

BLUE SKY ALLIANCE FUND

September 2017

APPLICATION FORM

This Application Form accompanies the Product Disclosure Statement dated 29 September 2017 (**PDS**) issued by One Managed Investment Funds Limited ABN 47 117 400 987 (**Responsible Entity**) in its capacity as responsible entity of the Blue Sky Alliance Fund ARSN 140 253 685 (**Fund**).

It is important that you read the PDS 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.

Units in the Blue Sky Alliance Fund are only issued on receipt of:

- this fully completed application form;
- verification of the applicant's identity and any beneficial owner's identity; and
- payment in full in cleared funds.

The minimum initial investment in the Fund is \$10,000 and the minimum additional investment amount must be at least \$2,000 and if adding to more than one class of units already held, the minimum is \$2,000 in any class of units (see Section 5.1 of the PDS).

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

INVESTOR TYPE	COMPLETE
<input type="checkbox"/> Individual/Joint Investors/Sole Traders	Sections 1, 2, 5, 6, 7, 8, 9 and 10
<input type="checkbox"/> Company	Sections 1, 3, 5, 6, 7, 8, 9 and 10
<input type="checkbox"/> Trust/Superannuation Fund with Individual Trustee	Sections 1, 2, 4, 5, 6, 7, 8, 9 and 10
<input type="checkbox"/> Trust/Superannuation Fund with Corporate Trustee	Sections 1, 3, 4, 5, 6, 7, 8, 9 and 10
<input type="checkbox"/> Existing Investor	Page 20

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 Form (i.e. fill in all relevant sections of this form in blue or black pen)

Step 2 – Send your application

Post/Delivery – Please post completed application form and all supporting documents to:

National Australia Bank Limited
Attention: Registry Services
GPO Box 1406
Melbourne VIC 3001

Questions

If none of the above categories are applicable to you, or you have other questions relating to this Application Form, please contact the Responsible Entity on 02 8277 0000.

1. INVESTMENT DETAILS

Class of Units

Please indicate in the boxes below how you wish to invest in the Fund:

APIR Code

Absolute Return Units	\$	COL0018AU
Real Return Units	\$	COL0019AU
Dynamic Macro Units	\$	COL0020AU

1.1 DETAILS

I/We apply to invest in the Blue Sky Alliance Fund.

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

Cheque
 Made payable to: NNLOCA ANF Blue Sky Alliance Fund App Account
 Amount: AUD

(Minimum investment is \$10,000)

Electronic Funds Transfer or Direct Deposit
 Bank: National Australia Bank
 Reference: "Investor surname/company or trust name" (as applicable)
 Account Name: NNLOCA ANF Blue Sky Alliance Fund App Account
 BSB: 083 043
 Account number: 146887142
 Amount: AUD

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?

Savings Growth Income
 Retirement Business account
 Other – please specify

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 or as an individual trustee.

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	
Occupation					

INVESTOR 2 (only applicable for joint investors)

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	
Occupation					

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

ADDITIONAL INFORMATION FOR SOLE TRADERS (only applicable if applying as a Sole Trader)

Full Business Name (if any)

Australian Business Number (if obtained)

Address of Principal Place of Business (not a PO Box). If same as residential address given above, mark 'As Above'.

Suburb

State

Postcode

Country

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.

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 and 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 – APPLICATION FORM

Complete this section if you are investing for, or on behalf of, a company or as a corporate trustee.

3.1 COMPANY DETAILS

Full Company Name

Country of Formation, Incorporation or 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 or Territory statutory regulator)

Registered Business Address in Australia or in Country of Formation

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 foreign registration body.

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 Australian listed company?

No Yes – Name of Australian Listed Company
 – Name of Market/Stock Exchange

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.

Beneficial Owners of the Company/Corporate Trustee

Please provide details of the Beneficial Owner of the company who directly or indirectly control the company in Section 6.6. 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 State Postcode Country

Email

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.

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
- 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 6.6.

- 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

Tax File Number or Exemption Code

Australian Business Number (if any)

TYPE OF TRUST

(Please tick **ONE** box from the list below to indicate the type of Trust and provide the required information)

Type A: Regulated Trust (e.g. self-managed superannuation 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

SETTLOR OF THE TRUST

- The material asset contribution to the trust by the settlor at the time the trust was established was less than \$10,000.00.
- The settlor of the trust is deceased.
- Neither of the above is correct:
Provide the full name of the settlor of the trust.

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 6.6 (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 complete Section 2. If a trustee is a company, please 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.

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 Trusts identified under 4.1 as Type A & Type 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 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 as Type C & Type D – select one of the following options to verify the Beneficiaries and the Beneficial Owners identified in Section 6.6.

- 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:

Reinvest in additional units in the Blue Sky Alliance Fund as follows:

	In additional units %	Direct to bank account %
Absolute Return Units	<input type="text"/>	<input type="text"/>
Real Return Units	<input type="text"/>	<input type="text"/>
Dynamic Macro Units	<input type="text"/>	<input type="text"/>

Paid 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
<input type="text"/>	<input type="text"/>
Account Name	
<input type="text"/>	
BSB	Account Number
<input type="text"/>	<input type="text"/>

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 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**), Global Intermediary Identification Number (**GIIN**), FATCA Status, CRS Status and Controlling Persons (includes Beneficial Ownership details) should 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.

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-of-information---guidance-material/>

If you are applying:

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

6.1 TAX RESIDENCE – INDIVIDUAL/SOLE TRADER

INVESTOR 1

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

Country of Tax Residence 1 <input type="text"/>	Taxpayer Identification Number 1# <input type="text"/>	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 2 (if applicable) <input type="text"/>	Taxpayer Identification Number 2# (if applicable) <input type="text"/>	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 3 (if applicable) <input type="text"/>	Taxpayer Identification Number 3# (if applicable) <input type="text"/>	TIN Unavailable: <input type="checkbox"/>

TIN Unavailable Explanation(s) – If any ‘TIN Unavailable’ box is checked, please provide an explanation.

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.
If Account Holder has additional countries of tax residence please attach a statement to this form containing the Country and TIN for each such additional country.

Is the account holder a U.S. person?

A U.S. person includes a U.S. citizen or resident alien of the U.S. even if residing outside the U.S.

Yes If ‘Yes’, the Account Holder’s U.S. country of residence and U.S. Tax Identification Number must be provided above.

No

INVESTOR 2

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

Country of Tax Residence 1 <input type="text"/>	Taxpayer Identification Number 1# <input type="text"/>	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 2 (if applicable) <input type="text"/>	Taxpayer Identification Number 2# (if applicable) <input type="text"/>	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 3 (if applicable) <input type="text"/>	Taxpayer Identification Number 3# (if applicable) <input type="text"/>	TIN Unavailable: <input type="checkbox"/>

TIN Unavailable Explanation(s) – If any ‘TIN Unavailable’ box is checked, please provide an explanation.

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.
If Account Holder has additional countries of tax residence please attach a statement to this form containing the Country and TIN for each such additional country.

Is the account holder a U.S. person?

A U.S. person includes a U.S. citizen or resident alien of the U.S. even if residing outside the U.S.

Yes If ‘Yes’, the Account Holder’s U.S. country of residence and U.S. Tax Identification Number must be provided above.

No

6.2 ACCOUNT HOLDER’S GIIN (IF ANY) – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

If you are unable to complete this form please seek appropriate advice relating to the tax information required.

Account Holder’s GIIN (if any)

Sponsoring Entity’s Name (if the Account Holder is a sponsored entity, please provide the sponsor’s GIIN)

TIN is the number assigned by each country, for the purpose of administering tax laws (equivalent of a Tax File Number in Australia). If you are a tax resident of Australia please provide your TFN or else applicable TIN.

6.3 TAX RESIDENCE OF THE ACCOUNT HOLDER – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

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

Country of Tax Residence 1 <input type="text"/>	Taxpayer Identification Number 1# <input type="text"/>	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 2 <input type="text"/>	Taxpayer Identification Number 2# (if applicable) <input type="text"/>	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 3 <input type="text"/>	Taxpayer Identification Number 3# (if applicable) <input type="text"/>	TIN Unavailable: <input type="checkbox"/>

TIN Unavailable Explanation(s) – If any 'TIN Unavailable' box is checked, please provide an explanation.

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

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

6.4 FATCA STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

IS THE ACCOUNT HOLDER A U.S. PERSON?

If Yes, complete the U.S. Person certification

U.S PERSON CERTIFICATION

Is the Account Holder a specified U.S. person?

Yes Provide a U.S. TIN below.

No

U.S. Taxpayer Identification Number (TIN):

If No, complete the non U.S. Person certification

NON U.S. PERSON CERTIFICATION

Select a classification that matches your FATCA status:
Select only a single category.

Participating FFI (Provide GIIN in Section 6.2)

Local/Partner Jurisdiction FFI (Provide GIIN in Section 6.2)

Deemed-Compliant FFI
Select deemed-compliant category:

Trustee-Documented Trust (Provide GIIN and Trustee name in Section 6.2)

Sponsored Investment Vehicle (Provide GIIN and Sponsor's name in Section 6.2)

Registered-Deemed Compliant FFI (Provide GIIN in Section 6.2)

Other Deemed-Compliant Category

Nonparticipating FFI

Exempt Beneficial Owner (includes self-managed superannuation fund)

TIN is the number assigned by each country, for the purpose of administering tax laws (equivalent of a Tax File Number in Australia). If you are a tax resident of Australia please provide your TFN or else applicable TIN.

- Direct Reporting NFFE** *(Provide GIIN in Section 6.2)*
- Sponsored Direct Reporting NFFE** *(Provide GIIN and Sponsor's name in Section 6.2)*
- Active NFFE**
- Passive NFFE** *(Complete Section 6.6 – Controlling Persons)*
- Other – describe the FATCA status**

6.5 CRS STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

IS THE ACCOUNT HOLDER A FINANCIAL INSTITUTION?

Financial Institution

Is the entity an Investment Entity managed by an FI or other Financial Institution?

- Yes** If any tax residence country provided is not a participating CRS jurisdiction, then complete Section 6.6 – Controlling Persons.
- No**

Non-Financial Entity (NFE)

If the Account Holder is a Non-Financial Entity (NFE), select a classification that matches your CRS status:

- Government Entity, International Organisation and Central Bank**
- A corporation the stock of which is regularly traded on an established securities market (or entity related to such a corporation):**
 Name of Securities Market:
 Name of Related Entity:
- Non-Reporting Financial Institution (includes Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Exempt Collective Investment Vehicle, Trustee Documented Trust and Self-managed Superannuation Fund)**
- Other Active NFE**
- Passive NFE** *(Complete Section 6.6 – Controlling Persons)*
- Other – describe the CRS Status**

6.6 CONTROLLING PERSONS (INCLUDES BENEFICIARY DETAILS UNDER SECTIONS 3.1 AND 4.2)

This section is considered an integral part of the self-certification to which it is associated. If there is a change in Controlling Persons/Beneficial Ownership, please submit an updated form within 30 days.

CONTROLLING PERSON 1 / BENEFICIAL OWNER 1

First Name	Family Name/Surname		
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>		
Current Residential Address			
<input style="width: 100%; height: 20px;" type="text"/>			
City/Town	State/Province	Postcode	Country (do not abbreviate)
<input style="width: 260px; height: 20px;" type="text"/>	<input style="width: 115px; height: 20px;" type="text"/>	<input style="width: 90px; height: 20px;" type="text"/>	<input style="width: 165px; height: 20px;" type="text"/>
Date of Birth (DD/MM/YYYY)	City/Town of Birth	Country of Birth	
<input style="width: 195px; height: 20px;" type="text"/>	<input style="width: 280px; height: 20px;" type="text"/>	<input style="width: 275px; height: 20px;" type="text"/>	

Country of Tax Residence 1

Taxpayer Identification Number 1

Country of Tax Residence 2

Taxpayer Identification Number 2

Country of Tax Residence 3

Taxpayer Identification Number 3

TIN Unavailable Explanation(s) – If TIN is not provided above, please provide an explanation.

*Please tick the box/es to select the role types that are relevant to you (i.e. Controlling Person 1/Beneficial Owner 1).

Controlling Person* / **Beneficiary Type***

Legal Person*	<input type="checkbox"/> By Ownership	<input type="checkbox"/> By other means	<input type="checkbox"/> Senior Managing Official		
Legal Arrangement – Trust*	<input type="checkbox"/> Settlor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Protector	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other
Legal Arrangement – Other*	<input type="checkbox"/> Settlor – Equivalent	<input type="checkbox"/> Trustee – Equivalent	<input type="checkbox"/> Protector – Equivalent	<input type="checkbox"/> Beneficiary – Equivalent	<input type="checkbox"/> Other – Equivalent

CONTROLLING PERSON 2 / 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

Country of Tax Residence 1

Taxpayer Identification Number 1

Country of Tax Residence 2

Taxpayer Identification Number 2

Country of Tax Residence 3

Taxpayer Identification Number 3

TIN Unavailable Explanation(s) – If TIN is not provided above, please provide an explanation.

*Please tick the box/es to select the role types that are relevant to you (i.e. Controlling Person 2/Beneficial Owner 2).

Controlling Person* / **Beneficiary Type***

Legal Person*	<input type="checkbox"/> By Ownership	<input type="checkbox"/> By other means	<input type="checkbox"/> Senior Managing Official		
Legal Arrangement – Trust*	<input type="checkbox"/> Settlor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Protector	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other
Legal Arrangement – Other*	<input type="checkbox"/> Settlor – Equivalent	<input type="checkbox"/> Trustee – Equivalent	<input type="checkbox"/> Protector – Equivalent	<input type="checkbox"/> Beneficiary – Equivalent	<input type="checkbox"/> Other – Equivalent

If there are more than 2 Controlling Persons or Beneficial Owners or Countries of Tax Residence, please provide the 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

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

If there more than 2 PEPs please provide the details on a separate page and attach to this Application Form.

8. PRIVACY

Please tick the box if you consent to your personal information being used and disclosed for marketing purposes as broadly described in the Privacy statement in this PDS.

I/we consent to the supply of my/our transaction information to be sent by the Fund Administrator, NAB to Blue Sky Alternative Investments Limited ABN 73 136 866 236 ('BSAIL'). This consent will allow your investment information to be made available via Blue Sky's Your Fingerprint service (refer to PDS Section 3.3).

The sole purpose of this disclosure is to allow you to access information about your individual investments via Blue Sky's Your Fingerprint service. You will be the only person able to see the data and your data will not be provided to other third parties.

I/we wish to receive information regarding future investment opportunities.

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

9. EMAIL COMMUNICATION CONSENT

Please tick the box below if you would like to receive all communications, including periodic statements, via email.

I/we would like to receive all communications via email.

If the above box is not ticked all communications will be posted to you.

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 agree to be bound by the provisions of the Constitution governing the Fund and the terms and conditions of the PDS, 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 should 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 PDS 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 consent to my/our personal information being used and disclosed as set out in the PDS;
- I/we acknowledge that the Issuer may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website;
- 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 US 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/we acknowledge 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 (includes any related Australian law and guidance) and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. Otherwise, the collection of information is not required by law, but I/we acknowledge that if I/we do not provide personal information, the Issuer may not allow me/us to invest in the Fund;
- 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*

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, details of which appear in Section 3.1; or

*For trust/superannuation fund applications each individual trustee must sign.

Application Process:

Step 1 – Complete Form (i.e. fill in all relevant sections of this form in blue or black pen)

Step 2 – Send your application

Post/Delivery – Please post completed application form and all supporting documents to:
 National Australia Bank Limited
 Attention: Registry Services
 GPO Box 1406
 Melbourne VIC 3001

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

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.

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 1993*).
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 1993*).
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 1993*).
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

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 Control Person(s) they may have.

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.

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.

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.

GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN)

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

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

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

COMMON REPORTING STANDARDS (CRS)

CRS means OECD Common Reporting Standards for Automatic Exchange of Financial Account Information.

ADDITIONAL INVESTMENT FORM FOR EXISTING INVESTORS

Please use this form only if you are already an investor in the Blue Sky Alliance Fund ARSN 140 253 685 and wish to make an additional investment. **You may fax this completed form to National Australia Bank using fax number 1300 365 601.**

New investors should go to page 2 of the Application Form.

The minimum additional investment amount must be at least \$2,000 and if adding to more than one class of units already held, the minimum is \$2,000 in any class of units (see Section 5.1 of the PDS).

INVESTOR DETAILS

Account Number	Account Name
<input type="text"/>	<input type="text"/>
Company/Fund/Superannuation Fund Name	
<input type="text"/>	

ADDITIONAL INVESTMENT DETAILS

CLASS OF UNITS

Please and complete the boxes below to indicate which class of units in which you wish to invest:

APIR Code

Absolute Return Units	\$ <input type="text"/>	COL0018AU
Real Return Units	\$ <input type="text"/>	COL0019AU
Dynamic Macro Units	\$ <input type="text"/>	COL0020AU

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

Cheque
 Made payable to: NNLOCA ANF Blue Sky Alliance Fund App Account
 Amount: AUD

Electronic Funds Transfer or Direct Deposit
 Bank: National Australia Bank
 Reference: "Investor surname/company or trust name" (as applicable)
 Account Name: NNLOCA ANF Blue Sky Alliance Fund App Account
 BSB: 083 043
 Account number: 146887142
 Amount: AUD
 Date of Transfer Reference Used

INVESTOR CONFIRMATION

Signature 1*
 Full Name
 Date

Signature 2*
 Full Name
 Date

Tick capacity (mandatory for companies):
 Individual
 Sole Director and Company Secretary
 Director
 Secretary

Tick capacity (mandatory for companies):
 Individual
 Sole Director and Company Secretary
 Director
 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.