Application Form

Australian Company/Trust/Superannuation Fund/Custodian

Issued by Fidante Partners Limited (ABN 94 002 835 592, AFSL 234668) and Fidante Partners Services Limited (ABN 44 119 605 373, AFSL 320505), each referred to as 'Fidante' in this form.

Dated 23 November 2023

Use this application form if you wish to invest in the fund(s) listed in **Section 18**.

This Application form can only be used by the following types of Australian investors:

- Company
- Trust
- Superannuation Fund
- Custodian

If you meet the definition of a Wholesale Investor as defined by the Corporations Act 2001 (Cth), you will need to complete the Wholesale Investor Application Form instead of this one. Please contact our Investor Services Team on 1300 721 637 or **info@fidante.com.au** to obtain a copy of the form.

Each person should obtain and consider the Fund's Target Market Determination (TMD) and the Fund's Product Disclosure Statement (PDS) before making a decision about whether to make an investment in the Fund. A copy of any TMD and PDS can be obtained from your financial adviser, our Investor Services team or at **fidante.com**.

Before completing this Application Form, please ensure you have read the current PDS and TMD, any information incorporated into the PDS and any updates on the Fidante website. Fidante or your financial adviser will send you a paper copy of the current PDS and TMD, any information incorporated into the PDS and any updates and application form free of charge if you so request.

Information in a PDS and TMD may change from time to time and we will update this information by updating the relevant document or by publishing an update at **fidante.com**.

Checklist

Before sending us your application, please ensure you have:

- Read the relevant Fund's PDS, any incorporated information and the Fund's Target Market Determination (TMD) all available from your financial adviser, our Investor Services team or at fidante.com
- Completed this Application Form in full.
- Provided required Customer Identity Verification documents as outlined in Section 15.
- If paying by electronic funds transfer, ensure ALL bank account signatories have signed in Section 9.
- If paying by direct credit, ensure funds are transferred at the same time as lodging your Application Form and using your investor name as a reference.
- Read the declaration and provided all relevant signatures.

Contact details

Mail your completed application form and identity verification documents to:

Fidante GPO Box 3993 Sydney NSW 2001 (no stamp required)

If you have any questions regarding this form please contact our Investor Services Team on 1300 721 637.

If you have not received a response within 10 business days of submitting your application, please call our Investor Services Team on 1300 721 637, 8:15am - 5:30pm AEST, Monday - Friday.



Application Form

Email address

Australian Company/Trust/Superannuation Fund/Custodian

r fidante

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS FORM

1 Investment	t details				
Please indicate (X) if this is a	new investment or an additional investment.				
New investment ▶ Plea Additional investment	New investment ▶ Please proceed to section 2. Additional investment				
Existing account name					
Existing account number					
If any of your information ha	as changed since your prior investment, please complete sections 2-6 , otherwise, proceed to section 7 .				
2 Australian	entity type				
Please indicate (X) the entity	у type.				
Company ► Complete	sections 3, 4, 6-19.				
☐ Custodian ► Complete	sections 3, 4, 7–19.				
Superannuation fund or	other regulated trust with individual trustee ► Complete sections 3, 5, 7-19.				
	other regulated trust with company trustee ► Complete sections 3, 4a, 5, 7–19.				
	ndividual trustee ► Complete sections 3, 5–19.				
	company trustee Complete sections 3-19. maregulated trust will be one of the following:				
Self-managed Superann					
Registered managed inv					
Corporations Act 2001);	nvestment scheme that has only wholesale clients and does not make small scale offerings (with reference to section 1012E of the				
Government Superannu Other regulated trusts (ation Fund; or subject to oversight of an Australian statutory regulator).				
	rm an unregulated trust will be a trust not subject to oversight of an Australian statutory regulator (e.g. family trust,				
3 Contact de Please provide details of whe					
	The year mode like all correspondence makes all a year contact details.				
C/- (if applicable)					
Unit	Street number PO Box				
Street name					
Suburb	State Postcode				
Country					
Phone (after hours)	Phone (business hours)				
Mobile	Facsimile				

Australian Company (including company trustee/custodian)

4A. Details of Australian company (including company trustee)					
Full name of company or company trustee (as registered with ASIC)					
Business name (if applicable)					
ACN	ABN				
TFN	Tax exemption				
	IFN, ABN or specific exemption, then tax will be deducted from your distributions at the highest marginal tax rate (plus the swe are required to deduct from time to time).				
1	If you are an overseas investor, please indicate your country of residence for tax purposes.				
Principal place of busine	ess (cannot be a PO Box)				
Street name and number					
Suburb	State Postcode Postcode				
Country					
Registered address (cannot be a PO Box)					
Cross this box if registered address is same as principal place of business (above)					
Street name and number					
Suburb	State Postcode Postcode				
Country					

Australian Company (including company trustee/custodian) (continued)

4A	. Details of Australian company (including company trustee) (continued)					
Со	mpany type - complete questions 1 and 2 below.					
1.	Select (X) whether the company is a proprietary or public company.					
	Proprietary (company whose name ends with Proprietary Ltd or Pty Ltd; also known as private company).					
	Public (company whose name does NOT include the word Pty or proprietary).					
	For proprietary companies provide names of all directors					
	Director 1					
	Director 2					
	Director 3					
	Director 4					
	If there are additional directors, please (\mathbf{X}) this box and provide their full names on a separate piece of paper and attach it to this form.					
2.	Select (X) the applicable category of company and provide details if requested:					
	Licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to supervision beyond that provided by ASIC as a company registration body (e.g. Australian Financial Services Licensees (AFSL) or Australian Credit Licensees (ACL).					
	Name of regulator License details (e.g. 7920, 033)					
	If the company is investing as a company in its own right ▶ proceed to section 7. If the company is acting as a trustee of a regulated trust ▶ proceed to section 5. If the company is acting as a trustee of an unregulated trust ▶ proceed to section 4B. If the company is acting as a custodian ▶ proceed to section 4D.					
	A listed company (e.g. ASX)					
	If the company is investing as a company in its own right ▶ proceed to section 7. If the company is acting as a trustee of a regulated trust ▶ proceed to section 5. If the company is acting as a trustee of an unregulated trust ▶ proceed to section 4B.					
	A majority owned subsidiary of an Australian listed company					
	Name of listed company					
If the company is investing as a company in its own right ▶ proceed to section 7. If the company is acting as a trustee of a regulated trust ▶ proceed to section 5. If the company is acting as a trustee of an unregulated trust ▶ proceed to section 4B. If the company is acting as a custodian ▶ proceed to section 4D.						
	Subsidiary of a company licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to a supervision beyond that provide by ASIC as a company registration body.					
	Name of the					
	parent company					
	Name of the regulator					
	▶ Proceed to section 4B					
	None of the above ▶ Proceed to section 4B.					

Australian Company (including company trustee/custodian) (continued)

4B. Substantial Shareholder details - You do not need to complete if the company is a trustee of a regulated trust. Substantial Shareholders are individuals with ultimate ownership, directly or indirectly, of 25% or more of the company's issued share capital. Ultimate ownership includes an individual's aggregated holdings through a chain of company ownership. Does the company have any substantial shareholders? Yes ▶ Please provide details below. No ▶ Proceed to section 4C. Substantial shareholder 1 Surname Full given name(s) Date of birth Residential address (cannot be a PO Box) Street name and number Suburb State Postcode Country Substantial shareholder 2 Surname Full given name(s) Date of birth Residential address (cannot be a PO Box) Street name and number Suburb Postcode State Country Substantial shareholder 3 Surname Full given name(s) Date of birth Residential address (cannot be a PO Box) Street name and number Suburb State Postcode Country If there are additional substantial shareholders, please (X) this box and provide their full details on a separate piece of paper and attach it to this form.

Australian Company (including company trustee/custodian) (continued)

4C. Directors authorisis	4C. Directors authorising investment - You do not need to complete if the company is a trustee of a regulated trust.						
Individuals below will be the signatories signing in section 17.							
Sole or Primary Directo	Sole or Primary Director						
Cross this box if same as	'Substantial shareholder 1' in section	4B . If different, please co	mplete below.				
Surname							
Full given name(s)							
Title (Mr/Mrs/Miss/Ms)			Date of birth l	/	/		
Residential address (cannot b	pe a PO Box)						
Street name and number							
Suburb			State	Postcode			
Country							
Second Director or Sec	retary						
Cross this box if same as	'Substantial shareholder 2' in section	4B . If different, please co	mplete below.				
Surname							
Full given name(s)							
Title (Mr/Mrs/Miss/Ms)			Date of birth (/	/		
Residential address (cannot b	pe a PO Box)						
Street name and number							
Suburb			State	Postcode			
Country							
	omplete this section if you are a co ete all relevant parts of section 4 b			stment. All oth	er		
Full name (if any) of trust / custodial arrangement							
Country of establishment							
Full business name							
Type of trust							
Please confirm (X) the following information: In completing this section, I acknowledge that the company is acting as a custodian for this investment and the following information is correct; The company is providing a custodial or depository designated service as described in the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ('AML/CTF Act') The company holds either an AFSL allowing it to provide custodial or depository services or is exempt from holding such an AFSL; The company is enrolled on the AUSTRAC Reporting Entities Roll; and							
 The company has satisfied all applicable customer identification and ongoing customer due diligence obligations, in accordance with the AML/CTF Act, on the underlying customer(s). 							
These statements are cor	rrect - proceed to section 5.						
These statements are not	t correct – You must complete sectior	ns 4A, 4B and 4C before p	proceeding to section !	5.			

Superannuation Fund and other Trusts

5A. Details of Superannuation fund or other trust					
Full name of trust/ superannuation fund					
Country of establishment					
TFN	Tax exemption				
ABN f you choose not to provide your TFN, ABN or specific exemption, then tax will be deducted from your distributions at the highest marginal tax rate (plus the dedicare levy, and any other levies we are required to deduct from time to time).					
Postal address					
C/- (if applicable)					
Street name and number					
Suburb	State Postcode				
Country					
Contact Details					
Phone (after hours)	Phone (business hours)				
Mobile	Email				
Please select (X) type of trust and provide information requested:					
Self-Managed Superannuation Fund Provide the SMSF's ABN ▶ Proceed to section 5C.					
Registered managed investment scheme Provide Australian Registered Scheme Number (ARSN). Proceed to section 5C.					
Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings (with reference to section 1012E of the Corporations Act 2001 (Cth)). Proceed to section 5C .					
Government superannuation fund Provide name of the legislation establishing the fund. Proceed to section 5C.					
Other regulated Trusts (a trust that is subject to the regulatory ove an approved deposit fund, a pooled superannuation trust or an APP	rsight of a Commonwealth, State or Territory statutory regulator such as RA-regulated superannuation fund).				
Provide name of the regulator (e.g. ASIC, APRA, ATO).					
Provide the Trust's ABN or registration/licensing details. ▶ Proceed to section 5C.					
Unregulated Trust (e.g. family trust, discretionary trust, charitable t	rust).				
Please confirm type of trust.					
Name of trust settlor (the individual who contributed the initial funding on trust establishment). Proceed to section 5B.					

Superannuation Fund and other Trusts (continued)

5B. Trust beneficiary details - This section is only required for unregulated trusts.				
Substantial trust beneficiaries are individuals specified in the trust deed with ultimate entitlement, directly or indirectly to 25% or more of trust income/assets. Where a trust beneficiary is a company you must consider an individual's ownership of any issued share capital of the company when disclosing whether they are a substantial trust beneficiary.				
Does the Trust Deed sp	ecify any substantial trust beneficiaries?			
☐ Yes ► Please pro	vide details below, then proceed to 'Other beneficiaries' below.			
No ▶ Proceed to	O'Other beneficiaries' below.			
Substantial trust b	eneficiary 1			
Surname				
Full given name(s)	Date of birth			
Residential address (car	nnot be a PO Box)			
Street name and number	er			
Suburb	State Postcode Postcode			
Country				
Substantial trust b	eneficiary 2			
Surname				
Full given name(s)	Date of birth			
Residential address (car	nnot be a PO Box)			
Street name and number	er			
Suburb	State Postcode Postcode			
Country				
Other beneficiaries Are there any other ben				
	vide details below, then proceed to 'Beneficiary classes' below.			
Surname				
Given nar	ne(s)			
Surname				
Given nar	ne(s)			
Surname				
Given nar	ne(s)			
	re are other beneficiaries, please (X) this box and provide their full names on a separate piece of paper and attach it to orm. Then proceed to 'Beneficiary classes' below.			
	ceed to 'Beneficiary classes' below.			
Beneficiary classes				
	er to beneficiaries in relation to membership of a class?			
☐ Yes ► Please list	each class below.			
Class 1				
Class 2				
If there a	re other beneficiary classes, please (X) this box and provide them on a separate piece of paper and attach form.			
No ▶ Please pro				

Superannuation Fund and other Trusts (continued)

5C. Details of Trustee(s						
Please indicate (X) the trustee type:						
Individual Trustee(s)	▶ Please complete below.					
Company Trustee	Company Trustee Please ensure you have completed section 4. Then proceed to section 6.					
Complete the below sections	for the indicated individual. Please note that all fields are mandatory.					
Individual Trustee 1 (pri	Individual Trustee 1 (primary trustee)					
Surname						
Full given name(s)						
Title (Mr/Mrs/Miss/Ms)	Date of birth /					
Residential address (cannot b	pe a PO Box)					
Street name and number						
Suburb	State Postcode Postcode					
Country						
Individual Trustee 2 If th	e trust is unregulated, please provide details of second trustee below.					
Surname						
Full given name(s)						
Title (Mr/Mrs/Miss/Ms)	Date of birth //					
Residential address (cannot b	pe a PO Box)					
Street name and number						
Suburb	State Postcode					
Country						
For regulated trusts ▶ Proceed to section 7.						
For unregulated trusts, are there other individual trustees?						
Yes If there are other individual trustees, please (X) this box and provide their details (as shown above) on a separate piece of paper and attach it to this form.						
No ▶ Proceed to sec						

Other individuals controlling the entity Only complete this section if you were required to complete sections 4B and 4C (as a company or company trustee) or sections 5B and 5C (as an unregulated trust). Are there any individuals exercising control over your entity other than those already listed in sections 4 and 5 of this form? If your entity is a Trust with Company Trustee, consider both the Trust and the Company Trustee when answering this question. Please provide their details below. ▶ Proceed to section 7. Individual 1 Individual 2 Capacity / Role Capacity / Role Surname Surname Full given name(s) Full given name(s) Title Title Date of birth Date of birth Residential address Residential address (cannot be PO Box) (cannot be PO Box) If there are more individuals controlling the entity, please select (X) this box and provide their roles, full names, dates of birth and residential addresses on a separate piece of paper. Source of funds (Required) Please indicate (X) the source of funds being invested. Income from employment - regular and/or bonus Investment income (e.g. rent, dividends, pension) Business income One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)

Payment of initial investment amount

☐ Borrowed funds

Please indicate (X) how you will make your payment of the initial investment amount by selecting one of the following:

Windfall (e.g. gift, lottery winnings)

Direct debit ► Please ensure you also complete section 9.

Electronic funds transfer ► The bank account to transfer funds is listed in sections 18A and 18B. Transfer your funds, with your investor name as reference, at the same time as posting your application to ensure there are no delays in opening your account.

Charitable donations

Nominated bank account (must be an Australian financial institution)

If you are making your inv Please indicate (X) the no		, please provide deta	ils of the bank account	you wish us to debit.	
Please use existing ba					
Please use bank acco					
be paid to you and not rei pay the withdrawal proce- investor and all investors	nvested. Please note, if eds to the account that must sign this section. E action requests that you	you make a withdrav was debited when m By providing your nor	val within the first three aking the investment. T minated account details	eeds and/or distributions if you requested these to a months of making your investment, we will only The nominated account must be in the name of the in this section you authorise Fidante to use these r additional investments, a nomination in this	
Financial institution					
Branch					
Account name					
Branch number (BSB)			Account number	er	
(ABN 44 119 605 373, AFS	SL 320505) (User ID No. the previous page, any	409056) (Fidante), u	ntil further written notic	59) and/or Fidante Partners Services Limited ce is given to Fidante from me/us, to debit my/charge me/us through the Bulk Electronic Clearing	
 the bank/financial institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate, and at any time by notice in writing to me/us, terminate this request as to future debits. Fidante may, by prior arrangement and notice to me/us, vary the amount or frequency of future debits; the bank/financial institution will provide to me/us upon request general descriptive information of the kind referred to in sections 13.1 and 13.2 of the Code of Banking Practice, concerning the operation of accounts, banking facilities and cheques; the information which I/we have provided on this form is accurate and not misleading and I am/we are aware that Fidante is relying on it; this direct debit arrangement is governed by the terms of the Bulk Electronic Clearing System Procedures and the Direct Debit Request Service Agreement (available on our website) which I/we have read and agreed to; and should the bank/financial institution charge any fees/charges related to this direct debit authorisation (including a withdrawal or dishonour fee), I/we will be responsible for such fees/charges. 					
Bank account signatory	1		Bank account sign	natory 2	
Signature Date	/ /		Signature Date		
Surname			Surname		
Given name(s)			Given name(s)		

Investment and distribution method

Please write the full fund name, APIR code, investment amount, regular investment plan (if applicable) and distribution options. Refer to section 18 for the listing of funds, APIR codes and minimum initial investment amounts.

Fund Name	APIR Code	Investment amount (subject to the minimum initial investment) ¹	Regular investment plan ² (if applicable)	Distribution options (select (X) one option per fund) ³	
				Reinvest	Cash payment
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

¹The minimum initial investment is listed in section 18 or \$1,000 when a Regular Investment Plan is set up.

Fidante may, in its absolute discretion, refuse any application for units. Persons external to Fidante or other entities who market Fidante products are not agents of Fidante but are independent investment advisers. Fidante will not be bound by representations or statements which are not contained in information disseminated by Fidante. Application monies paid by cheques from investment advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act 2001 (Cth).

11 Target Market Determination

Before investing in a Fund, investors should ensure they meet the description of the Fund's Target Market as outlined in its Target Market Determination (TMD). TMDs for each Fund are available from your financial adviser, our Investor Services team or **fidante.com**.

11A. Adviser use only	
This question is for financial advisers only. If you do not have an adviser, please complete section 11B. Please select ONE below: I have considered the TMD for the Fund and consider that the applicant is within the Fund's target market; or The applicant is not within the target market, however the Fund is appropriate for the investor and this application is necessary to implement the personal advice I have given to the applicant in relation to the acquisition of units in the Fund.	

²The Regular Investment Plan enables you to invest in the Fund each month via direct debit from a nominated bank account.

³ Nominate one distribution option per fund if applicable. If no nomination is made, distributions will be automatically re-invested.

ш	larget Market Determination (continued)				
11E	3. Non-Adviser use only (continued)				
Plea	ase only complete this section if you don't have an Adviser.				
	have considered the TMD for the Fund and confirm the Fund's Target Market aligns with my objectives, financial situation and needs.	Yes	No		
	have read and understood the TMD and PDS of the Fund and confirm the features of the Fund as described in the TMD and PDS aligns with my objectives, financial situation and needs.	Yes	☐ No		
-	confirm I am not investing more of my portfolio into this Fund than what is recommended in the TMD of the Fund (i.e. Small Allocation - no more than 25% of my total investible assets; Core Allocation - up to 75% of my total investible assets; or Standalone Allocation - part or majority (up to 100%) of my total investible assets).	Yes	No		
	confirm I am comfortable with holding my investment for at least the recommended investment timeframe as outlined in the TMD and PDS of the Fund.	Yes	☐ No		
	confirm that my risk/return profile when making this investment is consistent with the risk/return profile for the Fund as outlined in the TMD.	Yes	☐ No		
	confirm I am comfortable with when I can make withdrawals from the Fund as outlined in the PDS of the Fund.	Yes	No		
	ou do not understand the TMD of the Fund or need further information before proceeding with your investment, ase call us on 1300 721 637.				
,	ou do not have an adviser and answered NO to any of the questions above, we may call you to confirm additional d ether to process your investment.	etails before	edeciding		
12	Additional information				
	nplete this section if any of the below conditions apply to your entity:				
Ar	 Any of the individuals listed on this form have their residential address or tax residency outside Australia or New Zealand; or 				

Complete this section if any of the below conditions apply to your entity:				
• Any of the individuals listed on this form have their residential address or tax residency	outside Australia or New I	Zealand; or		
• Entity is investing \$1m or more; or				
• Entity is a charity, aid organisation, foundation or a not-for-profit organisaton.				
Purpose or activities of the entity	Date of formation	/ /		
Select primary source of the overall wealth of the entity				
Investment income (e.g. rent, dividends) Business income				
One-off payment (e.g. matured investment, court settlement, redundancy, inheritan	(a) Sale of assets	(e.g. shares, property)		
	ce, Jaie or assets	(e.g. shares, property)		
Borrowed funds Charitable donations				
Select primary source of the overall wealth of all individuals listed in this application form	n. You may select multipl	e options that apply.		
Income from employment - regular and/or bonus Investment income (e.g. rent, dividends, pension)				
Business income One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)				
Sale of assets (e.g. shares, property) Windfall (e.g. gift, lottery winnings) Borrowed funds				
Government benefits (e.g. family tax benefits)				
Is your entity a charity, aid organisation, foundation or a not-for-profit organisation?				
Yes Does it provide financial or other support to recipients overseas?				
Yes ▶ Please list destination countries				
│				
│				

A copy of the annual report for the Fund(s) will be provided on the Fidante website **fidante.com**. Please cross (**X**) this box if you wish to receive a paper copy of the annual report(s) for the Fund(s) in which you are invested. If you choose to have an annual report mailed to you, it will be mailed to the address provided in **section 3** or your current address on file for existing investors.

14 Global Tax Reporting Requirements (CRS/FATCA)

Information about investors that are foreign tax residents must be reported to the Australian Taxation Office (ATO) in accordance with international tax reporting standards and laws to which Australia is subject. These include the OECD Common Reporting Standard (CRS) and United States Foreign Account Tax Compliance Act (FATCA). If you require further information on Australia's obligations under CRS or FATCA, please visit the ATO website **www.ato.gov.au**.

please visit the ATO website www.ato.gov.au . You do not need to complete this section if you are an Australian Superannuation Fund.
14A. Entity Type
Select the appropriate entity type from one of the 4 options below and provide requested information.
1. A Financial Institution (A custodial or depository institution, an investment entity or specified insurance company for FATCA/CRS purposes)
Provide the entity's Global Intermediary Identification Number (GIIN), if applicable
If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status (select one)
Deemed Compliant Financial Institution
Excepted Financial Institution
Exempt Beneficial Owner
Non Reporting IGA Financial Institution
(If the Entity is a Trustee- Documented trust, provide the Trustee's GIIN)
☐ Non participating Financial Institution
US Financial Institution
Other (Describe the Company's FATCA status in the box provided)
Please answer the question below for all Financial Institutions
Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?
Yes ▶ Please proceed to section 14B (Foreign Controlling Persons).
No ▶ Proceed to section 15.
2. Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate. Proceed to section 15.
3. A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.
For other types of Active NFEs, refer to section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org .)
If the entity is a Foreign Charity or an Active NFE, please proceed to section 14C (Country of Tax Residency).
4. Other (Entities that are not previously listed – Passive Non-Financial Entities) Please proceed to section 14B (Foreign Controlling Persons).

Global Tax Reporting Requirements (CRS/FATCA) (continued)

14B. Foreign Controllin	y Persons	
Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.		
Are any of the individuals listed in the application form (as directors, substantial shareholders, trustees, trust settlors or trust beneficiaries) tax residents of countries other than Australia?		
	n individual's full name, date of birth, residential address, country of tax residence and tax identification number (TIN) or v. Please include multiple countries and TINs, if applicable.	
	by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Austral the US. If a TIN is not provided, please list one of the three reasons specified TIN.	ia
Individual 1		_
Full name	Date of birth	
Residential address (if not previously provided)		
Country 1	TIN If no TIN, list reason A, B or C _	
Country 2	TIN If no TIN, list reason A, B or C	
Country 3	TIN If no TIN, list reason A, B or C	
Individual 2		
Full name	Date of birth	$\rfloor $
Residential address (if not previously provided)		
Country 1	TIN If no TIN, list reason A, B or C _	
Country 2	TIN If no TIN, list reason A, B or C	
Country 3	TIN If no TIN, list reason A, B or C	
Individual 3		_
Full name	Date of birth //	$\rfloor $
Residential address (if not previously provided)		
Country 1	TIN If no TIN, list reason A, B or C _	
Country 2	TIN If no TIN, list reason A, B or C	$\exists $
Country 3	TIN If no TIN, list reason A, B or C	\Box

- **Reason A** The country of tax residency does not issue TINs to tax residents.
- Reason B I have not been issued with a TIN.
- **Reason C** The country of tax residency does not require the TIN to be disclosed.

14 Global Tax Reporting Requirements (CRS/FATCA) (continued)

14C. Country of tax residency for entity Is the entity a tax resident of a country other than Australia? Yes Please provide the entity's country of tax residence and tax identification number (TIN) or equivalent below. If the entity is a tax resident of more than one other country, please list all relevant countries below. If no TIN, list reason A, B or C 1. Country TIN If no TIN, list reason A, B or C 2. Country TIN If no TIN, list reason A, B or C 3. Country TIN If no TIN, list reason A, B or C 4. Country Reason A - The country of tax residency does not issue TINs to tax residents. Reason B - I have not been issued with a TIN. Reason C - The country of tax residency does not require the TIN to be disclosed. No

15 Customer identity verification

If you do not have an existing investment with Fidante, you must complete this section. If you are lodging this application through a financial adviser, they are required to provide us with copies of the identity verification documents. If you are not lodging this application through a financial adviser, you are required to provide us with certified copies of the identity verification documents. Please see below for a list of who can certify the documents.

15A. Individuals associated with the company or trust

Individuals

- Primary Individual Trustee 1 of unregulated trust if you completed section 5C.
- Second Individual Trustee 2 of unregulated trust if you completed section 5C and are signing this application form.
- Each substantial trust beneficiary of the unregulated trust if you completed section 5B.
- Each substantial shareholder (of company or company trustee) if you completed section 4B.
- Primary/Sole Director and Second Director/Secretary (of company or company trustee) if you completed section 4C.
- Any other controlling individuals listed in section 6.

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Please provide either A or B.	
A. A valid copy of one of the following documents:	
Australian driver's licence containing your photogr	raph; or
Australian passport containing your photograph a	nd signature; or
A card issued under an Australian State or Territory	y law containing your photograph and proof of age.
B. If one of the above cannot be provided, please provide	one document from Group 1 and one document from Group 2 below:
Group 1	Group 2
A copy of one of the following documents:	(The document must contain your full name and current residential address as provided in this application form)
Australian birth certificate or birth extract; or	A copy of one of the following documents issued to you:
Australian citizenship certificate; or Pension or Health care card issued by Centrelink or Department of Veterans' Affairs.	a notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of services to you, e.g.: · council rates notice · electricity bill · gas bill · water rates notice · telephone bill · internet services bill a letter or notice issued within the preceding 12 months from a Commonwealth or State/Territory government department that records the provision of financial benefits to you, e.g.: · pension statement · rent assistance statement · mobility allowance statement · utilities allowance statement a letter or notice issued to you within the preceding 12 months from the ATO that records a debt or refund payable by or to you, e.g.: · notice of assessment · payment reminder
If you are a non-Australian resident and cannot provide A or	
foreign passport, or similar travel document bearing	
national identity card issued by a foreign governme identifier; or	ent that contains your photograph, and either your signature or your unique
foreign driver's license that contains your photogra	ph.

Please note:

- · documents are required to be certified copies of the original;
- documents such as passports, driver's licences and other cards that have an expiry date must not have expired (however, only
 Australian passports that have expired within the preceding two years may be accepted);
- if any document is in a language other than English, then it must be accompanied by an English translation prepared by an accredited translator; and
- if any document is in a previous name, then it must be accompanied by evidence of the change of name (e.g. a marriage certificate).

Customer identity verification (continued)

15B. Company (including corporate trustees)	
For a company acting as a trustee, you must also complete section 15C	in relation to the Trust
Information required to be verified Please ensure the document(s) you provide confirm(s) the following (A or B):	Verification options Please cross (X) which document(s) you have provided:
A. whether the company is:listed; ora majority owned subsidiary of a listed company; orregulated.	up-to-date extract from the ASX database (if applicable); or public document issued by the company; or up-to-date extract from the relevant regulator's database (if regulated).
 B. if the company is none of these, the: full name of the company; and whether the company is registered as a proprietary or a public company; and ACN. 	certificate of registration issued by ASIC; or up-to-date extract from ASIC database.
15C. Trust	
For an unregulated trust with individual trustee, you must also complete	e section 15A .
Information required to be verified Please ensure the document(s) you provide confirm(s) the following:	Verification options Please cross (X) which document(s) you have provided:
Regulated superannuation fund (incl. SMSF) or other regulated trust (incl. SMSF) • full name of Superannuation Fund or Trust; and • type of Superannuation Fund or Trust.	Self Managed Superannuation Funds, registered schemes, other regulated trusts or government superannuation funds up-to-date extract from ATO or APRA (e.g. SMSF or other superannuation fund); or up-to-date extract from ASIC (e.g. registered scheme); or up-to-date extract of the legislation establishing the government superannuation fund sourced from a government website.
Unregulated trustsfull name of Trust;name of Trust settlor.	Unregulated trusts provide documentation confirming the existence of the Trust and the name of the settlor (e.g. trust deed or extract of the trust deed).
15D. Custodial arrangement - If the custodian does not satissections 15A, 15B and 15C as applicable.	sfy the requirements set out in section 4D, you must complete
You must also complete A in Company verification (see above) with below	ow information.
 Information required to be verified Whether company is regulated, listed or a majority owned subsidiary of a listed company; Existence of the custodial arrangement; Full name of the custodian; and ACN. 	Verification options (Please cross (X) which document(s) you have provided – you must provide A and either B or C). A. Investor guide, PDS or other public document issued by the company confirming the existence of a custodial arrangement; and B. Up-to-date extract of search of relevant regulator's database (e.g. ASIC database) (if regulated); or C. Up to date extract from the ASX database (if listed or a majority owned subsidiary of a listed entity).
	majority owned subsidially of a listed entity).

Customer identity verification (continued)

How to certify your documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (e.g. postal agent, Justice of the Peace).

Sample wording

I, [full name], a [category of persons listed below], certify that this [name of document] is a true and correct copy of the original.

[Signature and date]

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

Who can certify documents?

Financial corporations (bank, building society, credit union)	 Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
Post office	 Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
JP	• Justice of the Peace
Legal	 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) Judge of a court Magistrate Chief executive officer of a Commonwealth court Registrar or deputy registrar of a court Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth))
Police	Australian police officer
Diplomatic service	 Australian consular officer Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))
Accountant	• Member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership

Declaration and applicant(s) signature(s)

Please read the declarations below before submitting this application.

I/We declare that:

- · I/we have received and accepted this offer in Australia;
- all details in this application (including all related documents provided) are true and correct and I/we indemnify the responsible entity of the fund(s) I/we am/are investing in against any liabilities arising from acting on any of the details or any future details provided by me/us in connection with this application which are deliberately false or misleading;
- I/we have received a copy of the current PDS and TMD and all information incorporated into the PDS to which this application applies and have read them and agree to the terms contained in them and to be bound by the provisions of the current PDS (including the incorporated information) and current constitution (each as amended from time to time);
- If I/we have received this PDS from the internet or other electronic means, that I/we have received it personally or a print out of it, accompanied by or linked to this application form;
- I/we have legal power to invest in accordance with this application and have complied with all applicable laws in making this application;
- unless alternative authority is notified to and accepted by Fidante, the person/persons that has/have completed the application is/are authorised to operate the account on behalf of the investor and bind the investor for future transactions, including in respect of additional applications and withdrawals;
- the details of my/our investment can be provided to the adviser group or adviser named in this application;
- if investing as trustee, on behalf of a superannuation fund or trust I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993;
- in the case of superannuation funds with two or more trustees, the trustees agree that unless otherwise expressly indicated on this application form, either investor is able to operate the account and bind the other investor/s for future transactions, including additional deposits and withdrawals (including withdrawals by fax);
- if the application is made under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with the application unless we have already sighted it);
- I/we have read and understood BoardRoom's Terms of Use for the use of the online service and release and indemnify Fidante from and against any liabilities whatsoever arising out of it acting on any communications received by BoardRoom under those terms or in connection with the use of the online service;
- By providing my email and/or mobile number, I agree to be notified of and receive important disclosure documents and communications electronically (which include via email, SMS, a link to a website, an application or other online channels);
- I/We agree that any notice, document or other information required to be given to me/us under law (or the agreement with you), including but not limited to Product Disclosure Statements, Financial Services Guides, periodic statements, confirmations of transactions and ongoing disclosures, may be given in one of the following ways (where permitted by law): (i) by sending it to an email address I/we have provided for me/us or my/our adviser; (ii) by sending me/us or my/our adviser an email or other electronic communication providing a website reference or hypertext link to the notice, document or information; or (iii) by making the notice, document or information available on the website or an application or other online facilities as notified to me/us or my/our adviser from time to time.
- I/we acknowledge that none of Fidante, Challenger Limited, or any other member of the Challenger group of companies or any custodian, registry or investment manager, guarantees the performance of the Fund(s) or the repayment of capital or any particular rate of return or any distribution;
- Fidante is not an authorised deposit-taking institution (ADI) for the purpose of the Banking Act 1959 (Cth), and its obligations do not represent deposits or liabilities of an ADI in the Challenger Group (Challenger ADI) and no Challenger ADI provides a guarantee, or otherwise provides assurance in respect of the obligations of Fidante. Investments in the Fund(s) are subject to investment risk, including possible delays in repayment and loss of income or principal invested. Accordingly, the performance, the repayment of capital or any particular rate of return on your investments are not guaranteed by any member of the Challenger Group;
- The Responsible Entity accepts no responsibility for any failure to receive application amounts or payments before or after the transaction date arising as a result of, among other things, processing of payments by financial institutions.

In relation to my/our personal information:

- I/we acknowledge that I/we have read and understood the information relating to privacy and personal information contained in the relevant PDS and Additional Information Booklet (AIB);
- I am/We are aware that until I/we inform Fidante otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) as described in the PDS and AlB and I/we have consented to my/our financial adviser providing such further personal information to Fidante as is required or reasonably deemed necessary by Fidante under applicable law. Any personal information provided about a third party (if any) in connection with this application has been provided with their knowledge and informed consent;
- I/we understand that if I/we fail to provide any information requested in this application form or do not agree to any of the possible uses or disclosures of my/our information as detailed in the PDS and AIB (except in relation to direct marketing), my/our application may not be accepted by Fidante and I/we agree to release and indemnify Fidante in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided.

17 Signature(s)

information and application form free of charge if you so request.

	ees, at least the primary trustee must sign this section. er a sole director, or two directors, or one director and t		
Signature 1		Signature 2	
Signature Date Surname Given name(s) Capacity	/ / Director Company Secretary Primary Trustee (Individual)	Signature Date Surname Given name(s) Capacity	Director Company Secretary Secondary Trustee (Individual)
			COMPANY SEAL
to the application form Market Determination A copy of any TMD an is Fidante Partners Lin	Disclosure Statement (PDS) includes information about purch m must also give the person access to the PDS and any incorp (TMD) and the Fund's Product Disclosure Statement (PDS) be d PDS can be obtained from your financial adviser, our Invest nited (ABN 94 002 835 592, AFSL 234668) Fidante Services Livho has provided an electronic copy of the PDS and any incor	porated information. Ea efore making a decisio or Services team or at mited (ABN 4411960)	ach person should obtain and consider the Fund's Target in about whether to make an investment in the Fund. fidante.com. The responsible entity of each of the Funds 5 373, AFSL 320505), each referred to as Fidante. Fidante

18 Fund listing

Below is a listing of the Funds available for investment. Refer to section 10 to indicate your investment and distribution choices.

18A. Fidante Partners Limited

If making your payment via electronic funds transfer for the Funds listed below, please use the following bank account:

Account Name: FPL Application Clearing Account

BSB: 032-006 Account: 304845

Reference*: <Investor Name>

*This reference allows us to confirm receipt of payment on our bank statement

Fund Name	APIR code	Minimum initial investment	PDS Date
Alphinity Australian Equity Fund	HOW0019AU	\$10,000	17 October 2022
Alphinity Australian Share Fund	PAM0001AU	\$10,000	17 October 2022
Alphinity Concentrated Australian Share Fund	HOW0026AU	\$10,000	23 November 2023
Alphinity Global Equity Fund (Managed Fund)	HOW0164AU	\$10,000	23 November 2023
Alphinity Global Sustainable Equity Fund (Managed Fund)	HOW1000AU	\$10,000	23 November 2023
Alphinity Sustainable Share Fund	HOW0121AU	\$10,000	6 April 2023
Apollo Aligned Alternatives Fund	HOW3532AU	\$100,000	23 August 2023
Ardea Diversified Bond Fund	HOW8543AU	\$10,000	20 March 2023
Ardea Real Outcome Fund	HOW0098AU	\$10,000	23 November 2023
Ares Global Credit Income Fund	HOW4476AU	\$10,000	23 November 2023
Bentham Asset Backed Securities Fund – Class I	HOW2852AU	\$10,000	23 November 2023
Bentham Defensive Income Fund	CSI0521AU	\$10,000	23 November 2023
Bentham Global Opportunities Fund	HOW6814AU	\$10,000	23 November 2023
Challenger IM Credit Income Fund – Class A	HOW8013AU	\$10,000	17 October 2022
Eiger Australian Small Companies Fund	HOW2967AU	\$10,000	23 November 2023
Greencape Broadcap Fund	HOW0034AU	\$10,000	23 November 2023
Greencape High Conviction Fund	HOW0035AU	\$10,000	23 November 2023
Impax Global Opportunities Fund	HOW9619AU	\$10,000	27 September 2023
Kapstream Absolute Return Income Fund	HOW0052AU	\$10,000	23 November 2023
Kapstream Absolute Return Income Plus Fund	HOW5504AU	\$10,000	23 November 2023
Lennox Australian Microcap Fund	HOW1289AU	\$10,000	23 November 2023
Lennox Australian Small Companies Fund	HOW3590AU	\$10,000	23 November 2023
Merlon Australian Share Income Fund	HBC0011AU	\$10,000	17 October 2022
Merlon Concentrated Australian Share Fund	HOW2217AU	\$10,000	23 November 2023
NovaPort Microcap Fund	HOW0027AU	\$10,000	23 November 2023
NovaPort Smaller Companies Fund	HOW0016AU	\$10,000	17 October 2022
Ox Capital Dynamic Emerging Markets Fund	HOW6479AU	\$10,000	23 November 2023
SG Hiscock Property Opportunities Fund	HBC0008AU	\$10,000	17 October 2022
Wavestone Australian Share Fund	HOW0020AU	\$10,000	17 October 2022
WaveStone Dynamic Australian Equity Fund	HOW0053AU	\$10,000	23 November 2023

 $^{^{\}rm 1}$ The minimum initial investment is \$1,000 when a Regular Investment Plan is set up.

18B. Fidante Partners Services Limited

If making your payment via electronic funds transfer for the funds listed below, please use the following bank account:

Account Name: FPSL Application Clearing Account

BSB: 032-006 Account: 454747

Reference*: <Investor Name>

*This reference allows us to confirm receipt of payment on our bank statement

Fund Name	APIR code	Minimum initial investment ¹	PDS Date
Bentham Global Income Fund	CSA0038AU	\$10,000	23 November 2023
Bentham High Yield Fund	CSA0102AU	\$10,000	23 November 2023
Bentham Syndicated Loan Fund	CSA0046AU	\$10,000	23 November 2023
SG Hiscock Professional Property Fund	CSA0115AU	\$5,000	17 October 2022
SG Hiscock Property Fund	CRS0007AU	\$10,000	17 October 2022

 $^{^{1}\}mbox{The}$ minimum initial investment is \$1,000 when a Regular Investment Plan is set up.

19 Adviser use only

By signing this section, I declare that the attached document(s) are true copies of the document(s) used to satisfy the identity verification requirements and I have complied with my obligations under the Anti-Money and Counter-Terrorism Financing Act 2006.

All details in **section 11A** are true and correct and I indemnify the responsible entity of the Fund(s) against any liabilities arising from acting on any of the information provided by me in connection with my clients application which are deliberately false or misleading.

Adviser number	
Office name	
Surname	
Given name(s)	
Title (Mr/Mrs/Miss/Ms)	Phone (business hours)
Email	
Adviser group	
Adviser group AFSL	
Adviser signature Date	
Investment Link information IL GN (Group)	

Important notes

This application must not be handed to any person unless the relevant PDS and TMD and access to the information incorporated into the PDS is also being provided. Fidante may in its absolute discretion refuse any application for units. Persons external to Fidante or other entities who market Fidante products are not agents of Fidante but are independent investment advisers. Fidante will not be bound by representations or statements which are not contained in information disseminated by Fidante. Application monies paid by cheques from investment advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act 2001 (Cth). Personal information collected on this form will be handled in accordance with our privacy policy available at **fidante.com**.