

Additional Investment Form For Existing Investors – Ordinary Units and Wholesale Units

INVESTOR DETAILS

Company/Fund/Super Fund Name

ADDITIONAL INVESTMENT DETAILS

I/we apply to make an additional investment in the Realm High Income Fund.

Amount: AUD \$

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The minimum additional investment amount must be at least AUD \$5,000.

Class of Units

Please select the class of Units you wish to acquire:

1

ORDINARY UNITS

Please tick the box beside your chosen payment method and complete the required details.

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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 HIF Ordinary Class Applications

BSB: 332-027

Account number: 556094655

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.

WHOLESALE UNITS

Please note that you can only apply for Wholesale Units if you are a 'wholesale client' – as that term is defined in the Corporations Act 2001 (Cth). Please complete Section 1.2.

Please tick the box beside your chosen payment method and complete the required details.

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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 HIF Wholesale Class Applications

BSB: 332-027

Account number: 556094671

Date of Transfer

Reference Used

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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.

INVESTOR CONFIRMATIONS

- ☐ I/we declare that all details provided in this application and previous applications, including beneficial ownership remain true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur.
- ☐ I/we acknowledge that between the date of my/our first investment and the date of this additional investment, the Fund's circumstances and target market may have changed. I/we confirm I/we have read the Fund's latest PDS, all supplemental information and TMD for the Fund prior to making this additional investment and consider my/our objectives, financial situation and needs have not materially changed since my/our initial investment.

Signature 1*

Full Name

Date

Tick capacity (mandatory for companies):

- ☐ Sole Director and Company Secretary
- ☐ Director
- ☐ Secretary

Company Seal (if applicable)

Signature 2*

Full Name

Date

Tick capacity (mandatory for companies):

- ☐ Sole Director and Company Secretary
- ☐ Director
- ☐ Secretary

*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.

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

The following section is for the use of Australian Applicants only 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 A\$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 Act the above named person controls the following companies and trusts:

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 following professional bodies (tick appropriate box):

- ☐ CPA Australia ("CPA" or "FCPA"); or
- ☐ Institute of Chartered Accountants in Australia ("CA", "ACA" or "FCA"); or
- ☐ The National Institute of Accountants in Australia ("PNA", "FPNA", "FINA" or "MNIA"); or
- ☐ Other foreign eligible professional body for the purposes of the Corporations Act (please specify)

and I have at least 3 years practical experience as an accountant or auditor and I am giving this certificate in respect of my country of qualification, not being Australia

- ☐ 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 Issuer may rely on this certificate for such period of time as is permitted by the Corporations Act.
- ☐ I confirm that I am independent of the above-named 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>