OPHIR

Application Form

HOW TO INVEST

To invest in the Fund, please complete and sign the attached Application Form, include the required identification documents, and email all documents to **ophir@automicgroup.com.au**.

Applications must be received by 5:00pm (AEST), three (3) Business Days before the last calendar day of the month.

The minimum initial investment is $100,000, and the minimum additional investment is $25,000. These amounts may change at the trustee's discretion.

Once your application has been received and reviewed, Automic will confirm this by email and provide payment instructions. Please wait for these instructions before transferring any funds.

Payment can be made by Electronic Funds Transfer (EFT) or BPAY, and must be received by 5:00pm (AEST), three (3) Business Days before the last calendar day of the month.

COMPLETING THIS APPLICATION FORM

Type of Investor	Correct Name	Section to Complete	Supporting Documents We require originals or certified copies to be posted to Automic Group
Individual/ joint investors • Full name of each applicant • Do not use initials	Alexander John Smith	Section 1	• Original signed application form with signature of each applicant • Certified ID for each individual investor
Trusts / Superannuation Funds with Individuals as Trustees • Use trustee(s) personal name(s); and • Use fund/trust name as designation	Paul Ryan Smith ATF <Smith Family Trust> Amy Rachel Wood ATF <Amy Wood Super Fund>	Section 2	• Original signed application form with signature of each trustee • Certified ID for all Individual Trustee • Certified ID for all Beneficial Owners • Certified copy of the Trust Deed • Certified ID for the settlor of the trust (unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD$10,000 on creation of the trust)
Trusts / Superannuation Funds with Company as Trustees • Use trustee(s) company name(s); and • Use fund/trust name as designation	ABC Pty ATF <Smith Family Trust> ABC Pty ATF <Amy Wood Super Fund>	Section 3	• Original signed application form with signatures of two directors, or a director and a secretary, or if there is only one director by the sole director • Certified copy or certified extract of the trust deed • Certified ID for all Beneficial Owners of the Company • Certified ID for all Beneficial Owners of the Trust • Certified ID for the settlor of the trust (unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD$10,000 on creation on of the trust)
Company • Full company name • Do not use abbreviations	ABC Pty Ltd ABC Limited	Section 4	• Original signed application form with signatures of two directors, or a director and a secretary, or if there is only one director, of the sole director • Certified IDs of Beneficial Owners of the Company

- Please note that this is a summary only and further documents may be required
- Applications under power of attorney must be accompanied by a certified copy or the original of the Power of Attorney with specimen signatures.

REQUIRED ID AND ADDITIONAL DOCUMENTS

Investors please provide for each person listed in the relevant section on this form:

- Certified copy of a Primary Photographic Identification Document (see below for definition); or
- Certified copy of a Primary Non-Photographic Identification Document AND a Secondary Identification Document (see below for definitions).

Certified copy means a document that has been certified as a true copy of an original document by a person eligible to certify documents (as listed below).

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 on the following page.

WHAT ARE THE IDENTIFICATION ON DOCUMENTS?

Primary Photographic Identification Documents:

- ☐ Licence or permit issued by a State or Territory of Australia or equivalent authority of a foreign country for the purpose of driving a vehicle that contains a photograph of the person in whose name the document is issued.
- ☐ Passport issued by the Commonwealth of Australia.
- ☐ Passport issued for the purpose of international travel that is issued by a foreign government and contains a photograph and the signature of a person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).
- ☐ ID Card issued by a State or Territory of Australia for the purpose of proving a person's age that contains a photograph of the person in whose name the document is issued.
- ☐ National Identity Card issued by a foreign government, for the purpose of identification, that contains a photograph of the person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).

Primary Non-Photographic Identification on Documents:

- ☐ Birth Certificate or Birth Extract issued by a State or Territory of Australia.
- ☐ Citizenship Certificate issued by the Commonwealth of Australia.
- ☐ Citizenship Certificate issued by a foreign Government (accompanied by a written translation prepared by an accredited translator where required).
- ☐ Birth certificate issued by a foreign government (accompanied by a written translation prepared by an accredited translator where required).
- ☐ Pension or health card issued by Centrelink that entitles financial benefits to the person in whose name the card is issued.

Secondary Identification Documents:

- ☐ A notice that was issued to an individual by the Commonwealth, a State or Territory of Australia within the preceding 12 months that contains the name of the individual and his or her residential address and records for the provision of financial benefits to the individual under a law of the Commonwealth, State or Territory.
- ☐ A notice that was issued to an individual by a local government or utilities provider in Australia within the preceding 3 months that contains the name of the individual and his or her residential address and records the provision of services by that local government body or utilities provider to that address or to that person.

People who can certify documents or extracts are:

- a **lawyer** – a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
- a **judge** of a court;
- a **magistrate**;
- a **chief executive officer** of a Commonwealth court;
- a **registrar** or **deputy registrar** of a court;

- a **Justice of the Peace**;
- a **notary public** (for the purposes of the Statutory Declaration Regulations 1993);
- a **police officer**;
- a **postal agent** – an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- 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;
- an **Australian consular officer** or an **Australian diplomatic officer** (within the meaning of the Consular Fees Act 1955);
- 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);
- 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);
- an **officer** with, or an **authorised representative** of, **a holder of an Australian financial services licence**, having 2 or more continuous years of service with one or more licensees; and
- an **accountant** – 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.

The eligible certifier must include the following information on:

- their full name;
- address;
- telephone number;
- the date of certifying;
- capacity in which they are eligible to certify; and
- an official stamp/seal if applicable.

The certified copy must include the statement, **"I certify this is a true copy of the original document"**.

For photographic documents, the certified copy must include the statement, **"I certify this is a true copy of the original document and the photograph is a true likeness"**.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

EXPLANATION OF FATCA & CRS

This certification must be completed by all investors to declare their FATCA & CRS status. Neither the Trustee of the Fund or Automic Group is able to provide you with tax or professional advice in respect of FATCA & CRS and we strongly encourage you to seek the advice of an experienced tax professional in relation to completing this form.

WHAT ARE FATCA & CRS?

The U.S. Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS) are two ways in which a large number of governments are seeking the same thing – to improve global tax compliance. Both require financial institutions to capture relevant information on foreign tax payers, as follows:

- FATCA promotes cross border tax compliance by U.S. taxpayers, by implementing an international standard for the automatic exchange of information related to those taxpayers. Australia has entered into an inter-governmental agreement (IGA) with the U.S. to implement FATCA in Australia, to be administered through the ATO. The AUS-USA FATCA IGA requires the ATO to obtain detailed account information for U.S. citizens and/or taxpayers on an annual basis. The effect of this is that, to satisfy their FATCA obligations, relevant Australian financial institutions must identify any U.S. taxpayers and report those taxpayers' financial account data to the ATO.
- CRS is a global reporting standard, developed by the OECD, for the automatic exchange of information (AEoI). Its goal is to allow tax authorities to obtain a clearer understanding of financial assets held abroad by their residents, for tax purposes. Over 88 countries (**refer to OECD link on page 6 for participating jurisdictions**) have agreed to share information on residents' assets and incomes in accordance with defined reporting standards. Once again, this means that financial institutions around the globe must provide tax authorities with taxpayer financial account data, and the financial institutions must therefore collect this information from their customers and pass it on.

COMMON FATCA & CRS TERMS?

Financial Institution (also referred to as Foreign financial institution or **"FFI"** under FATCA) – an entity created or organised outside of the U.S. and includes:

a. **Depository institution** – entity that accepts deposits in the ordinary course of banking or similar business (banks, credit unions), or
b. **Custodial institution** – entity that holds financial assets for the account of others as a substantial portion of its business (brokers, custodians), or
c. **Investments entity** – means any entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:
    - trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange; interest rate and index instruments; transferable securities; or commodity futures trading;
    - individual and collective portfolio management; or
    - otherwise investing, administering, or managing funds or money on behalf of other persons.

Non-Financial Foreign Entity ("NFFE") / Non-Financial Entity ("NFE") – any non-U.S. entity that is not a financial institution.

NFFE / NFE can be either Active NFFE / NFE or Passive NFFE / NFE (refer below for more details).

U.S. citizen or U.S. resident for tax purposes – includes:

- anyone born in the U.S. (who has not renounced their citizenship)
- anyone living in the U.S.
- a green card holder
- U.S. passport holder
- U.S companies, trust or partnerships

Controlling Persons – means the natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.

GIIN – Global Intermediary Identification Number is an IRS registration number for financial institutions.

TIN – is Taxpayer Identification Number and may include Social Security Number (SSN) or Employer Identification Number (EIN).

IGA – Agreement between the Government of Australia and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA.

Australian Retirement Fund

1. Any plan, scheme, fund, trust, or other arrangement operated principally to administer or provide pension, retirement, superannuation, or death benefits that is a superannuation entity or public sector superannuation scheme (including an exempt public sector superannuation scheme) as defined in the Superannuation Industry (Supervision) Act 1993, or a constitutionally protected fund as defined in the Income Tax Assessment Act 1997.
2. A pooled superannuation trust as defined in the Income Tax Assessment Act 1997.
3. Any Entity that is wholly owned by, and conducts investment activities, accepts deposits from, or holds financial assets exclusively for or on behalf of, one or more plans, schemes, funds, trusts, or other arrangements referred to in subparagraphs (1) or (2) of this paragraph.

Non-Participating Jurisdiction for CRS purposes – Refer to OECD for list below of participating jurisdictions.

FATCA & CRS STATUS

FATCA status refers to entity classification under FATCA and may include:

1. **Active NFFE / NFE** – any NFFE / NFE that meets the following criteria:
   - NFFE / NFE where less than 50% of income is passive income (i.e. dividends, interest, annuities etc.) and less than 50%of its assets produce passive income; or
   - Entity's stock is regularly traded on established securities market (e.g. entity listed on ASX) or affiliated group of such entity; or
   - Entity organised in U.S. Territory and owned by its residents; or
   - Foreign government; or
   - International organisation; or
   - Foreign Central Bank of Issue; or
   - Any other specifically identified class of entities, including those posing a low risk of tax evasion, as determined by the IRS (e.g. start-up entities, entities in liquidation, not-for profit entities etc).
2. **Passive NFFE / NFE** – any NFFE / NFE that is not an Active NFFE / NFE.
3. **Passive NFFE with controlling U.S. persons** – any NFFE that is not an Active NFFE or is not a withholding foreign partnership or trust and has controlling U.S. persons.
4. **Passive NFFE with no controlling U.S. persons** – any NFFE that is not an Active NFFE or is not a withholding foreign partnership or trust and where none of the entity's controlling persons are U.S. persons.
5. **Participating FFI** – an FFI that enters into an agreement with the IRS to undertake certain due diligence, withholding and reporting requirements for U.S. account holders in accordance with FATCA and is generally able to provide GIIN.
6. **Exempt Beneficial Owner** – this is non-reporting entity under FATCA and may include:
   - the Australian Government, State and local governments and local authorities and their wholly owned agencies or instrumentalities, including certain named entities;
   - International, intergovernmental and supranational organisations;
   - Reserve Bank of Australia and its subsidiaries;
   - Complying Australian superannuation funds (including self-managed super funds);
   - Investment entity wholly owned by exempt beneficial owners;
7. **Non-Reporting IGA FFI** – this is non-reporting entity (certified or registered deemed-compliant FFI) under FATCA and may include:
   - Financial institution with Australian client base (must satisfy all conditions listed in paragraph III. A of Annex II of the IGA, including at least 98% of the U.S. dollar value of all account balances must be held by Australian residents);
   - Small local banks that meet criteria listed in the IGA;
   - Financial Institution that is not an Investment Entity with only Low-Value Accounts (i.e. with value of U.S.$ 50,000 or less) and with total assets of no more than U.S.$50 million;
   - Qualified credit card issuer (with customer deposits of U.S.$50,000 or less);
   - Trustee-Documented Trust – A trust established under the laws of Australia to the extent that the trustee of the trust is a Reporting U.S. Financial Institution, Reporting Model1 FFI, or Participating FFI and reports all information required to be reported pursuant to the Agreement with respect to all U.S. Reportable Accounts of the trust;
   - Sponsored investment entity – an investment entity established in Australia that has a Sponsoring entity;
   - Certain Investment Managerand Investment Advisors;
   - Certain Collective Investment Vehicles that meet criteria listed in the IGA.

8. **Non-Participating FFI** – an entity that does not comply with FATCA and generally will not fall into any of the below categories:
    - Participating FFI; or
    - Reporting FFI; or
    - Exempt Beneficial Owner

Further information about FATCA & CRS can be found at:

http://www.irs.gov/fatca
http://treasury.gov.au/tax-treaties/intergovernmental-agreement
http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1314/QG/FATCA http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/
http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/MCAA-Signatories.pdf

ADDITIONAL APPLICATIONS

ADDITIONAL INVESTMENT

Additional investments can be made via the Automic Investor Portal or by requesting an additional application form from ophir@automicgroup.com.au.

Section 1

This Application Form relates to the Product Disclosure Statement (PDS) dated 10 July 2025 issued by The Trust Company (RE Services) Limited ABN 45 003 278 831. Please read the PDS in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS have the same meaning in this Application Form.

INDIVIDUALS AND SOLE TRADERS

COMPLETE THIS SECTION 1 AS INDIVIDUALS

Investor Name:

Please refer to page 1 for correct naming convention

1. Contact Details

Full given name(s)

Surname

Telephone

Facsimile

Email (required, will be used for all correspondence)

Postal Address

Street

Suburb

State

Postcode

Country

2. Financial Adviser (if applicable)

By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information.

Adviser Name:

Dealer Group:

Advisory Firm:

AFSL Number:

Contact Phone:

Contact Email:

Postal Address

Street

Suburb

State

Postcode

Country

3. Investment Details

Amount:

AUD $

Please note the minimum initial investment amount is $100,000.00 and the minimum additional investment amount is $25,000.00.

Source of funds being invested:

☐ retirement income ☐ employment income/savings ☐ business activities ☐ sale of assets

☐ inheritance/gift ☐ financial investments Other

4. Bank Account

IMPORTANT INFORMATION:

Distributions and withdrawal proceeds can only be paid to an Australian bank account in the name of the investor and cannot be paid by cheque or to third party accounts. By completing this section you confirm that any distributions and withdrawal proceeds sent by Electronic Funds Transfer (EFT) to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

If this section is not completed it may cause a delay in processing of your withdrawal proceeds. Additional security checks to verify bank account changes will be performed at the time of payment of your withdrawal proceeds.

Please pay distributions and withdrawal proceeds to the following bank account:

Beneficiary Bank

Branch Name

BSB

Account Number

Account Name

For bank accounts outside of Australia, please provide the following additional details:

Beneficiary Bank Address

National Beneficiary Bank Clearing Code (if applicable)

Beneficiary Bank SWIFT Code

Intermediary Bank details (if applicable)

Intermediary Bank details (if applicable)

5. Distributions

Distributions

Please confirm how you would like to receive any distributions – either paid into an Australian bank account or automatically reinvested as additional units in the Fund.

☐ **Reinvestment** ☐ **Payment into bank account** (as specified on this page)

If no election is made, any distributions will be reinvested.

6. Individual Identifications

Where the investment in the fund is held jointly by 2 or more unitholders taxation details for each unitholder needs to be provided. If there are more than 2 investors provide details on a separate sheet of paper and attach it to your application form.

INVESTOR 1
Investor's name must match investor's ID exactly

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Are you a resident of Australia for taxation purposes? (Select ✓ one of the following options)

☐ **Yes** - please complete the below
☐ **No** – please provide country of tax residence: _____

Tax File Number (TFN) or Australian Business Number (ABN):

Exemption Number (if applicable):

Please note: You are not obliged to provide your TFN but if you do not provide your TFN (or an ABN) and unless you claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). By inserting the TFN (or ABN) and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full business name | **ABN (if any)**

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Are you a resident of Australia for taxation purposes? (Select ✓ one of the following options)

☐ **Yes** - please complete the below
☐ **No** – please provide country of tax residence: _____

Tax File Number (TFN) or Australian Business Number (ABN):

Exemption Number (if applicable):

Please note: You are not obliged to provide your TFN but if you do not provide your TFN (or an ABN) and unless you claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). By inserting the TFN (or ABN) and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

INVESTOR 2
Investor's name must match investor's ID exactly

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Are you a resident of Australia for taxation purposes? (Select ✓ one of the following options)

☐ **Yes** - please complete the below
☐ **No** – please provide country of tax residence: _____

Tax File Number (TFN) or Australian Business Number (ABN):

Exemption Number (if applicable):

Please note: You are not obliged to provide your TFN but if you do not provide your TFN (or an ABN) and unless you claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). By inserting the TFN (or ABN) and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full business name | **ABN (if any)**

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Are you a resident of Australia for taxation purposes? (Select ✓ one of the following options)

☐ **Yes** - please complete the below
☐ **No** – please provide country of tax residence: _____

Tax File Number (TFN) or Australian Business Number (ABN):

Exemption Number (if applicable):

Please note: You are not obliged to provide your TFN but if you do not provide your TFN (or an ABN) and unless you claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). By inserting the TFN (or ABN) and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

☐ If there are more than 2 joint individual investors, please provide details on a separate sheet of paper and attach it to your Application Form.

7. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4.

INVESTOR 1
Investor's name must match investor's ID exactly

Full given name(s)

Are you a U.S. citizen or U.S. resident for tax purposes?

☐ **Yes** ▶ Provide U.S. Taxpayer Identification Number (TIN) below and continue to part 8:
☐ **No** ▶ Continue to part 8.

Tax File Number (TFN):

INVESTOR 2
Investor's name must match investor's ID exactly

Full given name(s)

Are you a U.S. citizen or U.S. resident for tax purposes?

☐ **Yes** ▶ Provide U.S. Taxpayer Identification Number (TIN) below and continue to part 8:
☐ **No** ▶ Continue to part 8.

Tax File Number (TFN):

8. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4.

INVESTOR 1
Investor's name must match investor's ID exactly

Full given name(s)

Are you a tax resident of any other country outside of Australia?

☐ **Yes** ▶ Provide details below. If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)
☐ **No** ▶ Skip to part 9

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.			
2.			

If TIN or equivalent is not provided, please provide reason from the following options:

- **Reason A**: The country/jurisdiction where you are a resident does not issue TINs to its residents
- **Reason B**: You are otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C**: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why you are unable to obtain a TIN:

INVESTOR 2
Investor's name must match investor's ID exactly

Full given name(s)

Are you a tax resident of any other country outside of Australia?

☐ **Yes** ▶ Provide details below. If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)

☐ **No** ▶ Skip to part 9

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.			
2.			

If TIN or equivalent is not provided, please provide reason from the following options:

- **Reason A**: The country/jurisdiction where you are a resident does not issue TINs to its residents
- **Reason B**: You are otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C**: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why you are unable to obtain a TIN:

9. Declaration and Signature

I acknowledge declare and agree that by signing this application form:

- I have received and read the PDS to which this Application Form applies and have received and accepted the offer to invest in Australia.
- All details provided by me in this Application Form are true and correct.
- I agree to be bound by the terms and conditions of the current PDS and of the Constitution of the Fund, as amended.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for units, including reinvestments, unless I notify the Trustee/Responsible Entity otherwise.
- Neither the Investment Manager, the Responsible Entity or any other person guarantees the repayment of capital invested in, the Fund, the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I acknowledge that the Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory authority in compliance with the AML Act. I will provide such information and assistance that may be requested by the Trustee/Responsible Entity to comply with its obligations under the AML Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- I acknowledge that the Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory authority in compliance with the US Foreign Account Tax Compliance Act ("FATCA"). I will provide such information and assistance that may be requested by the Trustee/Responsible Entity to comply with its obligations under the FATCA Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- The monies used to fund my investment in the Fund are not derived from or related to any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my investment in the Fund will not be used to finance any illegal activities.
- I am not a 'politically exposed' person or organisation for the purpose of any AML law.
- I acknowledge that any personal information I provide Automic Group ("Automic") will be collected and handled in accordance with the Automic privacy policy, a copy of which can be found at www.automicgroup.com.au or posted / emailed to me if I contact Automic on 1300 288 664 or ophir@automicgroup.com.au. By submitting this form or any other paperwork relating to my investment I consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.
- I confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me by facsimile. If instructions are given by facsimile, the onus is on me to ensure that such instructions are received in legible form and I undertake to confirm them in writing. I indemnify the Trustee/Responsible Entity and Administrator against any loss arising as a result of any of them acting on facsimile instructions. The Trustee/Responsible Entity and Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I acknowledge that the Responsible Entity reserves the right to reject any application.

Account operating instructions (if no selection is made, all individuals to sign will be assumed)

☐ Any individual to sign ☐ Any two individuals to sign ☐ All individuals to sign

☐ Other (please specify– e.g. per attached Power of Attorney): _____

Signature	Name and title (block letters please)	Date

Signature	Name and title (block letters please)	Date

10. Supporting Documents

Please provide the following documents with your form:

- **Original signed application form**
- **Certified ID's for each individual investor listed**

11. Send this Form

Please complete and sign the attached Application Form, provide the necessary identification documentation and email these documents to:
ophir@automicgroup.com.au

Application Forms should be received by 5pm (AEST) **three** (**3**) Business Days prior to the last calendar day of the month.

12. Payment Details

Once your application has been received and reviewed, Automic will confirm this by email and provide payment instructions. Please wait for these instructions before transferring any funds.

Payment can be made by Electronic Funds Transfer (EFT) or BPAY, and must be received by 5:00pm (AEST), three (3) Business Days before the last calendar day of the month.

Section 2

This Application Form relates to the Product Disclosure Statement (PDS) dated 10 July 2025 issued by The Trust Company (RE Services) Limited ABN 45 003 278 831. Please read the PDS in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS have the same meaning in this Application Form.

SUPERANNUATION FUND OR TRUSTS - WITH INDIVIDUALS AS TRUSTEES

COMPLETE THIS SECTION 2 FOR SUPERANNUATION FUND / TRUSTS WITH INDIVIDUALS AS TRUSTEES

Investor Name:

Please refer to page 1 for correct naming convention

1. Contact Details

Full given name(s)

Surname

Telephone

Facsimile

Email (required, will be used for all correspondence)

Address for communications

Street

Suburb

State

Postcode

Country

2. Financial Adviser (if applicable)

By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information.

Adviser Name:

Dealer Group:

Advisory Firm:

AFSL Number:

Contact Phone:

Contact Email:

Postal Address

Street

Suburb

State

Postcode

Country

3. Investment Details

Amount:

AUD $

Please note the minimum initial investment amount is $100,000.00 and the minimum additional investment amount is $25,000.00.

Source of funds being invested:

☐ retirement income ☐ employment income/savings ☐ business activities ☐ sale of assets

☐ inheritance/gift ☐ financial investments Other

4. Trust Details

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

SUPERANNUATION or TRUST

Full Name

Are you a resident of Australia for taxation purposes? (Select ✓ one of the following options)

☐ **Yes** - please complete the below

☐ **No** – please provide country of tax residence: _____

Tax File Number (TFN) of the Trust:											
Australian Business Number (ABN) of the Trust (if applicable):											
Exemption Number (if applicable):											

Country where trust established

Type of Trust (e.g. family trust, discretionary trust)

4.1 Individual Trustees

Please provide all individual trustees.

Individual Trustee 1

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

SUPERANNUATION FUND OR TRUSTS - WITH INDIVIDUALS AS TRUSTEES

Individual Trustee 2

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy)

/ /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

☐ **If there are more trustees, provide details on a separate sheet of paper and attach it to your application form.**

4.2 Settlor

Name of Settlor of the trust (if applicable – note that this part is not applicable for Superannuation Funds)

Full name of settlor(s)

Was there no settlor, did the settlor contribute less than AUD$10,000 on creation of the trust or is the settlor deceased?

(Select ✓ one of the following options)

☐ **Yes**
☐ **No**

4.3 Beneficial Owners (Please state if Trustees and Beneficial Owners are the same)

Provide the names of individuals that directly or indirectly control the trust. This may be the individuals identified as the trustee(s) above, however these individuals must be listed again below to confirm that they are the trust's beneficial owner. This includes control by acting as trustee, or by means of trusts, agreements, understandings and practices, or exercising control through the capacity to direct the trustees, or the ability to appoint or remove the trustee(s). Note that this part is not applicable for Superannuation Funds.

Beneficial Owner 1

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy)

/ /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Role (such as trustee or appointor)

Beneficial Owner 2

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy)

/ /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Role (such as trustee or appointor)

☐ **If there are more beneficial owners, provide details on a separate sheet of paper and attach it to your application form.**

4.4 Beneficiaries of the Trust

Note that this part is not applicable for Superannuation Funds.

Beneficiary 1

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Class of Beneficiary

If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.

Beneficiary 2

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Class of Beneficiary

If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.

☐ **If there are more beneficiaries, provide details on a separate sheet of paper and attach it to your application form.**

5. Bank Account

IMPORTANT INFORMATION:

Distributions and withdrawal proceeds can only be paid to an Australian bank account in the name of the investor and cannot be paid by cheque or to third party accounts. By completing this section you confirm that any distributions and withdrawal proceeds sent by Electronic Funds Transfer (EFT) to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

If this section is not completed it may cause a delay in processing of your withdrawal proceeds. Additional security checks to verify bank account changes will be performed at the time of payment of your withdrawal proceeds.

Please pay distributions and withdrawal proceeds to the following bank account:

Beneficiary Bank | **Branch Name**

BSB | **Account Number**

Account Name

For bank accounts outside of Australia, please provide the following additional details:

Beneficiary Bank Address

National Beneficiary Bank Clearing Code (if applicable)

Beneficiary Bank SWIFT Code

Intermediary Bank details (if applicable)

Intermediary Bank details (if applicable)

6. Distributions

Distributions

Please confirm how you would like to receive any distributions – either paid into an Australian bank account or automatically reinvested as additional units in the Fund.

☐ **Reinvestment** ☐ **Payment into bank account** (as specified on this page)

If no election is made, any distributions will be reinvested.

7. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4.

Full legal name of the Superannuation Fund or other Trust

Select only ONE of the following options that best describes the Superannuation Fund or other Trust and provide the information requested.

☐ **The entity is an Australian Retirement Fund** (refer to FATCA & CRS definitions on page 4) Or a **Superannuation Fund**
Skip to part 9

☐ **The entity is not an Australian Retirement Fund** (refer to FATCA & CRS definitions on page 4) Or a **Superannuation Fund**
Please complete details below

Select only ONE of the following three FATCA categories that best describes the entity and provide the information requested.

☐ **U.S. person as defined under FATCA and U.S. Internal Revenue Code.**

This includes but is not limited to company, trust or partnership that is established under the laws of a U.S. and is considered a U.S. resident for tax purposes.

(a) U.S. federal tax classification ▶ Please confirm entity's U.S. federal tax classification below

☐ Single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company - C corporation ☐ Limited liability company - S corporation
☐ Limited liability company – Partnership ☐ Other ▶ Please provide detail: _____

(b) Is the entity exempt from FATCA reporting?

☐ **Yes** ▶ Please provide the entity's FATCA exemption code

FATCA exemption code

☐ **No** ▶ Please provide the entity's U.S. Taxpayer Identification Number (TIN)

U.S. Tin

☐ **Financial institution (FFI)** ▶ Select one of the options from (a) to (e) to confirm which type of FFI the entity is

☐ **(a) Reporting IGA FFI or Participating FFI**
▶ Provide entity's GIIN and continue to continue to part 8

GIIN

☐ **(b) Sponsored FFI or Trustee Documented Trust**
▶ Please complete details of the Sponsoring entity or Trustee below and continue to part 8

Name of Sponsoring entity or Trustee

GIIN of Sponsoring entity or Trustee

☐ **(c) FFI that does not need to register (e.g. Non-Reporting IGA FFI)** ▶ Please complete details below and continue to part 8

FATCA status

GIIN (if applicable)

☐ **(d) Non-participating FFI** ▶ Note that information about the entity will be reported to ATO and IRS. Continue to part 8

☐ **(e) Exempt Beneficial Owner** ▶ Continue to part 8

☐ **Non-Financial Foreign Entity (NFFE)** ▶ Select one of the options from (a) to (c) to confirm which type of NFFE

☐ **(a) Active NFFE** ▶ Continue to part 8

☐ **(b) Passive NFFE with no controlling U.S. persons** ▶ Continue to part 8

☐ **(c) Passive NFFE with controlling persons (refer to FATCA definitions in page 4) who are U.S. citizens or U.S. residents for tax purposes** ▶ Provide details of each of the controlling U.S. persons below (if there are more than 2 controlling U.S. persons please provide their details on a separate page and attach to this form) and continue to part 8:

U.S. Person 1

☐ Controlling Person ☐ Beneficiary ☐ Trustee ☐ Owner

☐ Director ☐ Other – please specify _____

Full Name

Residential address (PO box is not acceptable)

U.S. Taxpayer Identification Number (TIN) Full Name

U.S. Person 2

☐ Controlling Person ☐ Beneficiary ☐ Trustee ☐ Owner

☐ Director ☐ Other – please specify _____

Full Name

Residential address (PO box is not acceptable)

U.S. Taxpayer Identification Number (TIN) Full Name

8. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4.

(a) Is the entity a tax resident of any other country outside of Australia?

☐ **Yes** ▶ Provide details below and continue to part 8(b). If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.			
2.			

If TIN or equivalent is not provided, please provide reason from the following options:

- **Reason A**: The country/jurisdiction where the entity is resident does not issue TINs to its residents
- **Reason B**: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C**: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why the entity is unable to obtain a TIN:

☐ **No** ▶ Continue to 8(b)

(b) Is the entity a Financial Institution for the purposes of CRS?

☐ **Yes** ▶ Continue to 8(c)

☐ **No** ▶ Skip to question 8(d)

(c) Is the entity an Investment Entity (Financial Institution) located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

☐ **Yes** ▶ Continue to 8(e)

☐ **No** ▶ Skip to part 9

(d) Is the entity an Active Non-Financial Entity (Active NFE)?

☐ **Yes** ▶ Specify the type of Active NFE below and then skip to part 9

☐ **Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income**

☐ **No** ▶ The entity is a Passive Non-Financial Entity (Passive NFE). Continue to 8(e)

(e) Controlling Persons – Does one or more of the following apply to the entity:

Is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?

☐ **Yes** ▶ Complete details below for these persons and continue to part 9

	Name	Position	Date of Birth	Residential Address	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.							
2.							

☐ **No** ▶ Continue to part 9

If there are more than 2 controlling persons, please list them on a separate piece of paper

If TIN or equivalent is not provided, please provide reason from the following options:

- **Reason A**: The country/jurisdiction where the person is resident does not issue TINs to its residents
- **Reason B**: The person is otherwise unable to obtain a TIN or equivalent number (Please explain why the person is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C**: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why you are unable to obtain a TIN:

☐ **No** ▶ Continue to part 9

9. Declaration and Signature

I acknowledge declare and agree that by signing this application form:

- I have received and read the PDS to which this Application Form applies and have received and accepted the offer to invest in Australia.
- All details provided by me in this Application Form are true and correct.
- I agree to be bound by the terms and conditions of the current PDS and of the Constitution of the Fund, as amended.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for units, including reinvestments, unless I notify the Trustee/Responsible Entity otherwise.
- Neither the Investment Manager, the Responsible Entity or any other person guarantees the repayment of capital invested in, the Fund, the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I acknowledge that the Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory authority in compliance with the AML Act. I will provide such information and assistance that may be requested by the Trustee/Responsible Entity to comply with its obligations under the AML Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- I acknowledge that the Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory authority in compliance with the US Foreign Account Tax Compliance Act ("FATCA"). I will provide such information and assistance that may be requested by the Trustee/Responsible Entity to comply with its obligations under the FATCA Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- The monies used to fund my investment in the Fund are not derived from or related to any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my investment in the Fund will not be used to finance any illegal activities.
- I am not a 'politically exposed' person or organisation for the purpose of any AML law.
- I acknowledge that any personal information I provide Automic Group ("Automic") will be collected and handled in accordance with the Automic privacy policy, a copy of which can be found at www.automicgroup.com.au or posted / emailed to me if I contact Automic on 1300 288 664 my/our personal information being collected and handled by the unit registry in accordance with that policy.
- I confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me by facsimile. If instructions are given by facsimile, the onus is on me to ensure that such instructions are received in legible form and I undertake to confirm them in writing. I indemnify the Trustee/Responsible Entity and Administrator against any loss arising as a result of any of them acting on facsimile instructions. The Trustee/Responsible Entity and Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I acknowledge that the Responsible Entity reserves the right to reject any application.

Account operating instructions (if no selection is made, all individuals to sign will be assumed)

☐ Any individual to sign ☐ Any two individuals to sign ☐ All individuals to sign

☐ Other (please specify– e.g. per attached Power of Attorney): _____

Signature	Name and title (block letters please)	Date

Signature	Name and title (block letters please)	Date

10. Supporting Documents

Please provide the following documents with your form:

- **Original signed application form**
- **Certified copy or certified extract of the Trust Deed**
- **Certified IDs of Trustees**
- **Certified ID for all Beneficial Owners of the Trust**
- **Certified ID for the settlor of the trust (unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD$10,000 on creation of the trust)**

11. Send this Form

Please complete and sign the attached Application Form, provide the necessary identification documentation and email these documents to:
ophir@automicgroup.com.au

Application Forms should be received by 5pm (AEST) three (3) Business Days prior to the last calendar day of the month.

12. Payment Details

Once your application has been received and reviewed, Automic will confirm this by email and provide payment instructions. Please wait for these instructions before transferring any funds.

Payment can be made by Electronic Funds Transfer (EFT) or BPAY, and must be received by 5:00pm (AEST), three (3) Business Days before the last calendar day of the month.

Section 3

This Application Form relates to the Product Disclosure Statement (PDS) dated 10 July 2025 issued by The Trust Company (RE Services) Limited ABN 45 003 278 831. Please read the PDS in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS have the same meaning in this Application Form.

SUPERANNUATION FUND OR TRUSTS - WITH COMPANY AS TRUSTEES

COMPLETE THIS SECTION 3 FOR SUPERANNUATION FUND / TRUSTS WITH COMPANY AS TRUSTEES

Investor Name:

Please refer to page 1 for correct naming convention

1. Contact Details

Full given name(s)

Surname

Telephone

Facsimile

Email (required, will be used for all correspondence)

Address for communications

Street

Suburb

State

Postcode

Country

2. Financial Adviser (if applicable)

By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information.

Adviser Name:

Dealer Group:

Advisory Firm:

AFSL Number:

Contact Phone:

Contact Email:

Postal Address

Street

Suburb

State

Postcode

Country

3. Investment Details

Amount:

AUD $

Please note the minimum initial investment amount is $100,000.00 and the minimum additional investment amount is $25,000.00.

Source of funds being invested:

☐ retirement income ☐ employment income/savings ☐ business activities ☐ sale of assets

☐ inheritance/gift ☐ financial investments Other

4. Company Details

Full name of the Company as registered by ASIC or foreign registration body

☐ **Regulated company** (subject to the supervision of a Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as company registration body. Examples include Australian Financial Services Licensees (AFSL); Australian Credit Licensees (ACL); or Registrable Superannuation Entity (RSE) Licensees)

Regulator name

Licence Details (e.g. AFSL, ACL, RSE)

☐ **Australian listed company or Foreign listed company as defined in the IFSA/FPA Guidelines**

Name of market / exchange

☐ **Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market or exchange

☐ **Foreign company**

Country of formation / incorporation / registration

Registration number

(select ✓ the following categories which apply to the company and provide the information requested)

☐ ACN ☐ ARBN ☐ Foreign body registration number ☐ Exemption Number (if applicable)

Please also provide name of the foreign registration body below:

Country of formation / incorporation / registration

Registered office address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

4.1 Company Type (select ✓ only ONE of the following categories)

- ☐ Australian Listed Public Company — skip to part 5
- ☐ Australian Proprietary/Private Company or Non- Listed Public Company — continue to parts 4.2 and 4.3
- ☐ Foreign Company — continue to parts 4.2 and 4.3

4.2 Directors (only needs to be completed for proprietary/private or non -listed public companies)

How many directors are there? ☐ provide full name of each director

	Full given name(s)	Surname
1		
2		
3		
4		

☐ **If there are more directors, provide details on a separate sheet of paper and attach it to your application form.**

4.3 Beneficial Ownership Details (only needs to be completed for companies that are not Australian listed public companies, majority owned by an Australian listed public company or that are not regulated)

Please provide details of ALL individuals who are beneficial owners (directly or indirectly) of 25% or more of the company's issued capital or who directly or indirectly control the company. Control includes exercising control through the capacity to determine decisions about financial or operational policies, or by means of trusts, agreements, arrangements, understandings and practices, voting rights of 25% or more or power of veto.

Shareholder 1

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Shareholder 2

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Shareholder 3

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy)

/ /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

☐ **If there are more shareholders, provide details on a separate sheet of paper and attach it to your application form.**

5. Trust Details

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

SUPERANNUATION or TRUST

Full Name

Are you a resident of Australia for taxation purposes? (Select ✓ one of the following options)

☐ **Yes** - please complete the below

☐ **No** – please provide country of tax residence: _____

Tax File Number (TFN) of the Trust:											
Australian Business Number (ABN) of the Trust (if applicable):											
Exemption Number (if applicable):											

Country where trust established

Type of Trust (e.g. family trust, discretionary trust)

5.1 Settlor

Name of Settlor of the trust (if applicable – note that this part is not applicable for Superannuation Funds)

Full name of settlor(s)

Was there no settlor, did the settlor contribute less than AUD$10,000 on creation of the trust or is the settlor deceased?

(Select ✓ one of the following options)

☐ **Yes**

☐ **No**

5.2 Beneficial Owners (Please state if Trustees and Beneficial Owners are the same)

Provide the names of individuals that directly or indirectly control the trust. This may be the individuals identified as the trustee(s) above, however these individuals must be listed again below to confirm that they are the trust's beneficial owner. This includes control by acting as trustee, or by means of trusts, agreements, understandings and practices, or exercising control through the capacity to direct the trustees, or the ability to appoint or remove the trustee(s). Note that this part is not applicable for Superannuation Funds.

Beneficial Owner 1

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy)

/ /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Role (such as trustee or appointor)

Beneficial Owner 2

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy)

/ /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Role (such as trustee or appointor)

☐ **If there are more beneficial owners, provide details on a separate sheet of paper and attach it to your application form.**

5.3 Beneficiaries of the Trust

Note that this part is not applicable for Superannuation Funds.

Beneficiary 1

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy)

/ /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Class of Beneficiary

If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.

Beneficiary 2

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Class of Beneficiary

If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.

☐ **If there are more beneficiaries, provide details on a separate sheet of paper and attach it to your application form.**

6. Bank Account

IMPORTANT INFORMATION:

Distributions and withdrawal proceeds can only be paid to an Australian bank account in the name of the investor and cannot be paid by cheque or to third party accounts. By completing this section you confirm that any distributions and withdrawal proceeds sent by Electronic Funds Transfer (EFT) to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

If this section is not completed it may cause a delay in processing of your withdrawal proceeds. Additional security checks to verify bank account changes will be performed at the time of payment of your withdrawal proceeds.

Please pay distributions and withdrawal proceeds to the following bank account:

Beneficiary Bank | **Branch Name**

BSB | **Account Number**

Account Name

For bank accounts outside of Australia, please provide the following additional details:

Beneficiary Bank Address | **National Beneficiary Bank Clearing Code (if applicable)**

Beneficiary Bank SWIFT Code | **Intermediary Bank details (if applicable)**

Intermediary Bank details (if applicable)

7. Distributions

Distributions

Please confirm how you would like to receive any distributions – either paid into an Australian bank account or automatically reinvested as additional units in the Fund.

☐ **Reinvestment** ☐ **Payment into bank account** (as specified on this page)

If no election is made, any distributions will be reinvested.

8. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4.

Full legal name of the Superannuation Fund or other Trust

Select only ONE of the following options that best describes the Superannuation Fund or other Trust and provide the information requested.

☐ **The entity is an Australian Retirement Fund** (refer to FATCA & CRS definitions on page 4) Or a **Superannuation Fund**
Skip to part 10

☐ **The entity is not an Australian Retirement Fund** (refer to FATCA & CRS definitions on page 4) Or a **Superannuation Fund**
Please complete details below

Select only ONE of the following three FATCA categories that best describes the entity and provide the information requested.

☐ **U.S. person as defined under FATCA and U.S. Internal Revenue Code.**

This includes but is not limited to company, trust or partnership that is established under the laws of a U.S. and is considered a U.S. resident for tax purposes.

▶ Please also answer questions (a) and (b) below and then continue to part 9

(a) U.S. federal tax classification ▶ Please confirm entity's U.S. federal tax classification below

☐ Single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company - C corporation ☐ Limited liability company - S corporation
☐ Limited liability company – Partnership ☐ Other ▶ Please provide detail: _____

(b) Is the entity exempt from FATCA reporting?

☐ **Yes** ▶ Please provide the entity's FATCA exemption code

FATCA exemption code

☐ **No** ▶ Please provide the entity's U.S. Taxpayer Identification Number (TIN)

U.S. Tin

☐ **Financial institution (FFI)** ▶ Select one of the options from (a) to (e) to confirm which type of FFI the entity is

☐ **(a) Reporting IGA FFI or Participating FFI**
▶ Provide entity's GIIN and continue to continue to part 9

GIIN

☐ **(b) Sponsored FFI or Trustee Documented Trust**
▶ Please complete details of the Sponsoring entity or Trustee below and continue to part 9

Name of Sponsoring entity or Trustee

GIIN of Sponsoring entity or Trustee

☐ **(c) FFI that does not need to register (e.g. Non-Reporting IGA FFI)** ▶ Please complete details below and continue to part 9

FATCA status

GIIN (if applicable)

☐ **(d) Non-participating FFI** ▶ Note that information about the entity will be reported to ATO and IRS. Continue to part 9

☐ **(e) Exempt Beneficial Owner** ▶ Continue to part 9

☐ **Non-Financial Foreign Entity (NFFE)** ▶ Select one of the options from (a) to (c) to confirm which type of NFFE the entity is

☐ **(a) Active NFFE** ▶ Continue to part 9

☐ **(b) Passive NFFE with no controlling U.S. persons** ▶ Continue to part 9

☐ **(c) Passive NFFE with controlling persons (refer to FATCA definitions in page 4) who are U.S. citizens or U.S. residents for tax purposes** ▶ Provide details of each of the controlling U.S. persons below (if there are more than 2 controlling U.S. persons please provide their details on a separate page and attach to this form) and continue to part 9:

U.S. Person 1

☐ Controlling Person ☐ Beneficiary ☐ Trustee ☐ Owner

☐ Director ☐ Other – please specify _____

Full Name

Residential address (PO box is not acceptable)

U.S. Taxpayer Identification Number (TIN) Full Name

U.S. Person 2

☐ Controlling Person ☐ Beneficiary ☐ Trustee ☐ Owner

☐ Director ☐ Other – please specify _____

Full Name

Residential address (PO box is not acceptable)

U.S. Taxpayer Identification Number (TIN) Full Name

9. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4.

(a) Is the entity a tax resident of any other country outside of Australia?

☐ **Yes** ▶ Provide details below and continue to part 9(b). If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.			
2.			

If TIN or equivalent is not provided, please provide reason from the following options:

- o **Reason A**: The country/jurisdiction where the entity is resident does not issue TINs to its residents
- o **Reason B**: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- o **Reason C**: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why the entity is unable to obtain a TIN:

☐ **No** ▶ Continue to 9(b)

(b) Is the entity a Financial Institution for the purposes of CRS?

☐ **Yes** ▶ Continue to 9(c)

☐ **No** ▶ Skip to question 9(d)

(c) Is the entity an Investment Entity (Financial Institution) located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

☐ **Yes** ▶ Continue to 9(e)

☐ **No** ▶ Skip to part 10

(d) Is the entity an Active Non-Financial Entity (Active NFE)?

☐ **Yes** ▶ Specify the type of Active NFE below and then skip to part 10

☐ Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

☐ Corporation that is regularly traded or a related entity of a regularly traded corporation

☐ Governmental Entity, International Organisation or Central Bank

☐ **No** ▶ The entity is a Passive Non-Financial Entity (Passive NFE). Continue to 9(e)

(e) Controlling Persons – Does one or more of the following apply to the entity:

Is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?

☐ **Yes** ▶ Complete details below for these persons and continue to part 10

	Name	Position	Date of Birth	Residential Address	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.							
2.							

☐ **No** ▶ Continue to part 10

If there are more than 2 controlling persons, please list them on a separate piece of paper

If TIN or equivalent is not provided, please provide reason from the following options:

- **Reason A**: The country/jurisdiction where the person is resident does not issue TINs to its residents
- **Reason B**: The person is otherwise unable to obtain a TIN or equivalent number (Please explain why the person is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C**: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why you are unable to obtain a TIN:

☐ **No** ▶ Continue to part 10

10. Declaration and Signature

I acknowledge declare and agree that by signing this application form:

- I have received and read the PDS to which this Application Form applies and have received and accepted the offer to invest in Australia.
- All details provided by me in this Application Form are true and correct.
- I agree to be bound by the terms and conditions of the current PDS and of the Constitution of the Fund, as amended.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for units, including reinvestments, unless I notify the Trustee/Responsible Entity otherwise.
- Neither the Investment Manager, the Responsible Entity or any other person guarantees the repayment of capital invested in, the Fund, the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I acknowledge that the Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory authority in compliance with the AML Act. I will provide such information and assistance that may be requested by the Trustee/Responsible Entity to comply with its obligations under the AML Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- I acknowledge that the Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory authority in compliance with the US Foreign Account Tax Compliance Act ("FATCA"). I will provide such information and assistance that may be requested by the Trustee/Responsible Entity to comply with its obligations under the FATCA Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- The monies used to fund my investment in the Fund are not derived from or related to any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my investment in the Fund will not be used to finance any illegal activities.
- I am not a 'politically exposed' person or organisation for the purpose of any AML law.
- I acknowledge that any personal information I provide Automic Group ("Automic") will be collected and handled in accordance with the Automic privacy policy, a copy of which can be found at www.automicgroup.com.au or posted / emailed to me if I contact Automic on 1300 288 664 or ophir@automicgroup.com.au. By submitting this form or any other paperwork relating to my investment I consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.
- I confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me by facsimile. If instructions are given by facsimile, the onus is on me to ensure that such instructions are received in legible form and I undertake to confirm them in writing. I indemnify the Trustee/Responsible Entity and Administrator against any loss arising as a result of any of them acting on facsimile instructions. The Trustee/Responsible Entity and Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I acknowledge that the Responsible Entity reserves the right to reject any application.

Account operating instructions (if no selection is made, all individuals to sign will be assumed)

☐ Any individual to sign ☐ Any two individuals to sign ☐ All individuals to sign

☐ Other (please specify– e.g. per attached Power of Attorney): _____

Signature	Name and title (block letters please)	Date

Signature	Name and title (block letters please)	Date

11. Supporting Documents

Please provide the following documents with your form:

- **Original signed application form**
- **Certified copy or certified extract of the Trust Deed**
- **Certified ID for each of the Beneficial Owners of the Trust and company**
- **If there is a corporate trustee who is a Foreign company NOT registered with ASIC, please attach a certified copy of the certification of registration issued by the relevant foreign registration body.**
- **Certified ID for the settlor of the trust (unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD$10,000 on creation of the trust)**

12. Send this Form

Please complete and sign the attached Application Form, provide the necessary identification documentation and email these documents to:
ophir@automicgroup.com.au

Application Forms should be received by 5pm (AEST) **three** (**3**) Business Days prior to the last calendar day of the month.

13. Payment Details

Once your application has been received and reviewed, Automic will confirm this by email and provide payment instructions. Please wait for these instructions before transferring any funds.

Payment can be made by Electronic Funds Transfer (EFT) or BPAY, and must be received by 5:00pm (AEST), three (3) Business Days before the last calendar day of the month.

Section 4

This Application Form relates to the Product Disclosure Statement (PDS) dated 10 July 2025 issued by The Trust Company (RE Services) Limited ABN 45 003 278 831. Please read the PDS in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS have the same meaning in this Application Form.

COMPANY

COMPLETE THIS SECTION 4 AS A COMPANY

Investor Name:

Please refer to page 1 for correct naming convention

1. Contact Details

Full given name(s)

Surname

Telephone

Facsimile

Email (required, will be used for all correspondence)

Address for communications

Street

Suburb

State

Postcode

Country

2. Financial Adviser (if applicable)

By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information.

Adviser Name:

Dealer Group:

Advisory Firm:

AFSL Number:

Contact Phone:

Contact Email:

Postal Address

Street

Suburb

State

Postcode

Country

3. Investment Details

Amount:

AUD $

Please note the minimum initial investment amount is $100,000.00 and the minimum additional investment amount is $25,000.00.

Source of funds being invested:

☐ retirement income ☐ employment income/savings ☐ business activities ☐ sale of assets

☐ inheritance/gift ☐ financial investments Other

4. Company Details

Full name of the Company as registered by ASIC or foreign registration body

☐ **Regulated company** (subject to the supervision of a Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as company registration body. Examples include Australian Financial Services Licensees (AFSL); Australian Credit Licensees (ACL); or Registrable Superannuation Entity (RSE) Licensees)

Regulator name

Licence Details (e.g. AFSL, ACL, RSE)

☐ **Australian listed company or Foreign listed company as defined in the IFSA/FPA Guidelines**

Name of market / exchange

☐ **Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market or exchange

☐ **Foreign company**

Country of formation / incorporation / registration

Registration number

(select ✓ the following categories which apply to the company and provide the information requested)

☐ ACN ☐ ARBN ☐ Foreign body registration number ☐ Exemption Number (if applicable)

Please also provide name of the foreign registration body below:

Country of formation / incorporation / registration

Registered office address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

4.1 Company Type (select ✓ only ONE of the following categories)

- ☐ Australian Listed Public Company — skip to part 5
- ☐ Australian Proprietary/Private Company or Non- Listed Public Company — continue to parts 4.2 and 4.3
- ☐ Foreign Company — continue to parts 4.2 and 4.3

4.2 Directors (only needs to be completed for proprietary/private, non-listed public company and foreign companies)

How many directors are there? ☐ provide full name of each director

	Full given name(s)	Surname
1		
2		
3		
4		

☐ **If there are more directors, provide details on a separate sheet of paper and attach it to your application form.**

4.3 Beneficial Ownership Details (only needs to be completed for companies that are not Australian listed public companies, majority owned by an Australian listed public company or that are not regulated)

- Please provide details of ALL individuals who are beneficial owners (directly or indirectly) of 25% or more of the company's issued capital or who directly or indirectly control the company. Control includes exercising control through the capacity to determine decisions about financial or operational policies, or by means of trusts, agreements, arrangements, understandings and practices, voting rights of 25% or more or power of veto.
- Please provide certified copies of each of the above persons IDs

Shareholder 1

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Shareholder 2

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

Shareholder 3

Full given name(s) | **Surname** | **Date of Birth** (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street

Suburb | State | Postcode | Country

☐ **If there are more shareholders, provide details on a separate sheet of paper and attach it to your application form.**

5. Bank Account

IMPORTANT INFORMATION:

Distributions and withdrawal proceeds can only be paid to an Australian bank account in the name of the investor and cannot be paid by cheque or to third party accounts. By completing this section you confirm that any distributions and withdrawal proceeds sent by Electronic Funds Transfer (EFT) to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

If this section is not completed it may cause a delay in processing of your withdrawal proceeds. Additional security checks to verify bank account changes will be performed at the time of payment of your withdrawal proceeds.

Please pay distributions and withdrawal proceeds to the following bank account:

Beneficiary Bank | **Branch Name**

BSB | **Account Number**

Account Name

For bank accounts outside of Australia, please provide the following additional details:

Beneficiary Bank Address | **National Beneficiary Bank Clearing Code (if applicable)**

Beneficiary Bank SWIFT Code | **Intermediary Bank details (if applicable)**

Intermediary Bank details (if applicable)

6. Distributions

Distributions

Please confirm how you would like to receive any distributions – either paid into an Australian bank account or automatically reinvested as additional units in the Fund.

☐ **Reinvestment** ☐ **Payment into bank account** (as specified on this page)

If no election is made, any distributions will be reinvested.

COMPANY

7. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4.

Full legal name of the entity

Select only ONE of the following three FATCA categories that best describes the entity and provide the information requested.

☐ **U.S. person as defined under FATCA and U.S. Internal Revenue Code.**

This includes but is not limited to company, trust or partnership that is established under the laws of a U.S. and is considered a U.S. resident for tax purposes.

▶ Please also answer questions (a) and (b) below and then continue to part 8

(a) U.S. federal tax classification ▶ Please confirm entity's U.S. federal tax classification below

☐ Single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company - C corporation ☐ Limited liability company - S corporation
☐ Limited liability company – Partnership ☐ Other ▶ Please provide detail: _____

(b) Is the entity exempt from FATCA reporting?

☐ **Yes** ▶ Please provide the entity's FATCA exemption code

FATCA exemption code

☐ **No** ▶ Please provide the entity's U.S. Taxpayer Identification Number (TIN)

U.S. Tin

☐ **Financial institution (FFI)** ▶ Select one of the options from (a) to (e) to confirm which type of FFI the entity is

☐ **(a) Reporting IGA FFI or Participating FFI**

▶ Provide entity's GIIN and continue to continue to part 8

GIIN

☐ **(b) Sponsored FFI or Trustee Documented Trust**

▶ Please complete details of the Sponsoring entity or Trustee below and continue to part 8

Name of Sponsoring entity or Trustee

GIIN of Sponsoring entity or Trustee

☐ **(c) FFI that does not need to register (e.g. Non-Reporting IGA FFI)** ▶ Please complete details below and continue to part 8

FATCA status

GIIN (if applicable)

☐ **(d) Non-participating FFI** ▶ Note that information about the entity will be reported to ATO and IRS. Continue to part 8

☐ **(e) Exempt Beneficial Owner** ▶ Continue to part 8

☐ **Non-Financial Foreign Entity (NFFE)** ▶ Select one of the options from (a) to (c) to confirm which type of NFFE the entity is

☐ **(a) Active NFFE** ▶ Continue to part 8

☐ **(b) Passive NFFE with no controlling U.S. persons** ▶ Continue to part 8

☐ **(c) Passive NFFE with controlling persons (refer to FATCA definitions in page 4) who are U.S. citizens or U.S. residents for tax purposes** ▶ Provide details of each of the controlling U.S. persons below (if there are more than 2 controlling U.S. persons please provide their details on a separate page and attach to this form) and continue to part 8:

U.S. Person 1

☐ Controlling Person ☐ Beneficiary ☐ Trustee ☐ Owner
☐ Director ☐ Other – please specify _____

Full Name

Residential address (PO box is not acceptable)

U.S. Taxpayer Identification Number (TIN) Full Name

U.S. Person 2

☐ Controlling Person ☐ Beneficiary ☐ Trustee ☐ Owner
☐ Director ☐ Other – please specify _____

Full Name

Residential address (PO box is not acceptable)

U.S. Taxpayer Identification Number (TIN) Full Name

8. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4.

(a) Is the entity a tax resident of any other country outside of Australia?

☐ **Yes** ▶ Provide details below and continue to part 8(b). If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.			
2.			

If TIN or equivalent is not provided, please provide reason from the following options:

- o **Reason A**: The country/jurisdiction where the entity is resident does not issue TINs to its residents
- o **Reason B**: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- o **Reason C**: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why the entity is unable to obtain a TIN:

☐ **No** ▶ Continue to 8(b)

(b) Is the entity a Financial Institution for the purposes of CRS?

☐ **Yes** ▶ Continue to 8(c)

☐ **No** ▶ Skip to question 8(d)

(c) Is the entity an Investment Entity (Financial Institution) located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

☐ **Yes** ▶ Continue to 8(e)

☐ **No** ▶ Skip to part 9

(d) Is the entity an Active Non-Financial Entity (Active NFE)?

☐ **Yes** ▶ Specify the type of Active NFE below and then skip to part 9

☐ Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

☐ Corporation that is regularly traded or a related entity of a regularly traded corporation

☐ Governmental Entity, International Organisation or Central Bank

☐ **No** ▶ The entity is a Passive Non-Financial Entity (Passive NFE). Continue to 8(e)

(e) Controlling Persons – Does one or more of the following apply to the entity:

Is any natural person that exercises control over the entity (this would include directors or beneficial owners who ultimately own 25% or more of the share capital) a tax resident of any country outside of Australia?

☐ **Yes** ▶ Complete details below for these persons and continue to part 9

	Name	Position	Date of Birth	Residential Address	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1.							
2.							

☐ **No** ▶ Continue to part 9

If there are more than 2 controlling persons, please list them on a separate piece of paper

If TIN or equivalent is not provided, please provide reason from the following options:

- o **Reason A**: The country/jurisdiction where the person is resident does not issue TINs to its residents
- o **Reason B**: The person is otherwise unable to obtain a TIN or equivalent number (Please explain why the person is unable to obtain a TIN in the below table if you have selected this reason)

- **Reason C**: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why you are unable to obtain a TIN:

☐ **No** ▶ Continue to part 9

9. Declaration and Signature

I acknowledge declare and agree that by signing this application form:

- I have received and read the PDS to which this Application Form applies and have received and accepted the offer to invest in Australia.
- All details provided by me in this Application Form are true and correct.
- I agree to be bound by the terms and conditions of the current PDS and of the Constitution of the Fund, as amended.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for units, including reinvestments, unless I notify the Trustee/Responsible Entity otherwise.
- Neither the Investment Manager, the Responsible Entity or any other person guarantees the repayment of capital invested in, the Fund, the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I acknowledge that the Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory authority in compliance with the AML Act. I will provide such information and assistance that may be requested by the Trustee/Responsible Entity to comply with its obligations under the AML Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- I acknowledge that the Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory authority in compliance with the US Foreign Account Tax Compliance Act ("FATCA"). I will provide such information and assistance that may be requested by the Trustee/Responsible Entity to comply with its obligations under the FATCA Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- The monies used to fund my investment in the Fund are not derived from or related to any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my investment in the Fund will not be used to finance any illegal activities.
- I am not a 'politically exposed' person or organisation for the purpose of any AML law.
- I acknowledge that any personal information I provide Automic Group ("Automic") will be collected and handled in accordance with the Automic privacy policy, a copy of which can be found at www.automicgroup.com.au or posted / emailed to me if I contact Automic on 1300 288 664 or ophir@automicgroup.com.au. By submitting this form or any other paperwork relating to my investment I consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.
- I confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me by facsimile. If instructions are given by facsimile, the onus is on me to ensure that such instructions are received in legible form and I undertake to confirm them in writing. I indemnify the Trustee/ Responsible Entity and Administrator against any loss arising as a result of any of them acting on facsimile instructions. The Trustee/ Responsible Entity and Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I acknowledge that the Responsible Entity reserves the right to reject any application.

Account operating instructions (if no selection is made, all individuals to sign will be assumed)

☐ Any individual to sign ☐ Any two individuals to sign ☐ All individuals to sign

☐ Other (please specify– e.g. per attached Power of Attorney): _____

Signature	**Name and title (block letters please)**	**Date**

Signature	**Name and title (block letters please)**	**Date**

10. Supporting Documents

Please provide the following documents with your form:

- **Original signed application form**
- **Certified IDs for all Beneficial Owners**
- **Certified copy of the company's incorporation/ registration**

11. Send this Form

Please complete and sign the attached Application Form, provide the necessary identification documentation and email these documents to
ophir@automicgroup.com.au

Application Forms should be received by 5pm (AEST) three (3) Business Days prior to the last calendar day of the month.

12. Payment Details

Once your application has been received and reviewed, Automic will confirm this by email and provide payment instructions. Please wait for these instructions before transferring any funds.

Payment can be made by Electronic Funds Transfer (EFT) or BPAY, and must be received by 5:00pm (AEST), three (3) Business Days before the last calendar day of the month.