TO BE COMPLETED

SECTION	INDIVIDUAL/ JOINT INVESTORS/ INDIVIDUAL TRUSTEES/ SOLE TRADER	COMPANY/ CORPORATE TRUSTEES (DOMESTIC/FOREIGN)	TRUST/ SUPER FUND
1	✓		✓ (for individual trustees only)
2		✓	✓ (for corporate trustees only)
3			✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓

Please email or post the original completed Application Form and relevant certified copies of the identification documents to:

Boardroom Pty Limited
GPO Box 3993 Sydney NSW 2001
Attention: Unlisted Fund Services (Regal)
Fax: 02 9252 1987 (unlisted)
Email: regal.funds@boardroomlimited.com.au

Section 1 – Individual details

SELECT TYPE OF INDIVIDUAL	☐ Individual /Joint investor	(Complete section 1.1 and 1.3)
	☐ Individual trustee(s)	(Complete section 1.1 and 1.3)
	☐ Sole Trader	(Complete section 1.1, 1.2 and 1.3)

1.1 INDIVIDUAL/ JOINT INVESTOR/ INDIVIDUAL TRUSTEE DETAILS

	INDIVIDUAL 1	**INDIVIDUAL 2**
INVESTOR TYPE:	☐ Individual 1 ☐ Individual trustee 1	☐ Individual 2 ☐ Individual trustee 2
TITLE:		
GIVEN NAME:		
SURNAME:		
ANY OTHER NAME(S) KNOWN BY:		
DATE OF BIRTH:		
COUNTRY OF BIRTH:		
NATIONALITY:		
OCCUPATION:		
RESIDENTIAL ADDRESS (NOT A PO BOX)		
STREET ADDRESS 1:		
STREET ADDRESS 2:		
SUBURB:		
STATE:		
POSTCODE:		
COUNTRY (IF OUTSIDE OF AUSTRALIA):		
POSTAL ADDRESS IF DIFFERENT TO RESIDENTIAL ADDRESS (NOT A PO BOX)		
STREET ADDRESS 1:		
STREET ADDRESS 2:		
SUBURB:		
STATE:		
POSTCODE:		
COUNTRY (IF OUTSIDE OF AUSTRALIA):		
CONTACT DETAILS		
EMAIL ADDRESS:		
MOBILE NUMBER:		
PHONE NUMBER:		

TAX DECLARATION (NOT REQUIRED FOR INDIVIDUAL TRUSTEES)		
Note - Collection of Tax File Number is authorised by law for taxation purposes. It is not an offence if you do not quote your Tax File Number or exemption information, but if you do not provide us with that information then we are required to deduct tax from any income distribution at the highest marginal tax rate plus the Medicare levy and any other applicable levies or taxes		
AUSTRALIAN TAX FILE NUMBER:		
OR **IF NO TAX NUMBER IS PROVIDED:**	☐ The applicant does not wish to quote a TFN; ☐ The applicant is a non-Australian tax Resident; or ☐ The applicant is exempt from quoting a TFN by virtue of (please provide details supporting your claim for exemption quoting your TFN:	☐ The applicant does not wish to quote a TFN; ☐ The applicant is a non-Australian tax Resident; or ☐ The applicant is exempt from quoting a TFN by virtue of (please provide details supporting your claim for exemption quoting your TFN:

☐ If there are any additional individuals or individual trustees please tick and provide details as required above on a separate sheet.

1.2 SOLE TRADER – ADDITIONAL INFORMATION

REGISTERED BUSINESS NAME (IF ANY):	
ABN:	
BUSINESS ACTIVITY:	
PRINCIPAL PLACE OF BUSINESS (NOT A PO BOX)	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY (IF OUTSIDE OF AUSTRALIA):	

1.3 IDENTIFICATION DOCUMENTS

In accordance with the customer due diligence requirements outlined in the AML/CTF Act, we are required to collect additional certified identification information, and also may require additional ongoing customer due diligence in future.

The documents must be **CERTIFIED COPIES** of the original. These documents will not be returned. Please provide all documents in the proper form otherwise we may not be able to accept or process your Application.

Each individual/individual trustee or sole trader (as relevant) must provide either:

- one **Primary Document**; or
- two **Secondary Documents**, being two from Part A or one from Part A and one from Part B

PRIMARY DOCUMENT	Please indicate which **ONE** you are providing: ☐ Current Australian driver's licence (or foreign equivalent) showing your photograph and date of birth ☐ Australian passport (a current passport, or one that has expired within the past 2 years) ☐ Foreign passport or similar government issued travel document containing your photograph and signature ☐ Identity card issued by Australian Government (Cth, State or Territory) that provides your photograph ☐ Identity card issued by a Foreign Government that provides your photograph and signature.
SECONDARY DOCUMENT	**Part A** Please indicate which **ONE** you are providing from Part A: ☐ Australian birth certificate ☐ Australian citizenship certificate ☐ Current pension card issued by Centrelink ☐ A foreign driver's licence that contains a photograph of a person **AND** **Part B** Please indicate which **ONE** you are providing from Part B: ☐ A notice issued by the Commonwealth, State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address ☐ A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt owing/payable to the Commonwealth and contains the individual's name and residential address ☐ A notice issued by a local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual's name and residential address

Section 2 – Company/ Corporate Trustee details

FULL NAME OF COMPANY:	
BUSINESS NAME (IF ANY):	
ANY OTHER NAMES THE COMPANY IS COMMONLY KNOWN BY (IF ANY):	
ACN (IF REGISTERED IN AUSTRALIA):	
COUNTRY OF INCORPORATION (ESTABLISHMENT):	
COMPANY OR AGENT CONTACT DETAILS	
CONTACT NAME (AT THE COMPANY OR AGENT):	
EMAIL ADDRESS:	
PHONE NUMBER:	
MOBILE NUMBER:	
FAX NUMBER:	
PRINCIPAL PLACE OF BUSINESS (NOT A PO BOX)	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY (IF OUTSIDE OF AUSTRALIA):	
REGISTERED ADDRESS IF DIFFERENT TO PRINCIPAL PLACE OF BUSINESS (NOT A PO BOX)	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY (IF OUTSIDE OF AUSTRALIA):	

Directors/ Controllers

Please provide full name, and if applicable director identification number, of each individual with primary responsibility for the governance and executive decisions of the company (**including details of any individual(s) acting as a chief executive officer (or equivalent)**). If there are any additional individuals, please provide details on a separate sheet.

	FULL NAME(S)	DIRECTOR IDENTIFICATION NUMBER (IF AVAILABLE)	NATIONALITY
DIRECTOR 1			
DIRECTOR 2			
DIRECTOR 3			
DIRECTOR 4			

Nature of the business activity

☐ Corporate Trustee

☐ Custodian

☐ Other (specify):

Tax Declaration

Note - Collection of Australian Business Number (ABN) / Tax File Number (TFN) is authorised by law for taxation purposes. It is not an offence if you do not quote your ABN/TFN or exemption information, but if you do not provide us with that information then we are required to deduct tax from any income distribution at the highest marginal tax rate plus the Medicare levy and any other applicable levies or taxes.

ABN/ TFN	
OR	If no ABN/TFN is provided: ☐ The applicant does not wish to quote a ABN/TFN; ☐ The applicant is a foreign entity for tax resident; or ☐ The applicant is exempt from quoting a ABN/TFN by virtue of (please provide details supporting your claim for exemption quoting your ABN/TFN):

Account designation

Corporate margin lenders, nominees, or custodians should provide an account reference (if applicable)

ACCOUNT REFERENCE:	

Please indicate the Company type

☐ Public listed company* - Complete section 2.1, 2.4 (if foreign company) and 2.6

☐ Company controlled (directly or indirectly) by a publicly listed company - Complete section 2.2, 2.4 (if the controller is a foreign 'publicly listed company' (see definition below), provide details of the foreign controller in 2.4) and 2.6

☐ Licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company (e.g. APRA, ASIC) - Complete section 2.3 and 2.6

☐ All other Australian companies – Complete section 2.5, 2.6 and 2.7

☐ All other foreign companies - Complete section 2.4, 2.5 (if unlisted foreign company), 2.6 and 2.7 (if unlisted foreign company)

*publicly listed company means a company that is subject to public disclosure requirements (however imposed) that ensure transparency regarding the identity of any beneficial owner of that company

2.1 PUBLIC LISTED COMPANY

NAME OF EXCHANGE ON WHICH SHARES ARE LISTED:	

2.2 COMPANY CONTROLLED (DIRECTLY OR INDIRECTLY) BY A LISTED PUBLIC COMPANY

NAME OF PARENT COMPANY:	
EXCHANGE OF PARENT LISTING:	
PARENT ACN (IF REGISTERED IN AUSTRALIA):	
PARENT ABN (IF REGISTERED IN AUSTRALIA):	

2.3 LICENSED COMPANY SUBJECT TO REGULATORY OVERSIGHT

NAME OF REGULATOR:	
REGULATORY DETAILS (E.G. AFSL/ACL NUMBER, RSE LICENCE):	

2.4 FOREIGN COMPANY

☐ Tick if the company is registered with ASIC, and provide:

AUSTRALIAN REGISTERED BODY NUMBER (ARBN):	
NAME OF LOCAL AGENT IN AUSTRALIA (IF ANY):	
LOCAL AGENT'S ADDRESS IN AUSTRALIA:	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	

☐ Tick if the company is registered with a foreign registration body, and provide:

NAME OF FOREIGN REGISTRATION BODY (IN FULL):	
ID NUMBER ISSUED BY THE FOREIGN REGISTRATION BODY:	
PLEASE INDICATE COMPANY TYPE:	☐ Private/proprietary ☐ Public ☐ Other (please specify):
NAME OF LOCAL AGENT IN AUSTRALIA (IF ANY):	
LOCAL AGENT'S ADDRESS:	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	

☐ Tick if the company is **not** registered with a foreign regulatory body, and provide:	
PLEASE INDICATE COMPANY TYPE:	☐ Private/proprietary ☐ Other (please specify):
PRINCIPAL PLACE OF BUSINESS (IN HOME COUNTRY):	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY:	

2.5 BENEFICIAL OWNERS

Provide details of each shareholder who owns directly, jointly, or beneficially at least 25% of the company's issued capital. If there are more than 2 shareholders who more than 25%, provide as an attachment.

Beneficial Owner 1

☐ Tick if same as 'Individual 1' in section 1.1. If different, please complete below

TITLE:	
GIVEN NAME:	
SURNAME:	
ANY OTHER NAME(S) KNOWN BY:	
COUNTRY OF BIRTH:	
DATE OF BIRTH:	
NATIONALITY:	
RESIDENTIAL STREET ADDRESS OF INDIVIDUAL (NOT A PO BOX):	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY:	

Beneficial Owner 2

☐ Tick if same as 'Individual 2' in section 1.1. If different, please complete below

TITLE:	
GIVEN NAME:	
SURNAME:	
ANY OTHER NAME(S) KNOWN BY:	
COUNTRY OF BIRTH:	
DATE OF BIRTH:	
NATIONALITY:	
RESIDENTIAL STREET ADDRESS OF INDIVIDUAL (NOT A PO BOX):	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY:	

2.6 COMPANY IDENTIFICATION DOCUMENTS

In accordance with the customer due diligence requirements outlined in the AML/CTF Act, we are required to collect additional certified identification information, and also may require additional ongoing customer due diligence in future.

The documents must be **CERTIFIED COPIES** of the original. These documents will not be returned. Please provide all documents in the proper form otherwise we may not be able to accept or process your Application.

Australian Companies

Provide one of the following:

☐ Listed Australian company, or a majority owned subsidiary of a listed Australian company

- A search of the relevant domestic stock exchange, or a public document issued by the relevant company, showing the company name and ACN as evidence of the company's status as a listed entity or a majority owned subsidiary of a listed Australian entity (as applicable)

Or either

- An ASIC Company Extract showing the company name, ACN and registered office address; or
- A certified copy of the company's certificate of registration or incorporation issued by ASIC.

☐ Licensed/ regulated Australian proprietary company

- A search of the relevant ASIC database or a search of the licence or other records of the relevant regulator, as evidence of that company's regulated status.

Or either

- An ASIC Company Extract showing the company name, ACN and registered office address; or
- A certified copy of the company's certificate of registration or incorporation issued by ASIC.

☐ Other Australian company

- An ASIC Company Extract showing the company name, ACN and registered office address; or
- A certified copy of the company's certificate of registration or incorporation issued by ASIC.

Foreign Companies

Provide one of the following:

☐ ASIC Registered foreign company:

- An ASIC Company Extract showing the company name, ARBN and registered office address

And either

- A company extract sourced from the relevant foreign registration body showing the company name, identification number issued by the relevant foreign registration body, and registered office address.

OR

- A certified copy of the company's certificate of registration or incorporation issued by the relevant foreign registration body.

☐ Other foreign companies:

- A company extract sourced from the relevant foreign registration body showing the company name, identification number issued by the relevant foreign registration body, and registered office address.

Or

- A certified copy of the company's certificate of registration or incorporation issued by the relevant foreign registration body.

2.7 BENEFICIAL OWNER IDENTIFICATION DOCUMENTATION

All Beneficial Owners listed in section 2.5 must provide identification documents as set out for individuals in section 1.3 above.

The documents must be **CERTIFIED COPIES** of the original. These documents will not be returned. Please provide all documents in the proper form otherwise we may not be able to accept or process your Application.

Section 3 – Trust details

FULL NAME OF TRUST/ FUND:	
BUSINESS NAME OF THE TRUST IN FULL (IF ANY):	
ANY OTHER NAMES THE TRUST IS COMMONLY KNOWN BY (IF ANY):	
COUNTRY OF ESTABLISHMENT:	
NATURE OF BUSINESS ACTIVITY:	☐ SMSF ☐ Other (please specify):

Trustee details

Individual trustee(s) – complete section 1 of this Application Form

Corporate trustee – complete section 2 of this Application Form

Tax Declaration

Note - Collection of Australian Business Number (ABN) / Tax File Number (TFN) is authorised by law for taxation purposes. It is not an offence if you do not quote your ABN/TFN or exemption information, but if you do not provide us with that information then we are required to deduct tax from any income distribution at the highest marginal tax rate plus the Medicare levy and any other applicable levies or taxes

ABN/ TFN	
OR	If no ABN/TFN is provided: ☐ The applicant does not wish to quote a ABN/TFN; ☐ The applicant is a foreign entity for tax resident; or ☐ The applicant is exempt from quoting a ABN/TFN by virtue of (please provide details supporting your claim for exemption quoting your ABN/TFN):

Type of trust

TICK THE BOX TO INDICATE THE TYPE OF TRUST AND PROVIDE THE REQUIRED INFORMATION	☐ **Self-managed superannuation fund** (complete section 3.1, 3.2, 3.3 and 3.4) ABN: ☐ **Australian unregulated trust** (complete section 3.1, 3.2, 3.3 and 3.4) Specify type of trust (e.g. family, charitable, trading): ☐ **Registered managed investment scheme** (complete section 3.4) ARSN:

	☐ **Other Australian regulated trust** (complete section 3.4) Name of regulator (e.g. ASIC, APRA, ATO): Registration/ licensing details: ☐ **Government superannuation fund** (complete section 3.4) Name of legislation establishing the fund: ☐ **Foreign trust** (complete section 3.1, 3.2, 3.3 and 3.4) Specify type of trust:

3.1 SETTLOR OF THE TRUST

Complete this section only if 'Australian unregulated trust' or 'Foreign trust' is selected above. The settlor is the person who made the initial contribution to the trust.

The applicant certifies that either:

☐ The settlor is deceased, the initial contribution to the trust was less than $10,000 (please provide);

☐ The settlor is the same as 'Individual 1' disclosed in section 1.

☐ The settlor is the same as 'Individual 2' disclosed in section 2.

☐ None of the above, please provide details of the settlor below:

TITLE:	
GIVEN NAME:	
SURNAME:	
ANY OTHER NAME(S) KNOWN BY:	
COUNTRY OF BIRTH:	
DATE OF BIRTH:	
NATIONALITY:	
RESIDENTIAL STREET ADDRESS OF INDIVIDUAL (NOT A PO BOX):	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	

3.2 TRUST BENEFICIARY DETAILS

Complete this section only if 'Australian unregulated trust' or 'Foreign trust' is selected above. Provide details of each trust beneficiary. If there are more than two beneficiaries, please provide details on a separate sheet.

Beneficiary 1

TITLE:	
GIVEN NAME:	
SURNAME:	
ANY OTHER NAME(S) KNOWN BY:	
COUNTRY OF BIRTH:	
DATE OF BIRTH:	
NATIONALITY:	
RESIDENTIAL STREET ADDRESS OF INDIVIDUAL (NOT A PO BOX):	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY:	

Beneficiary 2

TITLE:	
GIVEN NAME:	
SURNAME:	
ANY OTHER NAME(S) KNOWN BY:	
COUNTRY OF BIRTH:	
DATE OF BIRTH:	
NATIONALITY:	
RESIDENTIAL STREET ADDRESS OF INDIVIDUAL (NOT A PO BOX):	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY:	

☐ Tick this box if the above does not apply and provide a description of each class of beneficiary (e.g. unitholders, charitable purposes):

3.3 BENEFICIAL OWNERS

Complete this section only if 'Australian unregulated trust' or 'Foreign trust' is selected above. Provide details of each individual:

- who directly or indirectly own 25% or more of the trust; and
- controls the activities of the trust, including controlling decision making, financial or operating policies. This includes the guardian, protector or appointer of the trust (who holds the power to appoint or remove the trustees of the trust) or equivalent.

If there are more than two beneficial owners, please provide details on a separate sheet.

Beneficial Owner 1

☐ Tick if same as 'Individual 1' in section 1.1. If different, please complete below

TITLE:	
GIVEN NAME:	
SURNAME:	
ANY OTHER NAME(S) KNOWN BY:	
COUNTRY OF BIRTH:	
DATE OF BIRTH:	
NATIONALITY:	
RESIDENTIAL STREET ADDRESS OF INDIVIDUAL (NOT A PO BOX):	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY:	

Beneficial Owner 2

☐ Tick if same as 'Individual 2' in section 1.1. If different, please complete below

TITLE:	
GIVEN NAME:	
SURNAME:	
ANY OTHER NAME(S) KNOWN BY:	
COUNTRY OF BIRTH:	
DATE OF BIRTH:	
NATIONALITY:	
RESIDENTIAL STREET ADDRESS OF INDIVIDUAL (NOT A PO BOX):	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY:	

3.4 TRUST IDENTIFICATION DOCUMENTS

In accordance with the customer due diligence requirements outlined in the AML/CTF Act, we are required to collect additional certified identification information, and also may require additional ongoing customer due diligence in future.

The documents must be **CERTIFIED COPIES** of the original. These documents will not be returned. Please provide all documents in the proper form otherwise we may not be able to accept or process your Application.

Self-Managed Superannuation Funds (SMSFs)

Provide one of the following:

☐ A certified copy or certified extract of the trust deed containing the names of the trust, each trustee, the beneficiaries, the settlor and any other controller (e.g. appointer or protector, if applicable)

Registered Managed Investment Schemes, Australian regulated trusts (excluding SMSFs) or Government Superannuation Funds

Provide one of the following:

☐ A copy of search results from ASIC;

☐ If the trust is a government superannuation fund, a copy or relevant extract of the legislation establishing the fund; OR

☐ Signed letter from a solicitor or qualified accountant, on letter dated within the last 12 months, containing the full name of each trustee and full name of the trust

All other unregulated Australian or foreign trusts

Provide one of the following:

☐ A certified copy or certified extract of the trust deed containing the names of the trust, each trustee, the beneficiaries, the settlor and any other controller (e.g. appointer or protector, if applicable)

3.5 BENEFICIAL OWNER IDENTIFICATION DOCUMENTATION

All Beneficial Owners listed in section 3.3 and Settlor of the Trust listed in section 3.1 must provide identification documents as set out for individuals in section 1.3 above.

The documents must be **CERTIFIED COPIES** of the original. These documents will not be returned. Please provide all documents in the proper form otherwise we may not be able to accept or process your Application.

Section 4 – Investment details

4.1 INVESTOR CONTACT DETAILS

All investors must complete this section. Advisers can provide their contact details in section 5.

Investor contact details will be used to communicate certain information required to be provided directly to investors under the Corporations Act (for example, periodic statements)

TITLE:	
GIVEN NAME:	
SURNAME:	
MOBILE NUMBER:	
PHONE NUMBER:	
EMAIL ADDRESS:	
STREET ADDRESS OR PO BOX 1:	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY (IF OUTSIDE OF AUSTRALIA):	
EMAIL ADDRESS:	
PHONE NUMBER:	
MOBILE NUMBER:	

4.2 SOURCE OF INVESTMENT FUNDS

PLEASE CONFIRM THE MAIN SOURCE OF THE FUNDS FOR THIS INVESTMENT. SELECT ALL APPLICABLE OPTIONS:

- ☐ Retirement income
- ☐ Employment income/savings
- ☐ Business activities
- ☐ Sale of assets
- ☐ Inheritance/gift
- ☐ Financial investments
- ☐ Other (please specify):

4.3 SOURCE OF WEALTH

PLEASE CONFIRM OVERALL SOURCE OF WEALTH AND ASSETS:	☐ Ownership of business ☐ Employment ☐ Inheritance ☐ Sale of property/ assets ☐ Other (please specify):

4.4 INVESTMENT DETAILS

Please indicate the amount you wish to invest in the Fund

FUND	MINIMUM INITIAL INVESTMENT	APPLICATION AMOUNT
Regal Partners Multi-Strategy Income Fund	$10,000	A$

4.5 PAYMENT METHOD

Please note, cleared subscription monies must be available in the Application Account no later than 5pm (Sydney time) at least three (3) Business Days prior to the relevant Subscription Day. Subscription funds received after the cut-off time may be processed on the next Subscription Day.

REGAL PARTNERS MULTI-STRATEGY INCOME FUND	**Account Name:** Boardroom Pty Limited ITF Regal Partners Multi-Strategy Income Fund - Application Account **BSB No:** 332-027 **Account No:** 556348088 **Bank:** St George Bank **SWIFT:** SGBLAU2S

4.6 DISTRIBUTION INSTRUCTIONS

Distributions in the Fund can be reinvested for additional units or paid in cash to your nominated bank account. Please indicate how you would like to receive distributions.

☐ Reinvest distributions in full in additional units in the Fund; or

☐ Pay distributions into my nominated bank account

4.7 NOMINATED BANK ACCOUNT

Please provide your account details in which you want distributions and redemptions paid.

NAME OF FINANCIAL INSTITUTION:	
NAME OF BRANCH:	
BRANCH ADDRESS:	
ACCOUNT NAME:	
BSB:	
ACCOUNT NUMBER:	

4.8 COMMUNICATION PREFERENCE

Annual report election

Please indicate how you wish to receive a copy of the Fund's annual financial report

☐ Email – Please email the annual financial report to my nominated email address

☐ Post – Please post the financial report to my registered address

☐ None – I do not wish to receive a copy of the annual financial report

Investment confirmations election

I/We would like confirmation of my Applications/redemptions to be provided.

☐ Email (if no boxes are ticked this is the default option)

☐ Post

Privacy and marketing material election

From time to time the Responsible Entity, its related bodies corporate or its affiliates may send you investment education material, including quarterly investment reports and inform you about other products and related offers issued by the Responsible Entity.

☐ Tick this box if you **do not** wish to receive educational material and information on other products and offers

Section 5 – Financial adviser nomination

Adviser details	
NAME OF ADVISER:	
NAME OF ADVISORY FIRM:	
NAME OF DEALER GROUP:	
ADVISER GROUP (IF APPLICABLE):	
AFSL NUMBER (DEALER GROUP):	
STREET ADDRESS (NOT A PO BOX)	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY (IF OUTSIDE OF AUSTRALIA):	
POSTAL ADDRESS (IF DIFFERENT TO STREET ADDRESS)	
STREET ADDRESS 1:	
STREET ADDRESS 2:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY (IF OUTSIDE OF AUSTRALIA):	
CONTACT DETAILS	
ADVISER'S EMAIL ADDRESS:	
ADMINISTRATION EMAIL ADDRESS (FOR CLIENT CONFIRMATIONS AND STATEMENTS – IF DIFFERENT TO THE FINANCIAL ADVISER'S EMAIL ADDRESS):	
PHONE NUMBER:	
MOBILE NUMBER:	
FAX NUMBER:	

Adviser Declaration

I declare that I am the financial adviser appointed by the applicant.

	FINANCIAL ADVISER
SIGNATURE:	
DATE:	

Section 6 – Politically Exposed Persons

A 'Politically-Exposed Person' (**PEP**) is an individual who holds (either within or outside Australia) prominent public position or functions in a government body or an international organisation. This extends to any immediate family members or close associates.

Please provide the names of all persons named within this Application Form that are a PEP (or family member or close associate of a PEP). Otherwise, please write 'NOT APPLICABLE':

Section 7 – Automatic Exchange of Information (AEOI) Self Certification Form

This section is used to record your Tax Residency in accordance with the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). Please complete the relevant sections based on your investor type.

INVESTOR TYPE	COMPLETE SECTIONS
INDIVIDUAL	7.1 & 7.4
SELF-MANAGED SUPERANNUATION FUND	7.2 & 7.4
APRA REGULATED SUPERANNUATION FUND, AUSTRALIAN GOVERNMENT OR SEMI-GOVERNMENT SUPERANNUATION FUNDS AND POOL SUPER TRUSTS	7.2 & 7.4
ALL OTHER ENTITIES INCLUDING COMPANIES, NON-SUPERANNUATION TRUSTS/ FAMILY TRUSTS	7.3 & 7.4

7.1 INDIVIDUAL

FULL NAME OF INDIVIDUAL 1:	
DATE OF BIRTH:	
RESIDENTIAL ADDRESS (STREET, CITY, COUNTRY, POSTCODE):	

Are you a tax resident of any country outside Australia?

☐ No: I am solely an Australian tax resident.

☐ Yes:

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

b. If you are a tax resident of more than one jurisdiction please include details for all jurisdictions of which you are a tax resident.

	1.	2.	3.
COUNTRY OF TAX RESIDENCE			
TIN			
IF NO TIN, LIST REASON A, B OR C*			

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

Reason B The individual is unable to obtain a TIN or equivalent – please explain why

Reason C No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

FULL NAME OF INDIVIDUAL 2 (IF APPLICABLE):	
DATE OF BIRTH:	
RESIDENTIAL ADDRESS (STREET, CITY, COUNTRY, POSTCODE):	

Are you a tax resident of any country outside Australia?

☐ No: I am solely an Australian tax resident.

☐ Yes:

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

b. If you are a tax resident of more than one jurisdiction please include details for all jurisdictions of which you are a tax resident.

	1.	2.	3.
COUNTRY OF TAX RESIDENCE			
TIN			
IF NO TIN, LIST REASON A, B OR C*			

* **Reason A** The country of tax residency does not issue TINs to its tax residents
Reason B The individual is unable to obtain a TIN or equivalent – please explain why
Reason C No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Proceed to section 7.4

7.2 SELF-MANAGED SUPERANNUATION FUND, APRA REGULATED SUPERANNUATION FUND, AUSTRALIAN GOVERNMENT OR SEMI-GOVERNMENT SUPERANNUATION FUNDS AND POOL SUPER TRUSTS

Are you a trustee of a self-Managed Superannuation Fund, APRA regulated superannuation fund, Australian Government or semi-government superannuation funds and pool super trusts?

☐ Yes

☐ No

If Yes, provide the ABN for the superannuation fund ABN: ☐☐☐☐☐☐☐☐☐☐☐

Proceed to section 7.4

Note – We will use the provided ABN to verify if you are a complying SMSF or pool super trust. If we are unable to verify, you will be required to complete section 7.3.

7.3 ALL OTHER ENTITIES (INCLUDING COMPANIES, FAMILY TRUSTS OR NON-SUPERANNUATION TRUSTS)

ENTITY NAME:	
REGISTERED ADDRESS (STREET, CITY, COUNTRY, POSTCODE):	
POSTAL ADDRESS (IF DIFFERENT) (STREET, CITY, COUNTRY, POSTCODE):	

A. Tax residency

Are you a tax resident of any country outside Australia?

☐ No: I am solely an Australian tax resident.

☐ Yes:

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

b. If you are a tax resident of more than one jurisdiction please include details for all jurisdictions of which you are a tax resident.

	1.	2.	3.
COUNTRY OF TAX RESIDENCE			
TIN			
IF NO TIN, LIST REASON A, B OR C*			

* **Reason A** The country of tax residency does not issue TINs to its tax residents
Reason B The entity is unable to obtain a TIN or equivalent – please explain why
Reason C No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

B. FATCA and CRS status

Please specify your FATCA and CRS status by selecting one of the options below. Please refer to https://www.ato.gov.au/general/international-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-information---crs-and-fatca/?page=8#8_Glossary for definitions of entity types.

☐ Financial Institution – please also complete the table below.

PROVIDE YOUR GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN)	
ARE YOU AN INVESTMENT ENTITY THAT IS RESIDENT IN A NON-PARTICIPATING JURISDICTION FOR CRS PURPOSES (AND MANAGED BY ANOTHER FINANCIAL INSTITUTION)?	☐ Yes: please provide details of your controlling persons below ☐ No
IF YOU ARE A FINANCIAL INSTITUTION BUT DO NOT HAVE A GIIN, PLEASE SPECIFY YOUR FATCA STATUS:	☐ Trustee Documented Trust or Sponsored Investment Entity. Please provide your Trustee's/Sponsor's name and GIIN. Trustee's/Sponsor's Name: ☐ Trustee's/Sponsor's GIIN: ☐ Other (e.g. Non-Reporting FI/Deemed Compliant FFI other than a Trustee Documented Trust or Sponsored Investment Entity – please specify type) Details:

☐ Active NFE - Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

☐ Active NFE - Corporation whose stock is regularly traded on an approved stock exchange or a related entity of a regularly traded corporation – Name of listed entity and name of exchange:

☐ Active NFE - Governmental Entity, International Organisation or Central Bank

☐ Active NFE - Other: Please specify

☐ Other - Passive NFE (Please provide details of your controlling persons below)

Identification of Controlling Persons (if required) - A controlling person is the natural person(s) who exercises control over the entity. This will vary depending on the nature of the entity, ownership arrangements and may encompass direct or indirect ownership. For example, it includes:

- for a company other than a listed company, any person holding more than 25% of the company's shares
- for a trust, controlling persons are the trustee, protector/guardian/appointor, beneficiary(ies), settlor or any other natural person exercising ultimate effective control over the trust. The settlor, trustee, protector/guardian/appointor, and the beneficiary(ies) or class(es) of beneficiaries must always be treated as controlling persons of a trust, regardless of whether or not any of them exercises control over the trust

You must provide controlling person details if you are either:

- an Investment Entity that is resident in a Non-Participating Jurisdiction for CRS purposes (and managed by another Financial Institution); or
- a Passive NFE

Is any controlling person a tax resident of any country outside Australia?

☐ No: Proceed to section 7.4

☐ Yes: please provide details of your controlling persons

	CONTROLLER 1	CONTROLLER 3	CONTROLLER 3
NAME			
DATE OF BIRTH			
RESIDENTIAL ADDRESS			
STREET ADDRESS 1			
STREET ADDRESS 2			
SUBURB			
STATE			
POSTCODE			
COUNTRY (IF OUTSIDE OF AUSTRALIA)			
COUNTRY OF TAX RESIDENCE			
TIN OR EQUIVALENT			
IF NO TIN, LIST REASON A, B OR C*			
CONTROLLING PERSON (CP) ROLE**			

* **Reason A** The country of tax residency does not issue TINs to its tax residents
Reason B The entity is unable to obtain a TIN or equivalent – please explain why
Reason C No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

** Please indicate at least one of the following options to identify the role(s) of a Controlling Person with respect to the entity concerned.

1. CRS801 = CP of legal person – ownership
2. CRS802 = CP of legal person – other means
3. CRS803 = CP of legal person – senior managing official
4. CRS804 = CP of legal arrangement – trust – settlor
5. CRS805 = CP of legal arrangement – trust – trustee
6. CRS806 = CP of legal arrangement – trust – protector
7. CRS807 = CP of legal arrangement – trust – beneficiary
8. CRS808 = CP of legal arrangement – trust – other
9. CRS809 = CP of legal arrangement – other – settlor-equivalent
10. CRS810 = CP of legal arrangement – other – trustee-equivalent
11. CRS811 = CP of legal arrangement – other – protector-equivalent
12. CRS812 = CP of legal arrangement – other – beneficiary-equivalent
13. CRS813 = CP of legal arrangement – other – other-equivalent

Proceed to section 7.4

7.4 DECLARATION

- I acknowledge that the information contained in this form and information regarding the investor and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the investor may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- I certify that I am authorised to sign for the investor in respect of all the account(s) to which this form relates.
- I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- I undertake to advise the recipient of this form within 30 days in the event that any change in circumstances causes any of the information contained herein to be inaccurate or incomplete. I agree to provide the recipient of this form with an updated self-certification form within 30 days of any such changes.

	INITIAL INVESTOR 1	INITIAL INVESTOR 2 (IF APPLICABLE)
SIGNATURE:		

Section 8 – Powers of Attorney

POWERS OF ATTORNEY & AUTHORISED REPRESENTATIVE DETAILS

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

We may act on the sole instructions of the authorised representative until you advise us in writing that the appointment of your authorised representative has terminated. If signed under power of attorney, the attorney declares that he or she has not received notice of revocation of that power. The applicant is to provide proof of the power of attorney in a form that is satisfactory to Regal or the Unit Registry.

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.

IDENTIFICATION REQUIREMENTS	☐ I/we have attached a certified copy of the Power of Attorney.
GIVEN NAME:	
SURNAME:	
SIGNATURE OF AUTHORISED REPRESENTATIVE/ POA:	
DATE:	

Section 9 – Declarations

I/we declare, agree, acknowledge and/or warrant that:

- I/we have received an electronic or paper copy of the current PDS. The Application Form relates to the current PDS, dated 1 September 2026. I/we have read and understood the PDS, and agree to be bound by the terms and conditions of the PDS and the Constitution for the Fund, as may be amended from time to time;
- I/we am/are a Wholesale Client as defined in the Corporations Act 2001 (Cth). I/we certify that as Wholesale Client (requiring an accountant certificate to be provided to the Responsible Entity) that the units in the Fund are not being acquired for use in connection with a business;
- I/we have received the PDS, and completed the Application Form, whilst located in Australia;
- All details in this Application are true and correct in every detail and should any details change I/we will promptly notify the Responsible Entity;I/ we understand that this Application Form does not form part of the PDS;
- I/we have read the pages of the PDS containing the information on privacy and personal information. My/our personal information can be used by the Responsible Entity, and shared with a regulatory authority or the Responsible Entity's related bodies corporate, affiliates or service providers as necessary, to allow the proper administration of my/our investment, or to provide other investment opportunities being promoted by the Responsible Entity;
- None of the Responsible Entity, Regal Entities, its directors, officers or employees, or any of its related bodies corporate, affiliates, its directors, officers or employees, or agents and service providers have provided any investment, financial or taxation advice, or guarantees the performance of the Fund or the repayment of capital or of any particular rate of return, or any distribution. I/we have read the pages of the PDS containing the information regarding risks and taxation, and I/we represent that we did not in any way rely on this information and I/we have sought our own specific and detailed financial and taxation advice regarding an investment in the Fund prior to making our investment decision;
- The Fund is subject to risks, and their investment strategy is subject to change from time to time, and I/we accept the possible volatility, illiquidity, and possible loss, of my/our investment capital. Investments in the Fund are not deposits with or other liabilities of the Responsible Entity or related bodies corporate, affiliates, associates or officers of any of the above entities;
- If I/we am/are resident in a jurisdiction other than Australia, I/we represent and warrant that I/we am/are authorised to invest in the offer without the Responsible Entity, the Fund, and/or PDS being registered and/or authorised by the regulator in the country in which I/ we am/are domiciled. I/we fully indemnify the Responsible Entity for all costs, fee, fines and/or any other regulatory charges that may be incurred by the Responsible Entity as a result of accepting my Application;
- If signing on behalf of a company as a sole signatory, that I am signing as a sole director and sole secretary of the company, and/or if investing as trustee, on behalf of a superannuation fund or trust, that I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of a superannuation fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Superannuation) Act 1993;
- in the case of joint Applications, the joint Applicants agree that unless otherwise expressly indicated on this Application Form, our investment is as joint tenants and either Applicant is able to operate the account and bind the other Applicant for future transactions, including additional deposits and withdrawals, including withdrawals by fax;
- I/we have read the pages of the PDS containing the information on fees and other costs. I/We understand the methodology under which all fees are charged, including that the performance fees are calculated on a unit-by-unit basis and charged to the Fund as a whole;
- The Responsible Entity (or its agents) may apply the TFN, ABN, or other taxpayer identification number provided in this Application Form and authorise it to be applied to all future Applications and redemptions for units, including reinvestments, unless I/we otherwise advise;
- The Responsible Entity (and its agents) is authorised to provide my personal information to my financial adviser and their dealer group, details of whom are set out in Section 5, and/or to other parties where I have provided the Responsible Entity with the instruction to do so;
- I/we consent that where I/we have provided an email address and/or agreed to have access to InvestorServe, the Responsible Entity may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website instead of by physical delivery;
- I/we release and indemnify the Responsible Entity against any liabilities whatsoever arising out of it (or its agents) acting on any information provided by me, or any communications received by fax, email or by any other means. I/we acknowledge that any communication is validly taken by the Responsible Entity to be from me/us if it includes my/our account/investor number;
- The Responsible Entity reserves the right to not accept any Application Form in its absolute discretion;
- If at any time where the Responsible Entity determines (in its sole discretion) that:
  - I/we are ineligible to hold units in the Fund, and/or have provided misleading, inadequate and/or incomplete information in my/our Application Form and identification documentation (initially or in the future); or
  - I/we owe amounts to the Responsible Entity (or directly/indirectly to any regulatory body);

then I/we irrevocably appoint the Responsible Entity as my/our agent to submit a redemption request on my/our behalf for all or part of my/our units (as required) in the Fund and garnish (as necessary) the redemption proceeds to satisfy my/or obligations;

- I/we have provided all information in relation to allowing me/us and the Responsible Entity to comply with all obligations under the relevant AML/CTF and FATCA/CRS laws and regulations, and that to the best of my knowledge and belief this information is accurate and complete. I/we will comply and will continue to comply with applicable AML/CTF laws and regulations, including but not limited to the law and regulations of Australia in force from time to time (**AML/CTF Law**). Unless declared in Section 6, I/we am/ are not a 'politically exposed' person(s) or organisation(s) for the purposes of any AML/CTF Law. I/we am/are not aware and have no reason to suspect that the moneys used to fund my/our investment have been or will be derived from or related to any money laundering, terrorism financing or similar activities illegal under applicable laws or regulations ('illegal activity'); or that the proceeds of my/our investment in a Fund will be used to finance any illegal activities;
- I/we acknowledge and agree that information contained in this Application and information regarding the account(s) may be provided to the ATO, and they may exchange this information with the country or countries in which I/the account holder am/is resident for tax purposes. I/we undertake to advise the Responsible Entity promptly of any change in circumstance which causes the information contained herein to become incorrect, and to provide a suitably updated information and FATCA/CRS self-certification within 30 days of such changes in circumstances. I/we certify that I/we am/are authorised to sign on behalf of this account for which the FATCA/CRS declarations relate, and undertake to notify all persons (if any) of the completion of my/our declarations, and that their information may be shared with the authorities of the country in which they are resident for tax purposes; and
- I/we am/are not a US Person(s), and I/we am/are not intending to, and will not, hold the units on behalf of a US Person(s).

	NAME OF INVESTOR 1, TRUSTEE 1, DIRECTOR OR AUTHORISED SIGNATORY	NAME OF INVESTOR 2, TRUSTEE 2, DIRECTOR OR AUTHORISED SIGNATORY
SIGNATURE:		
FULL NAME:		
DATE:		
TICK CAPACITY (MANDATORY FOR COMPANIES):	☐ Director/ Sole Director ☐ Secretary ☐ Individual investor 1 ☐ Individual trustee 1	☐ Director/ Sole Director ☐ Secretary ☐ Individual investor 2 ☐ Individual trustee 2

Joint applicants must both sign. Applications on behalf of a Company must be signed by two Directors or one Director and Secretary or the Sole Director

Please email or post the original completed Application Form and relevant certified copies of the identification documents to:

Boardroom Pty Limited
GPO Box 3993 Sydney NSW 2001
Attention: Unlisted Fund Services (Regal)
Fax: 02 9252 1987 (unlisted)
Email: regal.funds@boardroomlimited.com.au

Application or General Fund Enquiries:

Telephone: + 612 8197 4333
Email: investorrelations@regalpartners.com