

# THYMOS GLOBAL EQUITIES LONG ONLY FUND

This Application Form accompanies the Information Memorandum dated 1 July 2021 (IM) issued by One Fund Services Limited ABN 56 615 523 003 (Issuer) in its capacity as trustee of the Thymos Global Equities Long Only Fund (Fund).

It is important that you read the IM in full and the acknowledgements contained in this Application Form before applying for Units.

Unless otherwise defined, capitalised terms used in this Application Form have the same meaning given to them in the IM.

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

Investor Type	Complete
Existing Investor	Page 22
Individual/Joint Investors/Sole Traders	Sections 1, 2, 5, 6, 7, 8, 9 and 10
Company	Sections 1, 3, 5, 6, 7, 8, 9 and 10
Trust/Superannuation Fund with Individual Trustee	Sections 1, 2, 4, 5, 6, 7, 8, 9 and 10
Trust/Superannuation Fund with Corporate Trustee	Sections 1, 3, 4, 5, 6, 7, 8, 9 and 10
Accountant's Certificate	Page 23

#### If investing via a Financial Adviser

Please ensure both you and your financial adviser also complete 'Section 11. Financial Adviser Details and Customer Identification Declaration'. You do not need to provide copies of your certified identification documentation with your Application Form if this information has been provided to your financial adviser, your financial adviser has elected to retain this information, and agreed to make it available upon request, under Section 11 of this Application Form.

Application Process:  Step 1 - Complete the Form (i.e. fill in all relevant sections of this form in blue or black pen)  Step 2 - Send your Application  Select your method of delivery below:
Option 1 - Email - Scan and email your application to info@oneregistryservices.com.au (please include all supporting documents)
Option 2 - Post/Delivery - Please post the completed application form and all supporting documents to: Thymos Global Equities Long Only Fund Unit Registry PO Box R1479 Royal Exchange NSW 1225
(please include all supporting documents)  Option 2 - Post/Delivery - Please post the completed application form and all supporting documents to:  Thymos Global Equities Long Only Fund Unit Registry PO Box R1479

If none of the above categories are applicable to you, or you have other questions relating to this Application Form, please contact the registrar on +61 2 8188 1510 or email info@oneregistryservices.com.au. You can find more information on One Registry Services, including its Privacy Policy, at www.oneregistryservices.com.au

#### Personal Information required in this Application Form and Applicable Laws include for example:

- (i) Anti-Money Laundering and Counter-Terrorism Financing Rules aim to prevent money laundering and the financing of terrorism by imposing a number of obligations on the financial sector;
- (ii) Corporations Act 2001 the issuer is required to maintain a register of members' interests; and
- (iii) The U.S. Foreign Account Tax Compliance Act (FATCA) and OECD Common Reporting Standard (CRS) regulatory requirements that aim to deter tax evasion by U.S. and other foreign taxpayers. Internationally, Governments (through their tax offices) have entered into agreements, which mean we must ask you, and you must answer, the questions as set out in Section 6 of this Application Form. Information we gather may be reported to the Australian Taxation Office (ATO). In turn, the ATO may report the information to the relevant foreign tax authorities. For more information, visit ato.gov.au. Each investor will need to complete the FATCA and CRS Sections as set out in Section 6 of this Application Form. We have also provided some general guidance for you in Section 13 of this Application Form. If you require any specific information or are unsure of any classification, please contact a legal or accounting professional for further assistance.

Section 8 of this Application Form provides more details on Privacy.

If you do not provide the information requested in this Application Form, we may not be able to process your application and provide you with the services and products described in the IM or provide you with information about other products and services.



# **INVESTMENT DETAILS** 1.1 DETAILS I/we apply to invest in the Thymos Global Equities Long Only Fund. Amount: AUD \$ (Minimum of AUD \$ 100,000) Please tick the box beside your chosen payment method and complete the required details. Cheques are currently not being accepted. **Electronic Funds Transfer or Direct Deposit** Bank: St George Reference: 'Investor surname/company or trust name' (as applicable) Account Name: One Registry Services Pty Ltd - Thymos Applications Account BSB: 332-027 Account number: 555 706 867 Date of Transfer Reference Used **Source of Investment Funds** Please identify the source of your investable assets or wealth: Gainful employment Inheritance/gift Business activity Superannuation savings Financial Investments Other - please specify What is the purpose of this investment?

#### 1.2 WHOLESALE CLIENT

Savings

Retirement

I acknowledge that one of the following circumstances apply to me (please indicate):

Growth

**Business account** 

(a) I am/we are applying for units at a price, or for the value of at least AUD \$500,000 under this Application Form
 (b) I have/we have net assets of at least AUD \$2.5 million, and I am/we are applying for Units in the Fund for a purpose other than for use in connection with a business

Income

- (c) I have/we have a gross income for each of the last two financial years of at least AUD \$250,000 per year, and I am/we are applying for Units in the Fund for a purpose other than for use in connection with a business
   (d) I am/we are a 'professional investor' as defined in the Corporations Act\*
- (d) Talli, we are a professional livestor as defined in the corporations Act

If (b) or (c) applies, please provide an Accountant's Certificate with your Application Form (a template can be located at the end of this form).

\*If you consider yourself a 'professional investor' please contact the Registrar on the number provided in order to complete the appropriate forms.

# 2. INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS/INDIVIDUAL TRUSTEES - APPLICATION FORM

Complete this section if you are investing in your own name, including as a sole trader.

2.1 INVESTOR DETAILS			
INVESTOR 1			
Title		Date of Birth	
Title		Date of Birth	
Given Names		Surname	
Place of Birth (City/Town)		Country of Birtl	<u> </u>
Place of Birtif (City/Town)		Country of Birti	
Residential Address (not a PO Box)			
Suburb	State	Postcode	Country
Email			
Mobile Number		Telephone	
Occupation			
Occupation			
<b>INVESTOR 2</b> (only applicable for join	nt investors)		
Title		Date of Birth	
Given Names		Surname	
Diago of Dirth (City/Town)		Country of Digt	h
Place of Birth (City/Town)		Country of Birtl	· · · · · · · · · · · · · · · · · · ·
Residential Address (not a PO Box)			
Suburb	State	Postcode	Country
		- Osteode	Country
Email			
Mobile Number		Telephone	
		,	
Occupation			
If there are more than two individuals ple	ease provide details a	nd attach to this	Application Form
a.	p. c de detallo d		
ADDITIONAL INFORMATION FOR S	OLE TRADERS (on	ly applicable if	applying as a Sole Trader)
Full Business Name (if any)			
Australian Business Number (if obtained	)		
Australian Dusiness Number (ii Obtained	)		
Address of Principal Place of Business (n	ot a PO Box). If same	as residential add	dress given above, mark 'As Above'.
Suburb	State	Postcode	Country
		- Osteode	

#### 2.2 IDENTIFICATION DOCUMENTS

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (**AML/CTF**) legislation, we must collect certain information from prospective investors and their beneficial owners supported by CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners. Certification date must be no more than 12-months-old.

Please refer to Section 12 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select one of the following options to verify each investor an	d Beneficial Owner.	
Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or		
Provide a certified copy of a passport that contains a photograph and signature of the passport holder.		
3. COMPANY/CORPORATE TRUSTEE - APPLIC	ATION FORM	
Complete this section if you are investing for, or on behalf of, a		
3.1 COMPANY DETAILS		
Full Company Name		
rui Company Name		
Country of Formation, Incorporation or Registration		
ARBN (if registered with ASIC)	ACN/ABN (if registered in Australia)	
Tay File Number or Exemption Code (Australian residents)	AES Licence Number (if applicable)	
Tax File Number or Exemption Code (Australian residents)  AFS Licence Number (if applicable)		
Name of Regulator (if licenced by an Australian Commonwealth	, State or Territory statutory regulator)	
Registered Business Address in Australia or in Country of Forma	ation	
Suburb State	Postcode Country	
Principal Place of Business (not a PO Box address)		
Suburb State	Postcode Country	
If an Australian Company, registration status with ASIC.		
Proprietary Company Public Company		
If a Foreign Company, registration status with the relevant fore		
Private/Proprietary Company Public Company	Other - Please Specify	
Name of Relevant Foreign Registration Body	Foreign Company Identification Number	
Is the Company listed?		
No Yes - Name of Market/Stock Exchange		
 Is the Company a majority-owned subsidiary of an Aust	ralian listed company?	
No Yes - Name of Australian Listed Company		
- Name of Market/Stock Exchange		

# 3.1.1 DIRECTORS OF THE COMPANY/CORPORATE TRUSTEE If the company is registered as a proprietary company by ASIC or a private company by a foreign registration body, please list the name of each director of the company. Director 1 - Full Name Director 4 - Full Name Director 2 - Full Name Director 5 - Full Name Director 3 - Full Name Director 6 - Full Name If there are more than six directors please provide their full names on a separate page and attach to this Application Form. 3.1.2 BENEFICIAL OWNERS OF THE COMPANY/CORPORATE TRUSTEE Please provide details of the Beneficial Owner of the company who directly or indirectly controls the company in Section 6.7. Please refer to Section 13 if you are unsure as to what Beneficial Owner means. 3.2 CONTACT PERSON DETAILS (Financial Adviser details not accepted) Given Names Surname Postal Address Suburb Postcode State Country **Fmail** Mobile Number Telephone 3.3 IDENTIFICATION DOCUMENTS To comply with AML/CTF legislation, we must collect certain identification documents from prospective investors and their beneficial owners supported by CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners. Certification date must be no more than 12-months-old. Please refer to Section 12 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment. Select one of the following options to verify the company. Perform a search of the ASIC database (unit registry to perform on behalf of the investor); or

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

Provide a certified copy of the certification of registration issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public).

Select one of the following options to verify the Officeholders who have signed the Application Form and Beneficial Owners identified in Section 6.7.

Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or

Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

## 4. TRUST/SUPERANNUATION FUND

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund.

4.1 TRUST/FUND DETAILS	
Full Name of Trust/Superannuation Fund	
Country of Establishment	
Country of Establishment	
Tax File Number or Exemption Code	Australian Business Number (if any)
<b>4.1.1 TYPE OF TRUST</b> (Please tick <b>ONE</b> box from the list below to indicate the type	e of Trust and provide the required information)
Type A: Regulated Trust (e.g. self-managed superan	inuation fund)
Name of regulator (e.g. ASIC, APRA, ATO)	Registration/Licensing details
Type B: Government Superannuation Fund	
Name of the legislation establishing the fund	
Type C: Foreign Superannuation Fund  Name of Regulator	Registration/Licensing Details
Type D: Other Type of Trust/Unregulated Trust  Trust Description (e.g. family, unit, charitable)	
,,	
4.2 ADDITIONAL INFORMATION FOR TYPE C AND	TYPE D TRUSTS
4.2.1 SETTLOR OF THE TRUST	
Tick this box if the initial contribution was less than AU	D \$10,000.
Tick this box if the settlor of the trust is deceased.	
Provide the full name and address of the settlor of the	trust
Given Names	Surname
Postal Address	
Suburb State	Postcode Country
4.2.2 BENEFICIARY DETAILS	nce to a membership of a class?
Do the terms of the Trust identify the beneficiaries by referen  Yes - Describe the class of beneficiaries below (e.g. uni	
charitable purposes)	
,	ect of the trust in Section 6.7 (includes beneficial owners fer to Section 13 if you are unsure as to what Beneficial

#### 4.3 TRUSTEE DETAILS

If a trustee is an individual, please also complete Section 2. If a trustee is a company, please also complete Section 3.

#### 4.4 IDENTIFICATION DOCUMENTS

To comply with AML/CTF legislation, we must collect certain information from prospective investors and their beneficial owners, supported by CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners. Certification date must be no more than 12-months-old.

Please refer to Section 12 for details of how to arrange certified copies. Please provide all documents in the proper format, otherwise we may not be able to process your application for investment.

Perform a search of the relevant regulator's website e.g. 'Super Fund Lookup' (unit registry to perform on behalf of the investor);  Provide a copy of an offer document of the managed investment scheme e.g. a copy of a Product Disclosure Statement or  Provide a copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.  For Trusts identified under 4.1.1 as Type C & Type D - select one of the following options to verify the Trust.  Provide a certified copy or a certified extract of the Trust Deed containing the cover page, recitals and signature page;  Provide an original letter from a solicitor or qualified accountant that confirms the name of the Trust and full name of the settlor of the Trust; or  Provide a notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).  For Trusts identified under 4.1.1 as Type C & Type D - select one of the following options to verify the Beneficiaries and the Beneficial Owners identified in Section 6.7.  Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or  Provide a certified copy of a passport that contains a photograph and signature of the passport holder.  AND relevant identification documents for the trustee as specified in Section 2 or 3 (as applicable).  5. PAYMENT INSTRUCTIONS DISTRIBUTIONS AND WITHDRAWALS  Please indicate how you would like your distributions to be paid by ticking one box only, if this is a new investment and no nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution of the pass provide your financial institution account details as per below).  Financial Institution Account Details (must be an Australian financial institution)  Please provide account details for the credit of	For	Trusts identified under 4.1.1 as Type A & Type B - select	one of the following options to verify the Trust.
Statement; or  Provide a copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.  For Trusts identified under 4.1.1 as Type C & Type D - select one of the following options to verify the Trust.  Provide a certified copy or a certified extract of the Trust Deed containing the cover page, recitals and signature page;  Provide an original letter from a solicitor or qualified accountant that confirms the name of the Trust and full name of the settlor of the Trust; or  Provide an original letter from a solicitor or qualified accountant that confirms the name of the Trust and full name of the settlor of the Trust; or  Provide a notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).  For Trusts identified under 4.1.1 as Type C & Type D - select one of the following options to verify the Beneficiaries and the Beneficial Owners identified in Section 6.7.  Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or  Provide a certified copy of a passport that contains a photograph and signature of the passport holder.  AND relevant identification documents for the trustee as specified in Section 2 or 3 (as applicable).  5. PAYMENT INSTRUCTIONS DISTRIBUTIONS AND WITHDRAWALS  Please indicate how you would like your distributions to be paid by ticking one box only, if this is a new investment and nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distributions is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:  Reinvest in the Fund; or  Pay to my/our account (Please provide your financial institution account details as per below).  Financial Institution Account Details (must be an Australian financial institution)  Please provide account details for the credit of withdrawals and credit of distributions.			'Super Fund Lookup' (unit registry to perform on behalf
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Provide a certified copy or a certified extract of the Trust Deed containing the cover page, recitals and signature page;  Provide an original letter from a solicitor or qualified accountant that confirms the name of the Trust and full name of the settlor of the Trust; or  Provide a notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).  For Trusts identified under 4.1.1 as Type C & Type D - select one of the following options to verify the Beneficiaries and the Beneficial Owners identified in Section 6.7.  Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or  Provide a certified copy of a passport that contains a photograph and signature of the passport holder.  AND relevant identification documents for the trustee as specified in Section 2 or 3 (as applicable).  5. PAYMENT INSTRUCTIONS DISTRIBUTIONS AND WITHDRAWALS  Please indicate how you would like your distributions to be paid by ticking one box only. If this is a new investment and no nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:  Reinvest in the Fund; or  Pay to my/our account (Please provide your financial institution account details as per below).  Financial Institution Account Details (must be an Australian financial institution)  Please provide account details for the credit or withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.  Bank/Institution			blishing the government superannuation fund sourced
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Description of the section of the s		Provide a certified copy of a passport that contains a ph	otograph and signature of the passport holder.
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Please indicate how you would like your distributions to be paid by ticking one box only. If this is a new investment and no nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:  Reinvest in the Fund; or  Pay to my/our account (Please provide your financial institution account details as per below).  Financial Institution Account Details (must be an Australian financial institution)  Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.  Bank/Institution  Branch  Account Name			
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Pay to my/our account (Please provide your financial institution account details as per below).  Financial Institution Account Details (must be an Australian financial institution)  Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.  Bank/Institution  Branch  Account Name	no no Ther	omination is made, distributions will be reinvested. A nome e may be periods in which no distribution is payable, or w	ination in this section overrides any previous nominations.
Financial Institution Account Details (must be an Australian financial institution)  Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.  Bank/Institution  Branch  Account Name		Reinvest in the Fund; or	
Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.  Bank/Institution  Branch  Account Name		Pay to my/our account (Please provide your financial ins	stitution account details as per below).
Account Name	Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice		
	Bank	/Institution	Branch
BSB Account Number	Acco	ount Name	
BSB Account Number			
	BSB		Account Number

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

#### 6. ACCOUNT HOLDER'S TAX RESIDENCY AND CLASSIFICATION - FATCA & CRS

The certification is being used to comply with the U.S. Foreign Account Tax Compliance Act (**FATCA**) and OECD Common Reporting Standards (**CRS**).

The account holder is the person listed or identified as applicant in Sections 2, 3 and 4 (Account Holder).

The Account Holder's Country of Tax Residence, Tax payer Identification Number (**TIN**) or Tax File Number (**TFN**), Global Intermediary Identification Number (**GIIN**), FATCA Status, CRS Status and Controlling Persons (includes Beneficial Ownership details) must be provided in this section. If the person opening the account is not a Financial Institution and is acting as an intermediary, agent, custodian, nominee, signatory, investment advisor or legal guardian on behalf of one or more other account holders, this form must be completed by or on behalf of that other person who is referred to as the Account Holder.

Please refer to Section 13 for the relevant definitions and FATCA/CRS classifications.

If you are unable to complete this form please seek appropriate advice relating to the tax information required. For further details relating to the implementation of FATCA and CRS, please refer to the Australian Taxation Office's guidance material link:

 $\underline{https://www.ato.gov.au/General/International-tax-agreements/In-detail/International-arrangements/Automatic-exchange-of-information---CRS-and-FATCA/$ 

If you are applying:

- i. As an Individual/Joint Investors/Sole Trader please complete Section 6.1 and 6.6.
- ii. All other types of entities please complete Sections 6.2, 6.3, 6.4, 6.5, 6.6 and 6.7 (if required).

#### 6.1 TAX RESIDENCE - INDIVIDUAL/SOLE TRADER

#### **6.1.1 INVESTOR 1**

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes (including Australia).

If no TIN is available, please select one of the reasons below against the appropriate country.

**Reason A** - The country where the Account Holder is liable to pay tax does not issue TINs to its residents

(If you called this reason below place	able to obtain a TIN or equivalent number.	M )	
Reason C - No TIN is required. (Only select this does not require the TIN to be disclo		-	
Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:	
		A B C	
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	Reason if no TIN:	
		A B C	
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	Reason if no TIN:	
		А В С	
I certify the tax residence countries provided represent all countries in which I am considered a tax resident.  If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.  6.1.2 IS THE ACCOUNT HOLDER A U.S. PERSON?			
If the Account Holder has any additional co- containing the Country and TIN for each ac	puntries of tax residence, please attach a stat dditional country.		
If the Account Holder has any additional co- containing the Country and TIN for each ac	ountries of tax residence, please attach a stat dditional country. PERSON?	tement to this form	

(If individual, proceed to Section 6.6. If Joint Investor, proceed to Section 6.1.3)

6.1.3 INVESTOR 2		
Please provide details for all jurisdictions in which the Acc	count Holder is resident for tax purpo	ses (including Australia).
If no TIN is available, please select one of the reasons belo	w against the appropriate country.	
Reason A - The country where the Account Holder is liable	. 3	residents
<b>Reason B</b> - The Account Holder is otherwise unable to obt (If you select this reason below, please explain		
<b>Reason C</b> - No TIN is required. (Only select this reason if the does not require the TIN to be disclosed.)	he domestic law of the relevant jurisd	iction
Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:
		A В С
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	Reason if no TIN:
		A B C
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	Reason if no TIN:
		A B C
If <b>Reason B</b> has been selected above, please explain why y	ou are unable to obtain a TIN?	
I contify the tay varidance countries provided vanue		davad a tay yasidant
I certify the tax residence countries provided repres		
containing the Country and TIN for each additional co		
6.1.4 IS THE ACCOUNT HOLDER A U.S. PERSON?		
A U.S. person includes a U.S. citizen or resident alien of t	he U.S. even if residing outside the U.	S
	•	
Yes If 'Yes', the Account Holder's U.S. country of reprovided above.	esidence and U.S. Tax Identification N	lumber must be
No No		
(Proceed to Section 6.6)		
6.2 ACCOUNT HOLDER'S GIIN (IF ANY) - COMP	ANIES, TRUSTS AND OTHER TY	PES OF ENTITIES
Account Holder's GIIN (if any)		
Sponsoring Entity's Name (if the Account Holder is a spon	sored entity, please provide the spon	sor's GIIN)
6.3 TAX RESIDENCE OF THE ACCOUNT HOLDER	R - COMPANIES, TRUSTS AND	
OTHER TYPES OF ENTITIES		
Please provide details for all jurisdictions in which the Acc	count Holder is resident for tax purpo	ses (including Australia).
If no TIN is available, please select one of the reasons belo	w against the appropriate country.	
Reason A - The country where the Account Holder is liable	. •	residents
<b>Reason B</b> - The Account Holder is otherwise unable to obta (If you select this reason below, please explain		
Reason C - No TIN is required. (Only select this reason if the	he domestic law of the relevant jurisd	iction
does not require the TIN to be disclosed.)  Country of Tax Residence 1		
Country of Tax (Condended)	TIN 1/TFN 1	Reason if no TIN:
	TIN 1/TFN 1	Reason if no TIN:
Country of Tax Residence 2 (if applicable)		A B C
Country of Tax Residence 2 (if applicable)	TIN 1/TFN 1  TIN 2/TFN 2 (if applicable)	
	TIN 2/TFN 2 (if applicable)	A B C Reason if no TIN:
Country of Tax Residence 2 (if applicable)  Country of Tax Residence 3 (if applicable)		A B C Reason if no TIN: A B C
	TIN 2/TFN 2 (if applicable)  TIN 3/TFN 3 (if applicable)	A B C Reason if no TIN: A B C Reason if no TIN:

I/we certify the tax residence countries provided represent all countries in which the Account Holder is considered a tax resident.

If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

# 6.4 FATCA STATUS - COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES 6.4.1 U.S. PERSON CERTIFICATION Is the Account Holder a specified U.S. person? **Yes** Provide a U.S. Taxpayer Identification Number (TIN): (Proceed to Section 6.5) (Proceed to Section 6.4.2) 6.4.2 NON U.S. PERSON CERTIFICATION Select a classification that matches your FATCA status: Select only a single category. Exempt Beneficial Owner (includes self-managed superannuation fund) (Proceed to Section 6.5) Active NFFE (Proceed to Section 6.5) Passive NFFE (Proceed to Section 6.5 and also Complete 6.7) Direct Reporting NFFE (Provide GIIN in Section 6.2 then proceed to Section 6.5) Participating FFI (Provide GIIN in Section 6.2 then proceed to Section 6.5) Local/Partner Jurisdiction FFI (Provide GIIN in Section 6.2 then proceed to Section 6.5) **Deemed-Compliant FFI** Select deemed-compliant category: Trustee Documented Trust (Provide Trustee GIIN and Trustee name in Section 6.2 then proceed to Section 6.5) Sponsored Investment Vehicle (Provide GIIN and Sponsor's name in Section 6.2 then proceed to Section 6.5) Registered-Deemed Compliant FFI (Provide GIIN in Section 6.2 then proceed to Section 6.5) Other Deemed-Compliant Category (Proceed to Section 6.5) Non-participating FFI (Proceed to Section 6.5) Sponsored Direct Reporting NFFE (Provide GIIN and Sponsor's name in Section 6.2 then proceed to Section 6.5) Other - describe the FATCA status (Proceed to Section 6.5) 6.5 CRS STATUS - COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES 6.5.1 FINANCIAL INSTITUTION Are you a Financial Institution for the purpose of CRS? Reporting Financial Institution Yes Non-Reporting Financial Institution (includes Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Exempt Collective Investment Vehicle and Trustee Documented Trust) (Proceed to Section 6.5.2) No (Proceed to Section 6.5.3) 6.5.2 INVESTMENT ENTITY Are you an Investment Entity managed by another Financial Institution? If any tax residence country provided is not a participating CRS jurisdiction, then complete Section 6.6 and Yes Section 6.7. No (Proceed to Section 6.6)

6.5.3 NON-FINANCIAL ENTITY  If the Account Holder is a Non-Fina		ect a classification that matches your CRS status:	
Other Active NFE (Proceed to Section 6.6)			
Passive NFE (Proceed to Section 6.6 and also Complete 6.7)			
Government Entity, International Organisation and Central Bank (Proceed to Section 6.6)			
A corporation, the stock of v		ed on an established securities market	
Name of Securities Market:			
<i>OR</i> Name of Related Entity:			
Other - describe the CRS St.	(Proceed to Section 6.6	.6)	
Other - describe the CRS St	atus		
(Proceed to Section 6.6)			
6.6 DECLARATIONS AND SI	GNATURE		
above may be reported to the Au provide the information to the co	ustralian Taxation Office ountry or countries in wh	d in this form and information regarding the account(s) see (ATO) as required under the relevant laws and the ATO rhich I/we/Account Holder am/are/is resident for tax purp	nay
	information contained he	le entity and/or their relevant agent of any change in herein to become incorrect and to provide them with a ange in circumstances.	
• I/we certify that I am/we are the account(s) to which this form rela		m/we are authorised to sign for the Account Holder) of all	the
• I/we declare that all statements r true correct and complete.	nade on this form/in this	nis declaration are, to the best of my/our knowledge and b	elief,
Signature		Signature	
Name of Signer		Name of Signer	
Capacity in which Signing (if not sig	ned by account holder)	Capacity in which Signing (if not signed by account ho	lder)
Date		Date	
6.7 CONTROLLING PERSON	S (INCLUDES BENEF	FICIARY DETAILS UNDER SECTIONS 3.1.2 AND 4.2	.2)
This section is considered an intrelating to the Controlling Perso	egral part of the self-ce ns/Beneficial Ownershi	ertification to which it is associated. In case of uncertair nip, please seek professional tax or legal advice. If there please submit an updated form within 30 days.	nty
6.7.1 CONTROLLING PER		BENEFICIAL OWNER 1	
First Name	Family Name	ie/ surriame	
Current Residential Address			
City/Town	State/Province	Postcode Country (do not abbreviate)	
Date of Birth (DD/MM/YYYY) C	ity/Town of Birth	Country of Birth	

(including Australia). If no TIN is available, please select one of the reasons below against the appropriate country. Reason A - The country where the Controlling Person is liable to pay tax does not issue TINs to its residents Reason B - The Controlling Person is otherwise unable to obtain a TIN or equivalent number. (If you select this reason below, please explain why you are unable to obtain a TIN.) Reason C - No TIN is required. (Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed.) Country of Tax Residence 1 TIN 1/TFN 1 Reason if no TIN: В Reason if no TIN: Country of Tax Residence 2 (if applicable) TIN 2/TFN 2 (if applicable) B Country of Tax Residence 3 (if applicable) TIN 3/TFN 3 (if applicable) Reason if no TIN: В If Reason B has been selected above, please explain why you are unable to obtain a TIN? I/we certify the tax residence countries provided represent all countries in which the Controlling Person is considered a tax resident. If the Controlling Person has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country. 6.7.2 CONTROLLING PERSON 2 AND/OR **BENEFICIAL OWNER 2** Family Name/Surname First Name **Current Residential Address** City/Town State/Province Postcode Country (do not abbreviate) Date of Birth (DD/MM/YYYY) City/Town of Birth Country of Birth Please provide details for all jurisdictions in which the Controlling Person is resident for tax purposes (including Australia). If no TIN is available, please select one of the reasons below against the appropriate country. Reason A - The country where the Controlling Person is liable to pay tax does not issue TINs to its residents Reason B - The Controlling Person is otherwise unable to obtain a TIN or equivalent number. (If you select this reason below, please explain why you are unable to obtain a TIN.) Reason C - No TIN is required. (Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed.) Country of Tax Residence 1 TIN 1/TFN 1 Reason if no TIN: В Country of Tax Residence 2 (if applicable) Reason if no TIN. TIN 2/TFN 2 (if applicable) В Country of Tax Residence 3 (if applicable) TIN 3/TFN 3 (if applicable) Reason if no TIN: В If Reason B has been selected above, please explain why you are unable to obtain a TIN? I/we certify the tax residence countries provided represent all countries in which the Controlling Person is considered a tax resident.

Please provide details for all jurisdictions in which the Controlling Person is resident for tax purposes

If there are more than 2 Controlling Persons, please provide their Country of Tax Residence details on a separate page and attach to this Application Form.

If the Controlling Person has any additional countries of tax residence, please attach a statement to this form

containing the Country and TIN for each additional country.

7. POLITICALLY EXPOSED PERSON (PEP) - Refer to Section 13 for details
Are there any PEPs under this Application Form?
Yes
No
If yes, please provide the name of anyone that is named in this Application Form as a PEP (includes investors, company directors and beneficial owners) or is an immediate family member or close associate of a PEP.
Name of the PEP
Description of PEP's position
Name of the PEP
Description of PEP's position
Description of PEP's position
If there are more than 2 PEPs please provide the details on a separate page and attach to this Application Form.
8. PRIVACY
I/we acknowledge, by completing this application form, that the collection of my/our personal information may be required by the Financial Transaction Reports Act 1988, the Corporations Act 2001, the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997, the Taxation Administration Act 1953, the FATCA and CRS regulations (including any related Australian law and guidance) and the Anti-Money Laundering and Counter Terrorism Financing Act 2006 and other relevant legislation.
The information provided in this Application Form (including personal information) is collected by One Registry Services and the Issuer to administer your investment and to comply with relevant laws. If you do not provide the information, your application may not be able to be processed and you will not receive the products and services described in the IM. Your personal information will be managed in accordance with the Privacy Policies of One Registry Services and the Issuer and as described in the IM.
Please tick the box if you consent to your personal information being used and disclosed for marketing purposes as described in the Privacy Statement in the IM and this Application Form.
I/we wish to receive information regarding future investment opportunities.
You may change your election at any time by contacting the Issuer.
9. EMAIL COMMUNICATION CONSENT
The Issuer will make information relevant to the Fund, and your investment in it, available to you both on the Fund's website and through direct communication with you.
For reasons including speed, sustainability, privacy, efficiency and costs, the Issuer will provide all communications in respect of your investment in the Fund by email to the address you have provided, <b>unless</b> you elect to receive:
a hard copy of the Annual Report by post (free of charge) and all other communications by e-mail;
or
all communications that the Issuer must send you, by post.
You do not need to make an election above if you want to receive your communication by email as recommended by the Issuer. The Annual Report and other information will be available on the Fund's Website.

#### 10. INVESTOR DECLARATION AND SIGNATURES

#### **DECLARATION AND SIGNATURES**

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

- I/we have read and understood the IM to which this Application Form applies, including any supplemental information.
- I/we have received and accepted the offer to invest in Australia.
- I/we am/are a wholesale client as defined in Section 761G of the Corporations Act 2001 (Cth) and provide all supporting documents required to evidence this. I/we am/are therefore eligible to invest in the Fund.
- The information provided in my/our Application Form is true, correct and complete in all respects.
- I/we confirm that the Issuer is authorised to treat this Application Form as an original of the Application Form which I
  have sent to the Issuer by an electronic transmission, either in my personal capacity or as an authorised representative
  of the investor.
- I/we also acknowledge that if an electronic copy or printout of the Application Form is introduced as evidence in any judicial proceeding, it will be admissible as any original Application Form record.
- I/we agree to be bound by the provisions of the Constitution governing the Fund and where relevant, the terms and conditions of the IM, each as amended from time to time.
- I/we acknowledge that none of the Issuer, their related entities, directors or officers have guaranteed or made any representation as to the performance or success of the Fund, or the repayment of capital from the Fund. Investments in the Fund are subject to various risks, including delays in repayment and loss of income or principal invested. Investments in the Fund are not deposits with or other liabilities of the Issuer or any of its related bodies corporate or associates.
- I/we acknowledge the Issuer reserves the right to reject any application or scale back an application in its absolute discretion.
- If applicable, after assessing my/our circumstances, I/we have obtained my/our own independent financial advice prior to investing in the Fund.
- If this Application Form is signed under Power of Attorney, each Attorney declares he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this Application Form).
- I am/we are over 18 years of age and I/we are eligible to hold units/investment in the Fund.
- I/we have all requisite power and authority to execute and perform the obligations under the Constitution and, if relevant, IM and this Application Form.
- I/we acknowledge that application monies will be held in a trust account until invested in the Fund 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.
- I/we have read the information on privacy and personal information contained in the IM and this Application Form and consent to my/our personal information being used and disclosed as set out in the IM and this Application Form and I/we confirm:
  - I/we have the legal capacity to understand and communicate any personal information required under this Application Form;
  - I/we have read and understood the privacy disclosure as detailed in the IM and in this Application Form;
  - I/we consent to my personal information being collected, held, used and disclosed in accordance with the privacy disclosure provided in the IM and this Application Form;
  - I/we consent to the Issuer disclosing my personal information to any Issuer's service providers, in relation to any identification, verification and monitoring that the Issuer is required to undertake under any relevant regulation.

#### This includes any information:

- required by any third party document verification service provider; and/or
- provided to any third party document verification service provider.
- I/we indemnify the Issuer and each of its related bodies corporate, directors and other officers, shareholders, servants, employees, agents and permitted delegates (together, the **Indemnified Parties**) and to hold each of them harmless from and against any loss, damage, liability, cost or expense, including reasonable legal fees (collectively, a **Loss**) due to or arising out of a breach of representation, warranty, covenant or agreement by me/us contained in any document provided by me/us to the Issuer, its agents or other parties in connection with my/our investment in the Fund. The indemnification obligations provided herein survive the execution and delivery of this Application Form, any investigation at any time made by the Issuer and the issue and/or sale of the investment.
- To the extent permitted by law, I/we release each of the Indemnified Parties from all claims, actions, suits or demands whatsoever and howsoever arising that I/we may have against any Indemnified Party in connection with the IM or my/our investment.
- Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding an interest in me/us is a United States citizen or resident of the United States or any other country for taxation purposes.
- I/we will promptly notify the Issuer of any change to the information I/we have previously provided to the Issuer, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us.
- I/we consent to the Issuer disclosing any information it has in compliance with its obligations under the U.S. Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standards for Automatic Exchange of Financial Account Information (CRS) and any related Australian law and guidance implementing the same. This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the relevant tax authorities as required.

- I am/we are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement (AML/CTF Law).
- I/we will provide the Issuer with all additional information and assistance that the Issuer may request in order for the Issuer to comply with the AML/CTF Law, FATCA and CRS.
- I/we acknowledge that the Issuer may delay or refuse any request or transaction, including by suspending the issue or redemption of investment in the Fund, if the Issuer is concerned that the request or transaction may breach any obligation of, or cause the Issuer to commit or participate in an offence (including under the AML/CTF Law, FATCA and CRS).

Signature 1*	Signature 2*
Full Name	Full Name
Date	Date
Tick capacity (mandatory for companies):	Tick capacity (mandatory for companies):
Sole Director and Company Secretary	Sole Director and Company Secretary
Director	Director
Secretary	Secretary
Company Seal (if applicable)	
*Joint applicants must both sign;	
	Director and Secretary or the Sole Director and Secretary of
the company, details of which appear in Section 3.1; or	• • • • • • • • • • • • • • • • • • •
${}^*For\ trust/superannuation\ fund\ applications\ each\ individua$	ıl trustee must sign.
Application Process:	
Step 1-Complete the Form (i.e. fill in all relevant sections	of this form in blue or black pen)
<b>Step 2 - Send your application</b> Select your method of delivery below:	
Option 1 - Email - Scan and email your application to	info@oneregistryservices.com.au
(please include all supporting docu	uments)
Option 2 - Post/Delivery - Please post the completed Thymos Global Equities Lo PO Box R1479	d application form and all supporting documents to: ong Only Fund Unit Registry

Please ensure that you have transferred your application monies or enclose a cheque for payment.

Royal Exchange NSW 1225

#### 11. FINANCIAL ADVISER DETAILS AND CUSTOMER IDENTIFICATION DECLARATION

#### **Customer Identification Declaration (Financial Adviser to complete)**

I confirm that I have completed an appropriate Customer Identification Declaration (CID) on this investor and/or the beneficial owners which meets the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act). Please select the relevant option below: I have attached the verification documents that were used to perform the CID for this investor and/or the beneficial owners; OR I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide them to the Issuer or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act, I will forward them to the Issuer. I agree to provide the Issuer or its agents with any other information that they may require to support this Application. Financial Adviser Name (if a new adviser, please attach a copy of your employee/representative authority) **Business Name** Adviser Number (if applicable) Street Address Suburb State Postcode Country Postal Address Suburb State Postcode Country Office Telephone Mobile Number Email

# **DEALER DETAILS** Dealer Name Dealer Number (if applicable) Contact Person AFSL Number ABN Postal Address Suburb State Postcode Country Office Telephone Email Dealer Stamp Signature of Financial Adviser Date

#### Financial Adviser Access to Investor Information (Investor to complete)

Please tick the box below if you wish your financial adviser to have access to information and/or to receive copies of all transaction confirmations. If no election is made, access to information and/or copies of transaction confirmations will not be provided to your financial adviser.

Please provide access to information and send copies of all transaction confirmations to my/our financial adviser.

You may change your election at any time by contacting the Issuer.

#### 12. CERTIFYING A COPY OF AN ORIGINAL DOCUMENT

All documents must be provided in a certified copy format - in other words, a copy of the original document that has been certified by an eligible certifier.

A 'certified extract' means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described below.

Certification date must be no more than 12-months-old.

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

#### People who can certify documents or extracts are:

- 1. A lawyer, being a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
- 2. A judge of a court.
- 3. A magistrate.
- 4. A chief executive officer of a Commonwealth court.
- 5. A registrar or deputy registrar of a court.
- 6. A Justice of the Peace.
- 7. A notary public (for the purposes of the Statutory Declaration Regulations 2018).
- 8. A police officer.
- 9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
- 10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
- 11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
- 12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 2018*).
- 13. A finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the *Statutory Declaration Regulations 2018*).
- 14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees.
- 15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

#### 13. KEY DEFINITIONS

#### **BENEFICIAL OWNER**

To comply with AML/CTF laws, we require you to disclose the Beneficial Owners. Beneficial Owner means an individual who ultimately owns or controls (directly or indirectly) the investor. 'Owns' means ownership (either directly or indirectly) of 25% or more of the investor. 'Controls' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising and control through the capacity to determine decisions about financial and operating policies.

#### **CONTROLLING PERSON(S)**

'Controlling Persons' means with respect to an entity that is a legal person, natural person(s) who exercises control over an entity. This should be interpreted in a manner consistent with relevant Financial Action Task Force Recommendations on the terms "beneficial owner". Investors that are Passive NFFEs or NFEs under FATCA and CRS respectively should consult their own advisors regarding any Controlling Person(s) they may have.

In relation to FATCA and CRS, in the case of a trust, a controlling person means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust. The settlor(s), the trustee(s), the protector(s) (if any), 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.

In the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions.

#### **GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN)**

Global Intermediary Identification Number (**GIIN**) means a unique identification number that non-U.S. Financial Institutions receive from the IRS (i.e. IRS of the U.S) when they register as a financial institution for FATCA.

#### POLITICALLY EXPOSED PERSONS (PEP)

To comply with AML/CTF laws, we require you to disclose whether you are, or have an association with, a Politically Exposed Person ('PEP'). A PEP is an individual who holds a prominent public position or function in a government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de facto partner, child, and a child's spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as, or have an association with, a PEP, we may request additional information from you.

#### **TAXPAYER IDENTIFICATION NUMBER (TIN)**

Taxpayer Identification Number (**TIN**) means the number assigned by each country for the purpose of administering tax laws. This is the equivalent of a Tax File Number (**TFN**) in Australia or an Employer Identification Number (**EIN**) in the U.S.

For FATCA and CRS purposes, the following selected summaries of defined terms are provided to assist you with completing this form.

#### FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

FATCA means the U.S. Foreign Account Tax Compliance Act.

FATCA CLASSIFICATIONS	DEFINITIONS
Foreign Financial Institution (FFI)	FFI relates to the term "Financial Institution" and refers to Non-US Financial Institutions under the FATCA regime.
	Financial Institutions include a Depository Institution, a Custodial Institution, an Investment Entity, or Specified Insurance Company.
Participating FFI (PFFI)	A FFI that has agreed to comply with the requirements of a FFI agreement, including a FFI described in a Model 2 IGA that has agreed to comply with the requirements of a FFI agreement. The term PFFI also includes a QI branch of a U.S. financial institution, unless such branch is a Reporting Model 1 FFI.
Intergovernmental Agreement (IGA)	An agreement or arrangement between the U.S. or the Treasury Department and a foreign government or agencies to implement FATCA.
Local/Partner Jurisdiction FFI	A FFI located in a jurisdiction that has in effect an agreement with the United States to facilitate the implementation of FATCA. A list of all participating jurisdictions can be found at: http://www.treasury.gov/resource-center/tax-policy/treaties/Pages/FATCA-Archive.aspx

FATCA CLASSIFICATIONS	DEFINITIONS	
Deemed-compliant FFI	<b>Trustee Documented Trust:</b> A trust established under the laws of the local jurisdiction to the extent that the trustee of the trust is a Reporting U.S. Financial Institution, Reporting Model 1 FFI, or Participating FFI and reports all information required to be reported pursuant to the Agreement with respect to all U.S. Reportable Accounts of the trust.	
	<b>Sponsored Investment Vehicle:</b> A Financial Institution described in the IGA having a sponsoring entity that complies with the requirements of the IGA.	
	<b>Registered-Deemed Compliant FFI:</b> A FFI that registers with the IRS to declare its status. Includes certain local FFIs, non-reporting members of participating FFI groups, qualified collective investment vehicles, restricted funds, qualified credit card issuers and servicers, and sponsored investment entities and controlled foreign corporations.	
	Other Deemed-Compliant Category: Deemed-compliant FFIs also include the following: Non-Registering Local Bank, FFI with Only Low Value Accounts, Sponsored Closely-Held Investment Vehicle, Limited Life Debt Investment Entity, and any other FFI treated as a deemed-compliant FFI under an applicable IGA (except for a registered deemed-compliant FFI).	
Non-participating FFI	A FFI other than a participating FFI, a deemed-compliant FFI, or an exempt beneficial owner.	
Exempt Beneficial Owner	An entity in one of the following categories:	
(includes Self-managed	Government Entity:	
Superannuation Fund)	The government of a jurisdiction, any political subdivision of a jurisdiction (including a state, province, county, or municipality), or any wholly owned agency or instrumentality of a jurisdiction or of any one or more of the foregoing.	
	International Organisation:	
	Any international organisation or wholly owned agency or instrumentality thereof. This category includes any intergovernmental organization (including a supranational organisation) (1) that is comprised primarily of governments; (2) that has in effect a headquarters or substantially similar agreement with the jurisdiction; and (3) the income of which does not inure to the benefit of private persons.	
	Central Bank: An institution that is by law or government sanction the principal authority, other than the government of the jurisdiction itself, issuing instruments intended to circulate as currency. Such an institution may include an instrumentality that is separate from the government of the jurisdiction, whether or not owned in whole or in part by the jurisdiction.	
	Exempt Retirement Fund:	
	A retirement fund that meets one of the following categories under the applicable IGA: Treaty-Qualified Retirement Fund, Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Pension Fund of an Exempt Beneficial Owner, or Investment Entity Wholly Owned by Exempt Beneficial Owners.	
	Investment Entity Wholly:  An Entity that is a Financial Institution solely because it is an Investment Entity, provided that each direct holder of an Equity Interest in the Entity is an exempt beneficial owner, and each direct holder of a debt interest in such Entity is either a Depository Institution (with respect to a loan made to such Entity) or an exempt beneficial owner.	
Non-Financial Foreign Entity (NFFE)	For FATCA purpose, a NFFE refers to any non-U.S. organisation that is not a FFI. Also, a NFFE may be an Active NFFE or a Passive NFFE.	
Active NFFE	<b>Active NFFEs by Reason of Income and Assets means</b> Less than 50% of the NFFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income.	
	Also, a NFFE means any entity that is not a financial institution, a NFFE may be an Active NFFE or a Passive NFFE.	
Passive NFFE	For purpose of completing this certification, a <b>Passive NFFE</b> means any NFFE that is not an <b>Active NFFE</b> .	
Other – describe the FATCA status	Investor to provide as per their tax advice.	

#### **COMMON REPORTING STANDARDS (CRS)**

#### CRS means OECD Common Reporting Standards for Automatic Exchange of Financial Account Information. **CRS CLASSIFICATIONS DEFINITIONS** Government Entity means the government of a jurisdiction, any political subdivision Government Entity. **International Organisation** of a jurisdiction (including a state, province, county, or municipality), or any wholly and Central Bank owned agency or instrumentality of a jurisdiction or of any one or more of the **International Organisation** means any international organisation or wholly owned agency or instrumentality thereof. This category includes any intergovernmental organisation (including a supranational organisation) (1) that is comprised primarily of governments; (2) that has in effect a headquarters or substantially similar agreement with the jurisdiction; and (3) the income of which does not inure to the benefit of private persons. Central Bank means an institution that is by law or government sanction the principal authority, other than the government of the jurisdiction itself, issuing instruments intended to circulate as currency. Such an institution may include an instrumentality that is separate from the government of the jurisdiction, whether or not owned in whole or in part by the jurisdiction. **Financial Institution** Financial Institution means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company. **Non-Reporting Financial** A "Non-Reporting Financial Institution" means any Financial Institution that's: Institution (includes Broad · A Government Entity, International Organisation or Central Bank, other than with **Participation Retirement** respect to a payment that is derived from an obligation held in connection with **Fund, Narrow Participation** a commercial financial activity of a type engaged in by a Specified Insurance Retirement Fund, Exempt Company, Custodial Institution, or Depository Institution; Collective Investment Vehicle A Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; a and Trustee Documented Pension Fund of a Government Entity, International Organisation or Central Bank; or Trust) a Qualified Credit Card Issuer; · An Exempt Collective Investment Vehicle; or • A Trustee Documented Trust: a trust whose trustee is a Reporting Financial Institution and reports all the necessary information about the trust's Reportable · Any other Entity that a country defines as a Non-Reporting Financial Institution in its domestic law. Non-Financial Entity (NFE) For CRS purposes, a NFE is an entity that is not a Financial Institution, a NFE may be an Active NFE or a Passive NFE. **Active NFE** Active NFEs by Reason of Income and Assets means less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income. **Passive NFE** Passive NFE means for the purpose of completing this certification, any NFE that is not an Active NFE. **Investment Entity** The term "Investment Entity" includes two types of Entities: (a) an Entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer: • Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; • Individual and collective portfolio management; or · Otherwise investing, administering, or managing Financial Assets or money on behalf of other persons. · Such activities or operations do not include rendering non-binding investment advice to a customer. (b) The second type of "Investment Entity" ("Investment Entity managed by another Financial Institution") is any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets where the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity. An Entity is "managed by" another Entity if the managing Entity performs, either **Investment Entity managed** by another Financial directly or through another service provider on behalf of the managed Entity, any Institution of the activities or operations described in Clause (a) above in the definition of 'Investment Entity'. An Entity only manages another Entity if it has discretionary authority to manage the other Entity's assets (either in whole or part). Where an Entity is managed by a mix of Financial Institutions, NFEs or individuals, the Entity is considered to be managed

Other - describe the CRS Status

Investor to provide as per their tax advice.

Entities is such another Entity.

by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity, if any of the managing

### ADDITIONAL INVESTMENT FORM - THYMOS GLOBAL EQUITIES LONG ONLY FUND

# **Additional Investment Form For Existing Investors**

Please use this form if you are already an investor in the Thymos Global Equities Long Only Fund and wish to make an additional investment. New investors should complete a new Application Form.

INVESTOR DETAILS				
Number		Name		
Company/Fund/Super Fund Name				
ADDITIONAL INVESTMENT	ETALLS			
ADDITIONAL INVESTMENT D	ETAILS			
I/we apply to invest in the Thymos Global Equities Long Only Fund.				
Amount: AUD \$				
Please tick the box beside your cho	sen payment method	and complete the required details.		
Cheque				
Cheques are currently not be	ing accepted.			
Electronic Funds Transfer or	Direct Deposit			
Bank: St George				
Reference: 'Investor surname, Account Name: One Registry				
BSB: 332-027	Jei vices Fty Ltu - III	ymos Applications Account		
Account number: 555 706 86	7			
Date of Transfer	Reference Used			
Beneficial Ownership Details				
I I		tion and previous applications, including beneficial ownership rm you of any changes to the information supplied as and when		
they occur.	we dildertake to illion	This you of any changes to the information supplied as and when		
INVESTOR CONFIRMATION				
Signature 1*		Signature 2*		
Full Name		Full Name		
Date		Date		
Tick capacity (mandatory for capacity):		Tick capacity (mandatory for companies):		
Tick capacity (mandatory for companies):		Tick capacity (mandatory for companies):		
Sole Director and Company S	ecretary	Sole Director and Company Secretary		
Director		Director		
Secretary		Secretary		
Company Seal (if applicable)		_		
		*Joint applicants must both sign;		
		*Company applications must be signed by two Directors,		
		a Director and Secretary or the Sole Director and Secretary of the company; or		
		*For trust/superannuation fund applications each		
		individual trustee must sign.		
1				

# ACCOUNTANT'S CERTIFICATE THAT CLIENT IS WHOLESALE UNDER SECTION 761G(7) OF THE CORPORATIONS ACT

The following section is only required for Australian Applicants who are investing **less than AUD \$500,000**. I certify that:

#### Full Legal Name of Person (Individual or Company)

- · has net assets of at least AUD \$2.5 million; or
- a gross income for each of the last 2 financial years of at least AUD \$250,000 per year.

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Controlled companies/and or trusts  It is also confirmed for the purposes of the Corporations and trusts:	Act the above named person con	trols the following companies		
Full Name of Company/Trust		ABN/ACN/ARBN (if any)		
Full Name of Company/Trust		ABN/ACN/ARBN (if any)		
Full Name of Company/Trust		ABN/ACN/ARBN (if any)		
I confirm that I am a member of one or more of the follow  CPA Australia ("CPA" or "FCPA"); or  Institute of Chartered Accountants in Australia ("CA  The National Institute of Accountants in Australia ("  Other foreign eligible professional body for the purposessional professional professio	N", "ACA" or "FCA"); or PNA", "FPNA", "FINA" or "MNIA")	; or		
and I have at least 3 years practical experience as a respect of my country of qualification, not being Au		giving this certificate in		
I am subject to and in compliance with the professional body's continuing education requirements.				
I am aware that the Issuer, and any subsidiary of the permitted by the Corporations Act.	e Issuer may rely on this certificate	e for such period of time as is		
I confirm that I am independent of the above-name	d person and/or entities.			
Signature of Accountant	Business Address			
Name of Accountant	Name of Firm			
Date				

#### **Guidance Notes of completing the Wholesale Client Certificate:**

Certification date is no more than 2-years-old.

In determining the net assets of the person, the net assets of a company or trust controlled by the person may be included in the calculations.

In determining the gross income of the person, the gross income of a company or trust controlled by the person may be included in the calculations.

Refer section 708(8)(d) and section 761G(7). For this purpose "control" has the meaning given to it in section 50AA of the Corporations Act 2001 and, in general, means having the capacity to determine the outcome of decisions about the relevant company's or trust's financial and operating policies.

A list of approved foreign eligible professional bodies is listed by ASIC at:

http://www.asic.gov.au/asic/asic.nsf/byheadline/Certificates+issued+by+a+qualified+accountant?openDocument