



# REALM GLOBAL HIGH INCOME FUND AUD

This Application Form accompanies the Product Disclosure Statement and Additional Information Booklet (AIB) dated 13 November 2023, (collectively the **PDS**), issued by One Managed Investment Funds Limited ABN 47 117 400 987 (**Issuer**) in its capacity as responsible entity of the Realm Global High Income Fund AUD (ARSN 670 168 144) (**Fund**).

A target market determination dated 13 November 2023 (TMD) is available on the Fund's website.

It is important that you read the PDS and TMD 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 PDS.

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

In	vestor Type	Complete
	Existing Investor	Page 25
	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 26

#### 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 realm@boardroomlimited.com.au (please include all supporting documents)	
Option 2 – Post/Delivery – Please post the completed application form and all supporting documents to:  Realm Global High Income Fund AUD  C/- Boardroom Unit Registry  GPO Box 3993  Sydney NSW 2001	
Questions	
If none of the above categories are applicable to you, or you have other questions relating to this Application Form, places	

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 1300 737 760 or email realm@boardroomlimited.com.au

You can find more information on the Boardroom Registry Services including its Privacy Policy at https://boardroomlimited.com.au/corp/privacy-policy/

#### 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 PDS or provide you with information about other products and services.



# **INVESTMENT DETAILS** 1.1 DETAILS I/we apply to invest in the Realm Global High Income Fund AUD. Amount: AUD\$ (For Ordinary Units, the minimum initial application amount is AUD \$25,000.) Class of Units Please select the class of Units you wish to acquire. **Ordinary Units** Please tick the box beside your chosen payment method and complete the required details. Cheque Made payable to: Boardroom Pty Ltd – GHIF AUD Application Account **Electronic Funds Transfer or Direct Deposit** Bank: St George Bank Reference: 'Investor surname/company or trust name' (as applicable) Account Name: Boardroom Pty Limited ITF Realm GHIF AUD Applications BSB: 332-027 Account number: 55-609-3724 Date of Transfer Reference Used **Direct Debit Request** Please complete Section 14 of this Application Form. Please note funds will be applied three business days after the request has been completed. **Source of Investment Funds** Please identify the source of your investable assets or wealth: Gainful employment Inheritance/gift **Business** activity Financial Investments Superannuation savings Other - please specify What is the purpose of this investment? Savings Growth Income Retirement Business account Please confirm that before completing this Application Form you have: Read the PDS (including any supplemental information) relevant to the Fund. No\* Yes Read the TMD relevant to the Fund. Yes \*If you answer no to either of these questions, we may not be able to process your application. Please read the PDS and TMD fully before proceeding with your application. 1.2 WHAT FINANCIAL ADVICE HAVE YOU RECEIVED? Have you received financial advice before applying to invest in the Fund? I/we have received **personal advice** in relation to my/our investment in this Fund. Have your Financial Adviser complete Section 11. Yes I/we are an Australian Wholesale Client. Please complete Section 1.3. If you have not answered Yes to any of the questions above, you will not be able to apply using this form.

www.realminvestments.com.au

Please complete an online application instead. Online applications are available via www.oneinvestment.com.au or

#### 1.3 AUSTRALIAN WHOLESALE CLIENT

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

- (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
- (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\*

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		
Given Names		Surname		
Place of Birth (City/Town)		Country of Birth		
Residential Address (not a PO Box)				
Suburb	State	Postcode	Country	
[				
Email				
Mobile Number		Telephone		
Mobile Namber		Тетернопе		
Occupation				
<b>INVESTOR 2</b> (only applicable for joint investor Title	rs)	Date of Birth		
Title		Date of Biltin		
Given Names		Surname		
Place of Birth (City/Town)		Country of Birth		
Residential Address (not a PO Box)				
Suburb	State	Postcode	Country	
Email				
Mobile Number		Telephone		
Occupation				

If there are more than two individuals please provide details and attach to this Application Form.

<b>ADDITIONAL INFORMATION FOR SOLE TRADERS</b> (only applicable if Full Business Name (if any)	applying as a Sole Trader)						
Tuli busiless Name (ii aliy)							
Australian Business Number (if obtained)							
Address of Principal Place of Business (not a PO Box). If same as resident	ential address given above, mark 'As Above'.						
Suburb State	Postcode Country						
2.2 IDENTIFICATION DOCUMENTS							
To comply with Australia's Anti-Money Laundering and Counter-Terror information from prospective investors and their beneficial owners so documents for all investors and their beneficial owners. Certification	upported by CERTIFIED COPIES of relevant identification						
Please refer to Section 12 for details of how to arrange certified copic we may not be able to process your application for investment.	es. Please provide all documents in the proper format otherwise						
Select one of the following options to verify each investor and Ber	eficial Owner.						
Provide a certified copy of a driver's licence that contains a pho	otograph of the licence/permit holder; or						
Provide a certified copy of a passport that contains a photogra	ph and signature of the passport holder.						
2 COMPANY/COPPORATE TRUSTEE - ADDITIONTO	IN FORM						
·	3. COMPANY/CORPORATE TRUSTEE – APPLICATION FORM						
Complete this section if you are investing for, or on behalf of, a comp	any.						
3.1 COMPANY DETAILS							
Full Company Name							
Country of Formation, Incorporation or Registration							
Country of Formation, incorporation of Registration							
ARBN (if registered with ASIC)	ACN/ABN (if registered in Australia)						
Tax File Number or Exemption Code (Australian residents)	AFS Licence Number (if applicable)						
Name of Regulator (if licenced by an Australian Commonwealth, State	e or Territory statutory regulator)						
Registered Business Address in Australia or in Country of Formation							
Suburb State	Postcode Country						
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 foreign re	gistration hody						
Private/Proprietary Company Public Company	Other – Please Specify						
Name of Relevant Foreign Registration Body	Foreign Company Identification Number						
	3 ··						

Is the Company listed?	
No Yes – Name of Market/Stock Exchange	
Is the Company a majority-owned subsidiary of an Australian liste	d company?
No Yes — Name of Australian Listed Company	
<ul><li>Name of Market/Stock Exchange</li></ul>	
<b>3.1.1 DIRECTORS OF THE COMPANY/CORPORATE TRUSTEE</b> If the company is <b>registered as a proprietary company by ASIC</b> or a	nrivate company by a foreign registration hody, please list the
name of each director of the company.	private company by a foreign registration body, piease list the
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 places provide their full names on	a congrete name and attach to this Application Form
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 TO	RUSTEE
Please provide details of the Beneficial Owner of the company w	
Please refer to Section 13 if you are unsure as to what Beneficial	Owner means.
3.2 CONTACT PERSON DETAILS (Financial Adviser details not ac	cepted)
Given Names	Surname
Postal Address	
Suburb State	Postcode Country
Email	
Mobile Number	Telephone
Wobile Number	receptione
3.3 IDENTIFICATION DOCUMENTS	
To comply with AML/CTF legislation, we must collect certain identific beneficial owners supported by CERTIFIED COPIES of relevant identificertification date must be no more than 12-months-old.	
Please refer to Section 12 for details of how to arrange certified copi we may not be able to process your application for investment.	es. Please provide all documents in the proper format otherwise
To verify the company.	
Provide a certified copy of the certification of registration issufull name of company, name of registration body, company ide	ed by ASIC or the relevant foreign registration body (must show entification number and type of company – private or public).
<b>Select one of the following options</b> to verify the Officeholders who identified in Section 6.7.	o have signed the Application Form and Beneficial Owners
Provide a certified copy of a driver's licence that contains a ph	otograph of the licence/permit holder; or
Provide a certified copy of a passport that contains a photogra	ph and signature of the passport holder.

# 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 Tax File Number or Exemption Code Australian Business Number (if any) 4.1.1 TYPE OF TRUST (Please tick **ONE** box from the list below to indicate the type of Trust and provide the required information) Regulated Trust (e.g. self-managed superannuation fund) Type A: 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 Other Type of Trust/Unregulated Trust Type D: 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 AUD \$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 Postcode State Country

#### 4.2.2 BENEFICIARY DETAILS

Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

Yes – Describe the class of beneficiaries below (e.g. unit holders, family members of named person, charitable purposes)

No – Provide the full names of each beneficiary in respect of the trust in Section 6.7 (includes beneficial owners who ultimately own 25% or more of the trust). Refer to Section 13 if you are unsure as to what Beneficial Owner means.

#### 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.

For	<b>Trusts identified under 4.1.1 as Type A &amp; Type B</b> – select one of the following options to verify the Trust.				
	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).				
	<b>Trusts identified under 4.1.1 as Type C &amp; Type D</b> – select one of the following options to verify the Beneficiaries and the eficial 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.				
ANI	<b>AND</b> relevant identification documents for the trustee as specified in Section 2 or 3 (as applicable).				
5.	PAYMENT INSTRUCTIONS DISTRIBUTIONS AND WITHDRAWALS				
is ma	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).				
Pleas bank Issue	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				
Acco	unt Name				
BSB	Account Number				

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

# **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:

https://www.ato.gov.au/General/International-tax-agreements/In-detail/International-arrangements/Automatic-exchange-ofinformation---CRS-and-FATCA/

If you are applying:

- 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	nrovide det	ails for all	iurisdictions in	which the	Account Holder	r is resident f	or tax purposes (	including A	ustralia)

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

<b>Reason A</b> – The country where the Account Holder is liable to <b>Reason B</b> – The Account Holder is otherwise unable to obtain (If you select this reason below, please explain why	a TIN or equivalent number.		
<b>Reason C</b> – No TIN is required. (Only select this reason if the do does not require the TIN to be disclosed.)	omestic law of the relevant jurisdiction		
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	С
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	Reason if no TIN:	
		АВ	С
If Reason B has been selected above, please explain why you a		ax resident.	
If the Account Holder has any additional countries of tax Country and TIN for each additional country.	residence, please attach a statement to this	form containing the	:
6.1.2 IS THE ACCOUNT HOLDER A U.S. PERSON?			
A U.S. person includes a U.S. citizen or resident alien of the U.S. eve	n if residing outside the U.S.		
Yes If 'Yes', the Account Holder's U.S. country of residue.  No	dence and U.S. Tax Identification Number mu	ust be provided abov	ve.

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

# 6.1.3 INVESTOR 2

ason B has been selected above, please explain why you are unable to a certify the tax residence countries provided represent all countril of the Account Holder has any additional countries of tax residence, productional country, and TIN for each additional country.  Is THE ACCOUNT HOLDER A U.S. PERSON?  Some person includes a U.S. citizen or resident alien of the U.S. even if residing on the certification of the section of the section of the certification of the unit o	opriate country. ot issue TINs to its residents ilent number. ot obtain a TIN.) the relevant jurisdiction  1  2 (if applicable)  btain a TIN?  in which I am considered a use attach a statement to th  ide the U.S.  Tax Identification Number r	Reason if no TIN:  A B C Reason if no TIN:  A B C Reason if no TIN:  A B C C  Reason if no TIN:  A B C C  Itax resident.  Its form containing the
tion A – The country where the Account Holder is liable to pay tax does in B – The Account Holder is otherwise unable to obtain a TIN or equify ou select this reason below, please explain why you are unable to obtain a TIN or equifon C – No TIN is required. (Only select this reason if the domestic law does not require the TIN to be disclosed.)  Intry of Tax Residence 1 TIN 1/TI  Intry of Tax Residence 2 (if applicable) TIN 2/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 3 (if applicable) TIN 3/TI  Intry of Tax Residence 4 (if the Account Holder is a sponsored entity, please provide details for all jurisdictions in which the Account Holder is a sponsored details for all jurisdictions in which the Account Holder is a sponsored details for all jurisdictions in which the Account Holder is a sponsored details for all jurisdictions in which the Account Holder is a sponsored details for all jurisdictions in which the Account Holder is a sponsored details for all jurisdictions in which the Account Holder is a sponsored details for all jurisdictions in which the Account Holder is a sponsored details for all jurisdictions in which the Account Holder is a sponsored details for all jurisdictions in which the Account Holder is a sponsored details for all jurisdictions in which the Account Holder is a sponsored details for all jurisdictions in	ot issue TINs to its residents allent number. In to obtain a TIN.) The relevant jurisdiction  2 (if applicable)  3 (if applicable)  btain a TIN?  in which I am considered a lase attach a statement to the lide the U.S.  Tax Identification Number residents and the statement in the lide the U.S.	Reason if no TIN:  A B C Reason if no TIN:  A B C Reason if no TIN:  A B C C A B C C C C C C C C C C C C C C
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	3 (if applicable)	Reason if no TIN:
I/we certify the tax residence countries provided represent all coutax resident.	3 (if applicable) btain a TIN?	Reason if no TIN:  A B C

6.4	FAT	CA STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES				
6.4.1	U.S	PERSON CERTIFICATION				
Is the	Accou	nt Holder a specified U.S. person?				
	Yes	Provide a U.S. Taxpayer Identification Number (TIN): (Proceed to Section 6.5)				
	No	(Proceed to Section 6.4.2)				
6.4.2	NO	U.S. PERSON CERTIFICATION				
		assification that matches your FATCA status:  a single category.				
	Exen	pt Beneficial Owner (includes self-managed superannuation fund) (Proceed to Section 6.5)				
	Activ	e NFFE (Proceed to Section 6.5)				
	Passive NFFE (Proceed to Section 6.5 and also Complete 6.7)					
	<b>Direct Reporting NFFE</b> (Provide GIIN in Section 6.2 then proceed to Section 6.5)					
	Parti	cipating FFI (Provide GIIN in Section 6.2 then proceed to Section 6.5)				
	Loca	Partner Jurisdiction FFI (Provide GIIN in Section 6.2 then proceed to Section 6.5)				
		ned-Compliant FFI t deemed-compliant category:				
		Trustee Documented Trust (Provide Trustee GIIN and Trustee name in Section 6.2 then proceed to Section 6.5)				
	П	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)				
	Spon	sored Direct Reporting NFFE (Provide GIIN and Sponsor's name in Section 6.2 then proceed to Section 6.5)				
	Othe	r – describe the FATCA status				
	(Proc	eed to Section 6.5)				
6.5	CRS	STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES				
6.5.1	FIN	ANCIAL INSTITUTION				
		nancial Institution for the purpose of CRS?				
	Yes	Reporting Financial Institution				
		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	INIV	ESTMENT ENTITY				
		nvestment Entity managed by another Financial Institution?				
	Yes	If any tax residence country provided is not a participating CRS jurisdiction, then complete Section 6.6 and Section 6.7.				
	No	(Proceed to Section 6.6)				

	NON-FINANCIAL ENTITY (NF Account Holder is a Non-Financia	•	fication that matche	es vour 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 whi (or entity related to such a corp	ch is regularly traded on an poration):	ı established securi	ties market			
	Name of Securities Market: OR						
	Name of Related Entity:						
	Other – describe the CRS Status	(Proceed to Section 6.6)					
	Other describe the end status	,					
	(Proceed to Section 6.6)						
6.6	DECLARATIONS AND SIGNAT	URE					
be		on Office (ATO) as required u	inder the relevant la	n regarding the account(s) set out above may aws and the ATO may provide the information purposes.			
cau		erein to become incorrect an		nt agent of any change in circumstances which with a suitably updated certification within 30			
	• I/we certify that I am/we are the Account Holder (or I am/we are authorised to sign for the Account Holder) of all the account(s) to which this form relates.						
	e declare that all statements mad I complete.	le on this form/in this declar	ration are, to the be	st of my/our knowledge and belief, true correct			
Signat	ture		Signature				
Name	of Signer		Name of Signer				
Capac	rity in which Signing (if not signed b	by account holder)	Capacity in which	n Signing (if not signed by account holder)			
Date			Date				
6.7	CONTROLLING PERSONS (INC	LUDES BENEFICIARY DETA	AILS UNDER SECTION	ONS 3.1.2 AND 4.2.2)			
the		Ownership, please seek pro	fessional tax or leg	sociated. In case of uncertainty relating to al advice. If there is a change in Controlling			
<b>6.7.1</b> First N	CONTROLLING PERSON Name Family Name/Surnar		ICIAL OWNER 1				
FIISU	vallie Fallilly (vallie/ Sullia)						
Curre	nt Residential Address						
City/T	ōwn	State/Province	Postcode	Country (do not abbreviate)			
	of Division (DD /s as a house)			Country of Birth			
Date	of Birth (DD/MM/YYYY) Ci	ty/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) TIN 2/TFN 2 (if applicable) Reason if no TIN: 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** First Name Family Name/Surname 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.) 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) TIN 2/TFN 2 (if applicable) Reason if no TIN: 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. 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.

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.

7. POLITICALLY EXPOSED PERSON (PEP) – Refer to Section 13 for details
Are there any PEPs under this Application Form?  Yes
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
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 PDS. Your personal information will be managed in accordance with the Privacy Policies of One Registry Services and the Issuer and as described in the PDS.
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 PDS 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 Appual 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 PDS to which this Application Form applies, including any supplemental information.
- I/we have received and accepted the offer to invest in Australia.
- 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 acknowledge I/we will be bound by the provisions of the Constitution governing the Fund 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 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 PDS and this Application Form and consent to my/our personal information being used and disclosed as set out in the PDS 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;
  - I/we have read and understood the privacy disclosure as detailed in the PDS and in this Application Form;
  - I/we consent to my personal information being collected, held, used and disclosed in accordance with the privacy disclosure voluntarily;
  - 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 regulations.

This includes any information required by 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 PDS 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 decide to 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;				
*Company applications must be signed by two Directors, a Director details of which appear in Section 3.1; or	and Secretary or the Sole Director and Secretary of the company,			
$\hbox{*For trust/superannuation fund applications each individual trustee} \\$	must sign.			
Application Process:				
Step 1 – Complete the Form (i.e. fill in all relevant sections of this fo	rm 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 realm@ (please include all supporting documents)	Dboardroomlimited.com.au			
Option 2 – Post/Delivery – Please post the completed application form and all supporting documents to: Realm Global High Income Fund AUD C/- Boardroom Unit Registry GPO Box 3993 Sydney NSW 2001				
Places angure that you have transferred your application manies or	analasa a shagua far naumant			

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

# 11. FINANCIAL ADVISER DETAILS DECLARATIONS

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

I confirm that I have completed an appropriate owners which meets the requirements of the A				
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 t	that they may requir	re to support this Application.	
Financial Adviser Name (if a new adviser, pleas Business Name	e attach a copy of your	employee/represen	itative authority)	
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 **Financial Product Advice Certification** I confirm that the information given above is correct. I confirm that in relation to the applicant's investment in the Fund, I: have provided the applicant with personal financial product advice; have not provided the applicant with personal financial product advice; have reviewed and considered the TMD in providing the financial product advice indicated above to the investor. have not reviewed and considered the TMD in providing the financial product advice indicated above to the investor. Note: If no Personal advice has been provided then you will not be able to apply using this form. Please complete an online application instead. Online applications are available via www.oneinvestment.com.au or www.realminvestments.com.au If the TMD has not been reviewed and considered then the applicant is currently not eligible to invest in this product. 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 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.
	<b>Other Deemed-Compliant Category:</b> 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 Superannuation Fund)	<b>Government Entity:</b> 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)**

 ${\it CRS means OECD Common Reporting Standards for Automatic Exchange of Financial Account Information.}$ 

CRS CLASSIFICATIONS	DEFINITIONS			
Government Entity, International Organisation and Central Bank		<b>Government Entity</b> means 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.		
	instr supr a he	ernational Organisation means any international organisation or wholly owned agency or rumentality thereof. This category includes any intergovernmental organisation (including a ranational organisation) (1) that is comprised primarily of governments; (2) that has in effect eadquarters or substantially similar agreement with the jurisdiction; and (3) the income of ch does not inure to the benefit of private persons.		
	othe as c	<b>tral Bank</b> means an institution that is by law or government sanction the principal authority er than the government of the jurisdiction itself, issuing instruments intended to circulate urrency. Such an institution may include an instrumentality that is separate from the ernment of the jurisdiction, whether or not owned in whole or in part by the jurisdiction.		
Financial Institution		<b>Incial Institution</b> means a Custodial Institution, a Depository Institution, an Investment ty, or a Specified Insurance Company.		
Non-Reporting Financial	A "N	Non-Reporting Financial Institution" means any Financial Institution that's:		
Institution (includes Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Exempt Collective Investment Vehicle and Trustee Documented Trust)	• A a a D A Fi	Government Entity, International Organisation or Central Bank, other than with respect to payment that is derived from an obligation held in connection with a commercial financial ctivity of a type engaged in by a Specified Insurance Company, Custodial Institution, or epository Institution;  Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; a Pension und of a Government Entity, International Organisation or Central Bank; or a Qualified Credi		
		ard Issuer;		
		n Exempt Collective Investment Vehicle; or Trustee Documented Trust: a trust whose trustee is a Reporting Financial Institution and		
	re • A	eports all the necessary information about the trust's Reportable Accounts;  ny other Entity that a country defines as a Non-Reporting Financial Institution in its  omestic 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	<b>Active NFEs by Reason of Income and Assets</b> 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	<b>Passive NFE</b> 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:		
		<ul> <li>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;</li> <li>Individual and collective portfolio management; or</li> </ul>		
		<ul> <li>Otherwise investing, administering, or managing Financial Assets or money on behalf of other persons.</li> </ul>		
		<ul> <li>Such activities or operations do not include rendering non-binding investment advice to a customer.</li> </ul>		
	(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.		
	thro	that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or		
Investment Entity managed by another Financial Institution	An E Entir Insti	that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity.  Entity is "managed by" another Entity if the managing Entity performs, either directly or bugh another service provider on behalf of the managed Entity, any of the activities or		

#### 14. DIRECT DEBIT SERVICES AGREEMENT

The following is your Direct Debit Service Agreement with Boardroom Pty Ltd ABN 14 003 209 836 (**Boardroom**) who acts as the unit registry provider of each fund. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (**DDR**) and should be read in conjunction with your Direct Debit Request form or additional application form (as applicable).

#### **DEFINITIONS**

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**debit day** means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request in the application form or additional application form

us or we means Boardroom, (the Debit User) you have authorised by signing a Direct Debit Request.

you means the customer who has signed or authorised by other means the Direct Debit Request.

your financial institution means the financial institution nominated by you on the DDR at which the account is maintained.

#### 1. Debiting your account

- (a) By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited from *your account. You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.
- (b) We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request or we will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the Direct Debit Request, a billing advice which specifies the amount payable by you to us and when it is due.
- (c) If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

The Direct Debit will be made on receipt of your application. It takes three days for the request to be cleared. Upon confirmation that the funds are cleared we will apply for units in the Fund on your behalf.

#### 2. Amendments by us

(a) We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.

#### 3. Amendments by you

- (a) You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14 days) notification by writing to:
  - I. Unit Registry Boardroom Pty Ltd GPO BOX 3993 Sydney NSW 2001

or

II. by telephoning us on 1300 737 760 during business hours;

10

III. arranging it through your own financial institution.

#### 4. Your obligations

- (a) It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.
- (b) If there are insufficient clear funds in *your account* to meet a *debit payment*:
  - I. you may be charged a fee and/or interest by your financial institution;
  - II. you may also incur fees or charges imposed or incurred by us; and
  - III. you must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the *debit payment*.
- (c) You should check your account statement to verify that the amounts debited from your account are correct
- (d) If **Boardroom Pty Ltd** is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay **Boardroom Pty Ltd** on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

#### 5. Dispute

- (a) If you believe that there has been an error in debiting *your account, you* should notify us directly on **1300 737 760** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct.
- (b) If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- (c) If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

#### 6. Accounts

You should check:

- I. with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- II. your account details which you have provided to us are correct by checking them against a recent account statement; and
- III. with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

#### 7. Confidentiality

- (a) We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- (b) We will only disclose information that we have about you:
  - I. to the extent specifically required by law; or
  - II. for the purposes of this agreement (including disclosing information in connection with any query or claim).

#### 8. Notice

Surname/Company

Sydney NSW 2001

(a) If *you* wish to notify *us* in writing about anything relating to this *agreement, you* should write to:

Boardroom Pty Ltd

GPO Box 3993

- (b) We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.
- (c) Any notice will be deemed to have been received on the third banking day after posting.

#### Request and Authority to debit the account named below to pay Boardroom Pty Ltd

Given Name		or ABN
Account Name		Financial Institution
Branch	BSB	Account Number

#### Acknowledgement

By signing this direct debit request, you authorise and are providing Boardroom Pty Ltd, in respect to your investment amount, to debit the account as described above, any amount which it may debit or charge through the direct debit system in connection with your existing savings plan investment amount and any future amounts you instruct Boardroom to invest in the Realm Global High Income Fund AUD. Also by signing, you certify that you have understood and agreed to the terms governing the direct debit arrangements between you and Boardroom Pty Ltd.

<b>Signature</b> (If signing for a company, sign and print full name)	ne and capacity for signing, e	g. director)	
Print Name		Capacity	
Address			
Suburb	State	Postcode	Country
Dated			
<b>Second Account Signature</b> (if required) (If signing for a company, sign and print full name	ne and capacity for signing, e	g. director)	
Print Name		Capacity	
Address			
Suburb	State	Postcode	Country
Dated			
I I			