



APPLICATION FORM REALM HIGH INCOME FUND

ORDINARY UNITS AND WHOLESALE UNITS

This Application Form accompanies the Product Disclosure Statement dated 12 November 2018 (**PDS**) issued by One Managed Investment Funds Limited ABN 47 117 400 987 (**Issuer**) in its capacity as responsible entity of the Realm High Income Fund (ARSN 159 673 533) (**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.

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.

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 22

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:

Realm High Income Fund
C/- FundBPO Unit Registry
GPO Box 4968
Sydney NSW 2001

Questions

If none of the above categories are applicable to you, or you have other questions relating to this Application Form, please contact the registrar FundBPO Unit Registry on 1300 133 451.

1. INVESTMENT DETAILS

1.1 DETAILS

I/we apply to invest in the Realm High Income Fund.

Amount: AUD

(For Ordinary Units, the minimum initial application amount is \$25,000. For Wholesale Units, the minimum initial application amount is \$1,000,000.)

Class of Units

Please select the class of Units you wish to acquire:

Ordinary Units

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.

Cheque

Made payable to: FundBPO Trust Account - RHIF Application

Electronic Funds Transfer or Direct Deposit

Bank: National Australia Bank

Reference: "Investor surname/company or trust name" (as applicable)

Account Name: FundBPO Trust Account - RHIF Application

BSB: 082-401

Account number: 518-546-251

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.

Amount: AUD

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

1.2 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 \$500,000 under this Application Form

(b) I have/we have net assets of at least \$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 \$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		
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.

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. If this is a new investment and no nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:

- Reinvest in the Fund; or
- Pay to my/our account (Please provide your financial institution account details as per below).

Financial Institution Account Details (must be an Australian financial institution)

Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.

Bank/Institution

Branch

Account Name

BSB

Account Number

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

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

The 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 adviser 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---CRS-and-FATCA/>

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

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

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

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.

6.2 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)

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

Taxpayer Identification Number 1#

TIN Unavailable:

Country of Tax Residence 2

Taxpayer Identification Number 2# (if applicable)

TIN Unavailable:

Country of Tax Residence 3

Taxpayer Identification Number 3# (if applicable)

TIN Unavailable:

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: 290px; height: 20px;" type="text"/>	<input style="width: 500px; 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: 285px; height: 20px;" type="text"/>	<input style="width: 275px; height: 20px;" type="text"/>	
Country of Tax Residence 1	Taxpayer Identification Number 1		
<input style="width: 530px; height: 20px;" type="text"/>	<input style="width: 260px; height: 20px;" type="text"/>		
Country of Tax Residence 2	Taxpayer Identification Number 2		
<input style="width: 530px; height: 20px;" type="text"/>	<input style="width: 260px; height: 20px;" type="text"/>		
Country of Tax Residence 3	Taxpayer Identification Number 3		
<input style="width: 530px; height: 20px;" type="text"/>	<input style="width: 260px; height: 20px;" type="text"/>		

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* By Ownership By other means Senior Managing Official

Legal Arrangement - Trust* Settlor Trustee Protector Beneficiary Other

Legal Arrangement - Other* Settlor - Equivalent Trustee - Equivalent Protector - Equivalent Beneficiary - Equivalent 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* By Ownership By other means Senior Managing Official

Legal Arrangement - Trust* Settlor Trustee Protector Beneficiary Other

Legal Arrangement - Other* Settlor - Equivalent Trustee - Equivalent Protector - Equivalent Beneficiary - Equivalent 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 wish to receive information regarding future investment opportunities.

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

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:

Realm High Income Fund
 C/- FundBPO Unit Registry
 GPO Box 4968
 Sydney NSW 2001

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 advisers 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.

The following form is for the use of Australian Applicants only who are investing less than AUD \$500,000

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

To: Realm High Income Fund
C/- FundBPO Unit Registry
GPO Box 4968
Sydney NSW 2001

I,

Of

Certify as follows:

1. I am a qualified accountant for the purposes of the Corporations Act, being a member of the Institute of Chartered Accountants in Australia/CPA Australia/National Institute of Accountants and am subject to, and comply with, that body's continuing education requirements.

2. I am giving this certificate in accordance with Section 761G(7)(c) of the Corporations Act at the request of, and with reference to,
(Investor) and acknowledge that this certificate will be relied upon to make offers of financial products to the Investor without disclosure under Part 7.9 of the Corporations Act.

3. I certify that, having reviewed the financial position of the Investor:
 - (a) the Investor has net assets of at least A\$2.5 million; or
 - (b) the Investor had a gross income for each of the last two financial years of at least A\$250,000 a year.

Signature

Print name

Dated

Notes

The certificate should be:

1. Provided before any offer is made; and
2. Given no earlier than two years before the offer is made.

14. DIRECT DEBIT SERVICES AGREEMENT

The following is your Direct Debit Service Agreement with FundBPO Pty Ltd ABN 81 118 902 891 (**FundBPO**) 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 **FundBPO**, (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
FundBPO Pty Ltd
GPO BOX 4968
Sydney NSW 2001
 - or
 - II. by telephoning *us* on 1300 133 451 during business hours;
 - or
 - 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 **FundBPO 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 **FundBPO 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 133 451** 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

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

FundBPO Pty Ltd
GPO Box 4968
Sydney NSW 2001
- (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 FundBPO Pty Ltd

Surname/Company

Given Name

or ABN

Account Name

Financial Institution

Branch

BSB

Account Number

Acknowledgement

By signing this direct debit request, you authorise and are providing FundBPO Pty Ltd (user ID: 364011), 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 FundBPO to invest in the Realm High Income Fund. Also by signing, you certify that you have understood and agreed to the terms governing the direct debit arrangements between you and FundBPO Pty Ltd.

Signature

(If signing for a company, sign and print full name and capacity for signing, e.g. director)

Print Name

Capacity

Address

Suburb

State

Postcode

Country

Dated

Second Account Signature (if required)

(If signing for a company, sign and print full name and capacity for signing, e.g. director)

Print Name

Capacity

Address

Suburb

State

Postcode

Country

Dated

INVESTOR CONFIRMATION

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.