

Application Form

Australian Company/Trust/Superannuation/Custodian/ New Zealand Dollar (NZD) Funds

Issued by Fidante Partners Limited (ABN 94 002 835 592, AFSL 234668), referred to as 'Fidante' in this form.

Dated 17 October 2022

Use this application form if you wish to invest in the fund(s) listed in **Section 17**.

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

- **Company**
- **Trust**
- **Superannuation Fund**
- **Custodian**

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

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

Checklist

Before sending us your application, please ensure you have:

- Completed this Application Form in full.
- Provided required Customer Identity Verification documents as outlined in **Section 13**.
- Ensure funds are transferred at the same time as lodging your Application Form and using your investor name as a reference.
- Read the declaration and provided all relevant signatures.

Contact details

Mail your completed application form and identity verification documents to:

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

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

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

Application Form

Australian Company/Trust/Superannuation/Custodian/
New Zealand Dollar (NZD) Funds

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS FORM



1 Investment details

Please indicate (X) if this is a new investment or an additional investment.

- New investment ► Please proceed to **section 2**.
 Additional investment

Existing account name

Existing account number

If any of your information has changed since your prior investment, please complete **sections 2-6**, otherwise, proceed to **section 7**.

2 Entity type

Please indicate (X) the entity type.

- Company ► Complete **sections 3, 4, 6-17**.
 Custodian ► Complete **sections 3, 4, 5-17**.
 Superannuation fund or other regulated trust with individual trustee ► Complete **sections 3, 5, 7-17**.
 Superannuation fund or other regulated trust with company trustee ► Complete **sections 3, 4a, 5, 7-17**.
 Unregulated trust with individual trustee ► Complete **sections 3, 5-17**.
 Unregulated trust with company trustee ► Complete **sections 3-17**.

For the purposes of this form a **regulated trust** will be one of the following:

- Self-managed Superannuation Fund;
- Registered managed investment scheme;
- Unregistered managed investment scheme that has **only** wholesale clients and **does not** make small scale offerings (with reference to section 1012E of the Corporations Act 2001);
- Government Superannuation Fund; or
- Other regulated trusts (subject to oversight of an Australian statutory regulator).

For the purposes of this form an **unregulated trust** will be a trust not subject to oversight of an Australian statutory regulator (e.g. family trust, discretionary trust, charitable trust).

3 Contact details

Please provide details of where you would like all correspondence mailed and your contact details.

C/- (if applicable)

Unit

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Phone (after hours)

Phone (business hours)

Mobile

Facsimile

Email address

4 Australian Company (including company trustee/custodian)

4A. Details of Australian company (including company trustee)

Full name of company or company trustee (as registered with ASIC)

Business name (if applicable)

ACN ABN

TFN Tax exemption

If you choose not to provide your TFN, ABN or specific exemption, then tax will be deducted from your distributions at the highest marginal tax rate (plus the Medicare levy, and any other levies we are required to deduct from time to time).

If you are an overseas investor, please indicate your country of residence for tax purposes.

Principal place of business (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

Registered address (cannot be a PO Box)

Cross this box if registered address is same as principal place of business (above)

Street name and number

Suburb State Postcode

Country

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

4A. Details of Australian company (including company trustee) (continued)

Company type – complete questions 1 and 2 below.

1. Select (X) whether the company is a proprietary or public company.

Proprietary (company whose name ends with Proprietary Ltd or Pty Ltd; also known as private company).

Public (company whose name does NOT include the word Pty or proprietary).

For proprietary companies provide names of all directors

Director 1

Director 2

Director 3

Director 4

If there are additional directors, please (X) this box and provide their full names on a separate piece of paper and attach it to this form.

2. Select (X) the applicable category of company and provide details if requested:

Licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to supervision beyond that provided by ASIC as a company registration body (e.g. Australian Financial Services Licensees (AFSL) or Australian Credit Licensees (ACL)).

Name of regulator

License details (e.g. 7920, 033)

If the company is investing as a company in **its own right** ► proceed to **section 7**.

If the company is acting as a trustee of a regulated trust ► proceed to **section 5**.

If the company is acting as a trustee of an **unregulated trust** ► proceed to **section 4B**.

If the company is acting as a custodian ► proceed to **section 4D**.

A listed company (e.g. ASX)

If the company is investing as a company in **its own right** ► proceed to **section 7**.

If the company is acting as a trustee of a regulated trust ► proceed to **section 5**.

If the company is acting as a trustee of an **unregulated trust** ► proceed to **section 4B**.

A majority owned subsidiary of an Australian listed company

Name of listed company

If the company is investing as a company in **its own right** ► proceed to **section 7**.

If the company is acting as a trustee of a regulated trust ► proceed to **section 5**.

If the company is acting as a trustee of an **unregulated trust** ► proceed to **section 4B**.

If the company is acting as a custodian ► proceed to **section 4D**.

Subsidiary of a company licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to a supervision beyond that provide by ASIC as a company registration body.

Name of the
parent company

Name of the regulator

► Proceed to **section 4B**

None of the above ► Proceed to **section 4B**.

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

4B. Substantial Shareholder details You do not need to complete if the company is a trustee of a regulated trust.

Substantial Shareholders are individuals with ultimate ownership, directly or indirectly, of 25% or more of the company's issued share capital. Ultimate ownership includes an individual's aggregated holdings through a chain of company ownership.

Does the company have any substantial shareholders?

Yes ► Please provide details below.

No ► Proceed to section 4C.

Substantial shareholder 1

Surname

Full given name(s)

Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb

State

Postcode

Country

Substantial shareholder 2

Surname

Full given name(s)

Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb

State

Postcode

Country

If there are additional substantial shareholders, please (X) this box and provide their full details on a separate piece of paper and attach it to this form.

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

4C. Directors authorising investment – You do not need to complete if the company is a trustee of a regulated trust.

Individuals below will be the signatories signing in section 16.

Sole or Primary Director

Cross this box if same as 'Substantial shareholder 1' in section 4B. If different, please complete below.

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

Second Director or Secretary

Cross this box if same as 'Substantial shareholder 2' in section 4B. If different, please complete below.

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

4D. Custodian

Full name (if any) of trust / custodial arrangement

Country of establishment

Full business name

Type of trust

Please confirm (X) the following information: In completing this section, I acknowledge that the company is acting as a custodian for this investment and the following information is correct;

- The company is providing a custodial or depository designated service as described in the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ('AML/CTF Act')
- The company holds either an AFSL allowing it to provide custodial or depository services or is exempt from holding such an AFSL;
- The company is enrolled on the AUSTRAC Reporting Entities Roll; and
- The company has satisfied all applicable customer identification and ongoing customer due diligence obligations, in accordance with the AML/CTF Act, on the underlying customer(s).

These statements are correct – proceed to section 7.

These statements are not correct – You must complete sections 4A, 4B and 4C before proceeding to section 5.

5 Superannuation Fund and other Trusts

5A. Details of Superannuation fund or other trust

Full name of trust/ superannuation fund	<input type="text"/>		
Full business name (if any) of the trustee in respect of the trust	<input type="text"/>		
Country of establishment	<input type="text"/>		
TFN	<input type="text"/>	Tax exemption	<input type="text"/>
ABN	<input type="text"/>		

If you choose not to provide your TFN, ABN or specific exemption, then tax will be deducted from your distributions at the highest marginal tax rate (plus the Medicare levy, and any other levies we are required to deduct from time to time).

Postal address

C/- (if applicable)	<input type="text"/>				
Street name and number	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>				

Contact Details

Phone (after hours)	<input type="text"/>	Phone (business hours)	<input type="text"/>
Mobile	<input type="text"/>	Email	<input type="text"/>

Please select (X) type of trust and provide information requested:

<input type="checkbox"/> Self-Managed Superannuation Fund Provide the SMSF's ABN ▶ Proceed to section 5C .	<input type="text"/>
<input type="checkbox"/> Registered managed investment scheme Provide Australian Registered Scheme Number (ARSN). ▶ Proceed to section 5C .	<input type="text"/>
<input type="checkbox"/> Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings (with reference to section 1012E of the Corporations Act 2001 (Cth)). ▶ Proceed to section 5C .	
<input type="checkbox"/> Government superannuation fund Provide name of the legislation establishing the fund. ▶ Proceed to section 5C .	<input type="text"/>
<input type="checkbox"/> Other regulated Trusts (a trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund). Provide name of the regulator (e.g. ASIC, APRA, ATO). Provide the Trust's ABN or registration/licensing details. ▶ Proceed to section 5C .	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Unregulated Trust (e.g. family trust, discretionary trust, charitable trust). Please confirm type of trust.	<input type="text"/>
Name of trust settlor (the individual who contributed the initial funding on trust establishment). ▶ Proceed to section 5B .	<input type="text"/>

5 Superannuation Fund and other Trusts (continued)

5B. Trust beneficiary details (this section is only required for unregulated trusts)

Substantial trust beneficiaries are individuals specified in the trust deed with ultimate entitlement, directly or indirectly to 25% or more of trust income/assets. Where a trust beneficiary is a company you must consider an individual's ownership of any issued share capital of the company when disclosing whether they are a substantial trust beneficiary.

Does the Trust Deed specify any substantial trust beneficiaries?

- Yes ► Please provide details below, then proceed to 'Other beneficiaries' below.
- No ► Proceed to 'Other beneficiaries' below.

Substantial trust beneficiary 1

Surname

Full given name(s) Date of birth / /

Residential address (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

Substantial trust beneficiary 2

Surname

Full given name(s) Date of birth / /

Residential address (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

- If there are other beneficiaries, please (X) this box and provide their full names on a separate piece of paper and attach it to this form. Then proceed to 'Beneficiary classes' below.

Other beneficiaries

Are there any other beneficiaries?

- Yes ► If there are other beneficiaries, please (X) this box and provide their full names on a separate piece of paper and attach it to this form. Then proceed to 'Beneficiary classes' below.
- No ► Please proceed to 'Beneficiary classes' below.

Beneficiary classes

Does the trust deed refer to beneficiaries in relation to membership of a class?

- Yes ► Please list each class below.

Class 1

Class 2

- If there are other beneficiary classes, please (X) this box and provide them on a separate piece of paper and attach it to this form.

- No ► Please proceed to 5C.

5 Superannuation Fund and other Trusts (continued)

5C. Details of Trustee(s)

Please indicate (X) the trustee type:

- Individual Trustee(s) ▶ Please complete below.
 Company Trustee ▶ Please ensure you have completed **section 4**. Then proceed to **section 6**.

Complete the below sections for the indicated individual. Please note that all fields are mandatory.

Individual Trustee 1 (primary trustee)

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

Individual Trustee 2 If the trust is unregulated, please provide details of second trustee below.

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

For regulated trusts ▶ Proceed to **section 7**.

For unregulated trusts, are there other individual trustees?

- Yes ▶ If there are other individual trustees, please (X) this box and provide their details (as shown above) on a separate piece of paper and attach it to this form.
 No ▶ Proceed to **section 6**.

6 Other individuals controlling the entity

Only complete this section if you were required to complete sections 4B and 4C (as a company or company trustee) or sections 5B and 5C (as an unregulated trust).

Are there any individuals exercising control over your entity other than those already listed in sections 4 and 5 of this form?

If your entity is a Trust with Company Trustee, consider both the Trust and the Company Trustee when answering this question.

Yes ► Please provide their details below.

No ► Proceed to section 7.

Individual 1

Capacity / Role

Surname

Full given name(s)

Title

Date of birth

Residential address
(cannot be PO Box)

Individual 2

Capacity / Role

Surname

Full given name(s)

Title

Date of birth

Residential address
(cannot be PO Box)

If there are more individuals controlling the entity, please select (X) this box and provide their roles, full names, dates of birth and residential addresses on a separate piece of paper.

7 Source of funds

Please indicate (X) the source of funds being invested.

Income from employment - regular and/or bonus Investment income (e.g. rent, dividends, pension) Business income

One-off payment (e.g. matured investment, court settlement, redundancy, inheritance) Sale of assets (e.g. shares, property)

Windfall (e.g. gift, lottery winnings) Borrowed funds Charitable donations

8 Nominated bank account

Please use existing bank account on file.

Please use bank account provided below.

Unless requested otherwise, this will also be the bank account we credit any withdrawal proceeds and/or distributions if you requested these to be paid to you and not reinvested. The nominated account must be in the name of the investor and all investors must sign this section.

By providing your nominated account details in this section you authorise Fidante to use these details for all future transaction requests that you make until notice is provided otherwise. **For additional investments, a nomination in this section overrides any previous nominations.**

Financial institution

Branch

Account name

Branch number (BSB)

 -

Account number

9 Investment and distribution method

Please write the full fund name, fund code, investment amount, regular investment plan (if applicable) and distribution options. Refer to section 16 for the listing of funds, fund codes and minimum initial investment amounts.

Fund Name	Fund code	Investment amount (subject to the minimum initial investment)	Additional investment amount (subject to the minimum additional investment)	Distribution options (select (X) one option per fund) ¹	
				Reinvest	Cash payment
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

¹ Nominate one distribution option per fund if applicable. If no nomination is made, distributions will be automatically re-invested.

Fidante may, in its absolute discretion, refuse any application for units. Persons external to Fidante or other entities who market Fidante products are not agents of Fidante but are independent investment advisers. Fidante will not be bound by representations or statements which are not contained in information disseminated by Fidante.

10 Additional information

Complete this section if any of the below conditions apply to your entity:

- The entity is incorporated or formed outside of Australia or New Zealand
- Any of the individuals listed on this form have their residential address or tax residency outside Australia or New Zealand; or
- Entity is investing \$1m or more; or
- Entity is a charity, aid organisation, foundation or a not-for-profit organisation.

Purpose or activities of the entity Date of formation / /

Select primary source of the overall wealth of the entity

- Investment income (e.g. rent, dividends) Business income
 One-off payment (e.g. matured investment, court settlement, redundancy, inheritance) Sale of assets (e.g. shares, property)
 Borrowed funds Charitable donations

Select primary source of the overall wealth of all individuals listed in this application form. You may select multiple options that apply.

- Income from employment - regular and/or bonus Investment income (e.g. rent, dividends, pension)
 Business income One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)
 Sale of assets (e.g. shares, property) Windfall (e.g. gift, lottery winnings) Borrowed funds
 Government benefits (e.g. family tax benefits)

Is your entity a charity, aid organisation, foundation or a not-for-profit organisation?

- Yes ▶ Does it provide financial or other support to recipients overseas?

Yes ▶ Please list destination countries

No

No

11 Global Tax Reporting Requirements (CRS/FATCA)

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

You do not need to complete this section if you are an Australian Superannuation Fund.

11A. Entity Type

Select the appropriate entity type from one of the 4 options below and provide requested information.

1. **A Financial Institution** (A custodial or depository institution, an investment entity or specified insurance company for FATCA/CRS purposes)

Provide the entity's Global Intermediary Identification Number (GIIN), if applicable

If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status (select one)

- Deemed Compliant Financial Institution
 Excepted Financial Institution
 Exempt Beneficial Owner
 Non Reporting IGA Financial Institution

(If the Entity is a Trustee- Documented trust, provide the Trustee's GIIN)

- Non participating Financial Institution
 US Financial Institution
 Other (Describe the Company's FATCA status in the box provided)

Please answer the question below for all Financial Institutions

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

- Yes ► Please proceed to **section 11B** (Foreign Controlling Persons).
 No ► Proceed to **section 12**.

2. Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate.
Proceed to **section 16**.

3. A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.

For other types of Active NFEs, refer to **section VIII** in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

If the entity is a Foreign Charity or an Active NFE, please proceed to **section 11C** (Country of Tax Residency).

4. Other (Entities that are not previously listed – Passive Non-Financial Entities)
Please proceed to **section 11B** (Foreign Controlling Persons).

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

11B. Foreign Controlling Persons

Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

Are any of the individuals listed in the application form (as directors, substantial shareholders, trustees, trust settlors or trust beneficiaries) tax residents of countries other than Australia?

- Yes** ▶ Please provide each individual's full name, date of birth, residential address, country of tax residence and tax identification number (TIN) or an equivalent below. Please include multiple countries and TINs, if applicable.
- No** ▶ Proceed to 11C.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Individual 1

Full name	<input style="width: 100%;" type="text"/>		
Country 1	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
Country 2	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
Country 3	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>

Individual 2

Full name	<input style="width: 100%;" type="text"/>		
Country 1	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
Country 2	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
Country 3	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>

Individual 3

Full name	<input style="width: 100%;" type="text"/>		
Country 1	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
Country 2	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
Country 3	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>

Reason A - The country of tax residency does not issue TINs to tax residents.

Reason B - I have not been issued with a TIN.

Reason C - The country of tax residency does not require the TIN to be disclosed.

11C. Country of tax residency for entity

Is the entity a tax resident of a country other than Australia?

- Yes** ▶ Please provide the entity's country of tax residence and tax identification number (TIN) or equivalent below. If the entity is a tax resident of more than one other country, please list all relevant countries below.

1. Country	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
2. Country	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
3. Country	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
4. Country	<input style="width: 250px;" type="text"/>	TIN <input style="width: 150px;" type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>

Reason A - The country of tax residency does not issue TINs to tax residents.

Reason B - I have not been issued with a TIN.

Reason C - The country of tax residency does not require the TIN to be disclosed.

- No**

12 Annual Report

A copy of the annual report for the Fund(s) will be provided on the Fidante website **fidante.com**.

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

13 Customer identity verification

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

Individuals

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

Please provide either A or B.

A. A valid copy of one of the following documents:

- Australian driver's licence containing your photograph; or
- Australian passport containing your photograph and signature; or
- A card issued under an Australian State or Territory law containing your photograph and proof of age.

B. If one of the above cannot be provided, please provide one document from Group 1 and one document from Group 2 below:

Group 1

A copy of one of the following documents:

- Australian birth certificate or birth extract; or
- Australian citizenship certificate; or
- Pension or Health care card issued by Centrelink or Department of Veterans' Affairs.

Group 2

(The document must contain your full name and current residential address as provided in this application form)

A copy of one of the following documents issued to you:

- a notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of services to you, e.g.:
 - council rates notice
 - electricity bill
 - gas bill
 - water rates notice
 - telephone bill
 - internet services bill
- a letter or notice issued within the preceding 12 months from a Commonwealth or State/Territory government department that records the provision of financial benefits to you, e.g.:
 - pension statement
 - rent assistance statement
 - mobility allowance statement
 - utilities allowance statement
- a letter or notice issued to you within the preceding 12 months from the ATO that records a debt or refund payable by or to you, e.g.:
 - notice of assessment
 - payment reminder

13 Customer identity verification (continued)

If you are a non-Australian resident and cannot provide A or B, please provide a valid copy of ONE of the following:

- foreign passport, or similar travel document bearing your signature and photograph;
- national identity card issued by a foreign government that contains your photograph, and either your signature or your unique identifier; or
- foreign driver's license that contains your photograph.

Please note:

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

13B. Company (including corporate trustees)

For a company acting as a trustee, you must also complete section 13C in relation to the trust.

Information required to be verified	Verification options
Please ensure the document(s) you provide confirm(s) the following (A or B):	Please cross (X) which document(s) you have provided:
A. whether the company is: <ul style="list-style-type: none"> • listed; or • a majority owned subsidiary of a listed company; or • regulated. 	<input type="checkbox"/> up-to-date extract from the ASX database (if applicable); or <input type="checkbox"/> public document issued by the company; or <input type="checkbox"/> up-to-date extract from the relevant regulator's database (if regulated).
B. if the company is none of these, the: <ul style="list-style-type: none"> • full name of the company; and • whether the company is registered as a proprietary or a public company; and • ACN. 	<input type="checkbox"/> certificate of registration issued by ASIC; or <input type="checkbox"/> up-to-date extract from ASIC database.

13C. Trust

For an unregulated trust with individual trustee, you must also complete section 13A.

Information required to be verified	Verification options
Please ensure the document(s) you provide confirm(s) the following:	Please cross (X) which document(s) you have provided:
Self Managed Superannuation Funds, registered schemes, other regulated trusts or government superannuation funds <ul style="list-style-type: none"> • full name of Superannuation Fund or Trust; and • type of Superannuation Fund or Trust. 	Registered schemes, regulated trusts or government superannuation funds <ul style="list-style-type: none"> <input type="checkbox"/> up-to-date extract from ATO or APRA (e.g. SMSF or other superannuation fund); or <input type="checkbox"/> up-to-date extract from ASIC (e.g. registered scheme); or <input type="checkbox"/> up-to-date extract of the legislation establishing the government superannuation fund sourced from a government website.
Unregulated trusts <ul style="list-style-type: none"> • full name of Trust; • name of Trust settlor. 	Unregulated trusts <ul style="list-style-type: none"> <input type="checkbox"/> provide documentation confirming the existence of the Trust and the name of the settlor (e.g. trust deed or extract of the trust deed).

13 Customer identity verification (continued)

13D. Custodial arrangement

You must also complete A in 13B in Company verification (see above) with below information.

Information required to be verified

- Whether company is regulated, listed or a majority owned subsidiary of a listed company;
- Existence of the custodial arrangement;
- Full name of the custodian; and
- ACN.

Verification options

(Please cross (X) which document(s) you have provided – you must provide A and either B or C).

- A. Investor guide, PDS or other public document issued by the company confirming the existence of a custodial arrangement; **and**
- B. Up-to-date extract of search of relevant regulator's database (e.g. ASIC database) (if regulated); **or**
- C. Up to date extract from the ASX database (if listed or a majority owned subsidiary of a listed entity).

How to certify your documents

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

Sample wording

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

[Signature and date]

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

Who can certify documents?

Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none"> • Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) • Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) • Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
Post office	<ul style="list-style-type: none"> • Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public • Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
JP	<ul style="list-style-type: none"> • Justice of the Peace
Legal	<ul style="list-style-type: none"> • Person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described) • Judge of a court • Magistrate • Chief executive officer of a Commonwealth court • Registrar or deputy registrar of a court • Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth))
Police	<ul style="list-style-type: none"> • Australian police officer
Diplomatic service	<ul style="list-style-type: none"> • Australian consular officer • Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))
Accountant	<ul style="list-style-type: none"> • Member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership

14 Declaration and applicant(s) signature(s)

Please read the declarations below before submitting this application.

I/We declare that:

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

In relation to my/our personal information:

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

15 Signature(s)

For individual trustees, at least the primary trustee must sign this section. For Australian companies and company trustees we require the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signature 1

Signature

Date

Surname

Given name(s)

Capacity Director Company Secretary
 Primary Trustee (Individual)

Signature 2

Signature

Date

Surname

Given name(s)

Capacity Director Company Secretary
 Secondary Trustee (Individual)

COMPANY SEAL

16 Fund listing

Below is a listing of the Funds available for investment. Refer to **section 9** to indicate your investment and distribution choices.

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

Bank Account Name: Fidante Partners Limited

BSB: 031-509

Account: 0166470000

Reference*: <Investor Name>

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

Fund Name	Fund code	Minimum initial investment	PDS Date
Bentham Global Income Fund NZD	486	NZ\$50,000	17 October 2022
Bentham Syndicated Loan Fund	487	NZ\$50,000	17 October 2022

17 Adviser use only

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

Adviser number	<input type="text"/>		
Office name	<input type="text"/>		
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Title (Mr/Mrs/Miss/Ms)	<input type="text"/>	Phone (business hours)	<input type="text"/>
Adviser group	<input type="text"/>		
Adviser group AFSL	<input type="text"/>		
Adviser signature	<input type="text"/>		
Date	<input type="text" value="/ /"/>		
Investment Link information			
IL GN (Group)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Important notes

This application must not be handed to any person unless the relevant PDS and access to the information incorporated into the PDS is also being provided. Fidante may in its absolute discretion refuse any application for units. Persons external to Fidante or other entities who market Fidante products are not agents of Fidante but are independent investment advisers. Fidante Partners will not be bound by representations or statements which are not contained in information disseminated by Fidante. Personal information collected on this form will be handled in accordance with our privacy policy available at [fidante.com](https://www.fidante.com).