

# Application Form

## Foreign Company and Foreign Trust

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

**Dated 21 November 2024**

Use this application form if you wish to invest in the fund(s) listed in **Section 20**.

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

- **Foreign Company**
- **Foreign Trust**

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

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

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

Information in a PDS and TMD may change from time to time and we will update this information by updating the relevant document or by publishing an update at [fidante.com](https://fidante.com).

### Checklist

Before sending us your application, please ensure you have:

- Read the relevant Fund's PDS, any incorporated information and the Fund's Target Market Determination (TMD) all available from your financial adviser, our Investor Services team or at [fidante.com](https://fidante.com).
- Completed this Application Form in full.
- Provided required Customer Identity Verification documents as outlined in **Section 16**.
- If relevant, attached supporting documentation that confirms your wholesale investor status, as outlined in **Section 14**.
- If paying by direct debit, ensure ALL bank account signatories have signed in **Section 9**.
- If paying by electronic funds transfer, 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

## Foreign Company and Foreign Trust

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.

- Foreign company ► Complete **sections 3, 4, 6-21**.
- Foreign trust with individual trustee ► Complete **sections 3, 5-21**.
- Foreign trust with foreign company trustee ► Complete **sections 3-21**.

### 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 Foreign company (including company trustee)

### 4A. Company details (including company trustee)

Full name of foreign company or foreign company trustee

Business name (if applicable)

Country of formation/ incorporation/registration

Select (X) if registered by a foreign body and provide name of body.

#### Is the foreign company registered with ASIC? (select (X) ONE of the following)

Yes ▶ Provide ARBN

▶ Provide EITHER (cross (X) one box)

principal place of business address in Australia OR

local agent name and address details.

#### Address (cannot be a PO Box)

Street name and number

Suburb  State  Postcode

Country

Name of local agent in Australia

No ▶ Provide company identification number (if any) issued by the foreign registration body.

#### Principal place of business in the company's country of formation or incorporation (PO Box is NOT acceptable)

Street name and number

Suburb  State  Postcode

Country

#### Registered address of company

Provide the registered address as registered with ASIC. If the company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

Street name and number

Suburb  State  Postcode

Country

## 4 Foreign company (including company trustee) (continued)

**Company type** – complete questions 1 and 2 below.

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

- Private or proprietary  
 Public

**For private/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:

- Listed on Australian or New Zealand stock exchange (ASX, NZX)

Name of market/  
exchange

If your company is acting as a trustee for a trust ► Proceed to **section 4B**.

If your company is investing in its own right ► Proceed to **section 7**.

- Other ► Proceed to **section 4B**.

### 4B. Substantial Shareholder details

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

## 4 Foreign company (including company trustee) (continued)

### 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.

### 4C. Directors authorising investment

Individuals below will be the signatories signing in section 19.

#### 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

## 5 Foreign Trust

### 5A. Details of Foreign Trust

Full name of trust

Country of establishment

Name of trust settlor

(the individual who contributed the initial funding on trust establishment).

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

Foreign superannuation fund

Private trust (family trust, discretionary trust)

Charitable trust

Other trust, provide type

### 5B. Trust beneficiary details

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.

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 additional substantial trust beneficiaries, please (X) this box and provide their full details (as noted above) on a separate piece of paper and attach it to this form.

## 5 Foreign Trust (continued)

### Other beneficiaries

Are there any other beneficiaries?

Yes ▶ Please provide details below, then proceed to 'Beneficiary classes' below.

Surname

Given name(s)

Surname

Given name(s)

Surname

Given name(s)

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.

### 5C. Details of Trustee(s)

Please indicate (X) the trustee type:

Individual Trustee(s) ▶ Please complete below. Then proceed to 'Other beneficiary' below.

Foreign 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

## 5 Foreign Trust (continued)

### Individual Trustee 2

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 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

Are there any individuals exercising control over your entity other than those already listed in **sections 4 or 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 (Required)

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

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

## 8 Payment of initial investment amount

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

- Direct debit** ▶ Please ensure you also complete **section 9**.
- Electronic funds transfer** ▶ The bank account to transfer funds is listed in **sections 20A and 20B**. Transfer your funds, with your investor name as reference, at the same time as posting your application to ensure there are no delays in opening your account.

## 9 Nominated bank account

If you are making your investment via direct debit, please provide details of the bank account you wish us to debit.

Please indicate (X) the 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. Please note, if you make a withdrawal within the first three months of making your investment, we will only pay the withdrawal proceeds to the account that was debited when making the investment. 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 | <input type="text"/>   |   |  |
| Branch                | <input type="text"/>   |   |  |
| Account name          | <input type="text"/>   |   |  |
| Branch number (BSB)   | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> |
| Account number        | <input type="text"/>   |   |  |

I/We request Fidante Partners Limited (ABN 94 002 835 592, AFSL 234668) (User ID No. 216559) and/or Fidante Partners Services Limited (ABN 44 119 605 373, AFSL 320505) (User ID No. 409056) (Fidante), until further written notice is given to Fidante from me/us, to debit my/our account described on the previous page, any amounts which Fidante may direct debit or charge me/us through the Bulk Electronic Clearing System. I/We understand and acknowledge that:

1. the bank/financial institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate, and at any time by notice in writing to me/us, terminate this request as to future debits.
2. Fidante may, by prior arrangement and notice to me/us, vary the amount or frequency of future debits;
3. the bank/financial institution will provide to me/us upon request general descriptive information of the kind referred to in sections 13.1 and 13.2 of the Code of Banking Practice, concerning the operation of accounts, banking facilities and cheques;
4. the information which I/we have provided on this form is accurate and not misleading and I am/we are aware that Fidante is relying on it;
5. this direct debit arrangement is governed by the terms of the Bulk Electronic Clearing System Procedures and the Direct Debit Request Service Agreement (available on our website) which I/we have read and agreed to; and
6. should the bank/financial institution charge any fees/charges related to this direct debit authorisation (including a withdrawal or dishonour fee), I/we will be responsible for such fees/charges.

### Bank account signatory 1

|               |                      |
|---------------|----------------------|
| Signature     | <input type="text"/> |
| Date          | <input type="text"/> |
| Surname       | <input type="text"/> |
| Given name(s) | <input type="text"/> |

### Bank account signatory 2

|               |                      |
|---------------|----------------------|
| Signature     | <input type="text"/> |
| Date          | <input type="text"/> |
| Surname       | <input type="text"/> |
| Given name(s) | <input type="text"/> |

## 10 Investment and distribution method

Please write the full fund name, APIR code, investment amount, regular investment plan (if applicable) and distribution options. Refer to **section 20** for the listing of funds, fund codes and minimum initial investment amounts.

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

<sup>1</sup>The minimum initial investment is listed in **section 20** or \$1,000 when a Regular Investment Plan is set up.

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

<sup>3</sup>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. Application monies paid by cheques from investment advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act 2001 (Cth).

## 11 Target Market Determination

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

### 11A. Adviser use only

**This question is for financial advisers only. If you do not have an adviser, please complete section 11B.**

Please select ONE below:

- I have considered the TMD for the Fund and consider that the applicant is within the Fund's target market; or
- The applicant is not within the target market, however the Fund is appropriate for the investor and this application is necessary to implement the personal advice I have given to the applicant in relation to the acquisition of units in the Fund.

## 11 Target Market Determination (continued)

### 11B. Non-Adviser use only

Please only complete this section if you don't have an Adviser.

1. I have considered the TMD for the Fund and confirm the Fund's Target Market aligns with my objectives, financial situation and needs.  Yes  No
2. I have read and understood the TMD and PDS of the Fund and confirm the features of the Fund as described in the TMD and PDS aligns with my objectives, financial situation and needs.  Yes  No
3. I confirm I am not investing more of my portfolio into this Fund than what is recommended in the TMD of the Fund (i.e. Small Allocation – no more than 25% of my total investible assets; Core Allocation – up to 75% of my total investible assets; or Standalone Allocation – part or majority (up to 100%) of my total investible assets).  Yes  No
4. I confirm I am comfortable with holding my investment for at least the recommended investment timeframe as outlined in the TMD and PDS of the Fund.  Yes  No
5. I confirm that my risk/return profile when making this investment is consistent with the risk/return profile for the Fund as outlined in the TMD.  Yes  No
6. I confirm I am comfortable with when I can make withdrawals from the Fund as outlined in the PDS of the Fund.  Yes  No

If you do not understand the TMD of the Fund or need further information before proceeding with your investment, please call us on 1300 721 637.

If you do not have an adviser and answered NO to any of the questions above, we may call you to confirm additional details before deciding whether to process your investment.

## 12 Additional information

This section must be completed by all entities.

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  No

Yes  No

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

Yes  No

No

## 13 Annual Report

A copy of the annual report for the Fund(s) will be provided on the Fidante website [fidante.com](http://fidante.com).

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

## 14 Wholesale investor status

This section is only required for investments into the Bentham Global Opportunities Fund – Class I.

- By crossing (X) this box, I/we confirm that I am a/we are Wholesale Investor(s) as defined under Chapter 7 of the Corporations Act 2001 (Cth) and I/we have attached a Wholesale Client Certificate to support this statement.

**I/we confirm that:**

- as a wholesale investor, I am investing at least \$500,000 or I am investing under \$500,000 and have a wholesale client certificate from an accountant confirming I meet the general wholesale test for assets and/or income.
- the Wholesale Client Certificate is not more than two years old;

## 15 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](http://www.ato.gov.au).

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

### 15A. 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 15B** (Foreign Controlling Persons).

No ► Proceed to **section 16**.

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](http://www.oecd.org).)

If the entity is a Foreign Charity or an Active NFE, please proceed to **section 14C** (Country of Tax Residency).

4.  Other (Entities that are not previously listed - Passive Non-Financial Entities)

Please proceed to **section 15B** (Foreign Controlling Persons).

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

## 15B. 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 15C.

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

|   |                      |                      |  |
|---|----------------------|----------------------|--|
| <b>Full name</b>                                    | <input type="text"/> | <b>Date of birth</b> | <input type="text"/>   |
| Residential address<br>(if not previously provided) | <input type="text"/> |                      |  |
| Country 1   | <input type="text"/> | TIN                  | <input type="text"/> If no TIN, list reason A, B or C <input type="checkbox"/> |
| Country 2   | <input type="text"/> | TIN                  | <input type="text"/> If no TIN, list reason A, B or C <input type="checkbox"/> |
| Country 3   | <input type="text"/> | TIN                  | <input type="text"/> If no TIN, list reason A, B or C <input type="checkbox"/> |

### Individual 2

|   |                      |                      |  |
|---|----------------------|----------------------|--|
| <b>Full name</b>                                    | <input type="text"/> | <b>Date of birth</b> | <input type="text"/>   |
| Residential address<br>(if not previously provided) | <input type="text"/> |                      |  |
| Country 1   | <input type="text"/> | TIN                  | <input type="text"/> If no TIN, list reason A, B or C <input type="checkbox"/> |
| Country 2   | <input type="text"/> | TIN                  | <input type="text"/> If no TIN, list reason A, B or C <input type="checkbox"/> |
| Country 3   | <input type="text"/> | TIN                  | <input type="text"/> If no TIN, list reason A, B or C <input type="checkbox"/> |

### Individual 3

|   |                      |                      |  |
|---|----------------------|----------------------|--|
| <b>Full name</b>                                    | <input type="text"/> | <b>Date of birth</b> | <input type="text"/>   |
| Residential address<br>(if not previously provided) | <input type="text"/> |                      |  |
| Country 1   | <input type="text"/> | TIN                  | <input type="text"/> If no TIN, list reason A, B or C <input type="checkbox"/> |
| Country 2   | <input type="text"/> | TIN                  | <input type="text"/> If no TIN, list reason A, B or C <input type="checkbox"/> |
| Country 3   | <input type="text"/> | TIN                  | <input 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.

## 15C. 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 type="text"/> | TIN | <input type="text"/> If no TIN, list reason A, B or C <input type="checkbox"/> |
| 2. Country | <input type="text"/> | TIN | <input type="text"/> If no TIN, list reason A, B or C <input type="checkbox"/> |
| 3. Country | <input type="text"/> | TIN | <input type="text"/> If no TIN, list reason A, B or C <input type="checkbox"/> |
| 4. Country | <input type="text"/> | TIN | <input 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**

## 16 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

- Individual Trustee 1 (primary trustee) if you completed **section 5C**.
- Individual Trustee 2 (if signing the application form) if you completed **section 5C**.
- Each substantial trust beneficiary 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.** Or if one of the above cannot be provided please provide one document from Group 1 and one document from Group 2 below:

|   |   |
|---|---|
| <p><b>Group 1</b></p> <p>A copy of one of the following documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Australian birth certificate or birth extract; or</li> <li><input type="checkbox"/> Australian citizenship certificate; or</li> <li><input type="checkbox"/> Pension or Health care card issued by Centrelink or Department of Veterans' Affairs.</li> </ul> | <p><b>Group 2</b></p> <p>(The document must contain your full name and current residential address as provided in this application form)</p> <p>A copy of one of the following documents issued to you:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.:               <ul style="list-style-type: none"> <li>• council rates notice</li> <li>• electricity bill</li> <li>• gas bill</li> <li>• water rates notice</li> <li>• telephone bill</li> <li>• internet services bill</li> </ul> </li> <li><input type="checkbox"/> 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.:               <ul style="list-style-type: none"> <li>• pension statement</li> <li>• rent assistance statement</li> <li>• mobility allowance statement</li> <li>• utilities allowance statement</li> </ul> </li> <li><input type="checkbox"/> 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.:               <ul style="list-style-type: none"> <li>• notice of assessment</li> <li>• payment reminder</li> </ul> </li> </ul> |
|---|---|

**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).

## 16 Customer identity verification (continued)

### Foreign company (including company trustee)

For a foreign company or company trustee, complete verification procedure 1 or 2 below. For the trust (if applicable) please also complete the Foreign Trust verification procedure below.

#### 1. Foreign companies registered with ASIC

| 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:  |
| <ul style="list-style-type: none"> <li>• Full name of the company as registered by ASIC.</li> <li>• ARBN issued to the company.</li> <li>• Whether registered by a foreign registration body and if so;                             <ul style="list-style-type: none"> <li>– whether registered as a private company or a public company.</li> </ul> </li> </ul> | <input type="checkbox"/> Up-to-date extract from ASIC database; or<br><input type="checkbox"/> Up-to-date extract from relevant foreign registration body; or<br><input type="checkbox"/> If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certificate of registration issued by ASIC or by the relevant foreign registration body. |

#### 2. Foreign companies NOT registered with ASIC

| 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:  |
| <ul style="list-style-type: none"> <li>• Full name of the company.</li> <li>• Unique ID/registration number issued to the company by a foreign registration body.</li> <li>• Whether registered by a foreign registration body and if so;                             <ul style="list-style-type: none"> <li>– whether registered as a private company or a public company.</li> </ul> </li> </ul> | <input type="checkbox"/> Up-to-date extract of the relevant foreign registration body.<br><input type="checkbox"/> If the foreign registration body database is not reasonably available, an original or certified copy of the certificate of registration issued by the relevant foreign registration body. |

### Foreign Trust

For a foreign trust, complete below.

| 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:   |
| <b>All trusts</b> <ul style="list-style-type: none"> <li>• Full name of Trust.</li> <li>• Name of Trust settlor.</li> </ul> | <b>All trusts</b> <input type="checkbox"/> Please provide documentation confirming the existence of the trust and the name of the settlor (e.g. trust deed or extract of the trust deed). |

### 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 (eg 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.

## 16 Customer identity verification (continued)

### Who can certify documents?

|  |   |
|--|---|
| <b>Financial corporations (bank, building society, credit union)</b> | <ul style="list-style-type: none"><li>• 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))</li><li>• 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))</li><li>• 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</li></ul> |
| <b>Post office</b>   | <ul style="list-style-type: none"><li>• 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</li><li>• Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li></ul>  |
| <b>JP</b>  | <ul style="list-style-type: none"><li>• Justice of the Peace</li></ul>  |
| <b>Legal</b>   | <ul style="list-style-type: none"><li>• 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)</li><li>• Judge of a court</li><li>• Magistrate</li><li>• Chief executive officer of a Commonwealth court</li><li>• Registrar or deputy registrar of a court</li><li>• Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li><li>• A person authorised as a notary public in a foreign country.</li></ul>   |
| <b>Police</b>  | <ul style="list-style-type: none"><li>• Australian police officer</li></ul>   |
| <b>Diplomatic service</b>  | <ul style="list-style-type: none"><li>• Australian consular officer</li><li>• Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))</li></ul>  |
| <b>Accountant</b>  | <ul style="list-style-type: none"><li>• 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</li></ul>  |

Foreign certification, investors may use the equivalent of these options. If these cannot be accessed, please contact us directly.

## 17 Adviser service fee nomination

For new investments, please indicate whether an adviser service fee will be paid to your financial adviser. If this section is not completed, no adviser service fee will be deducted. The adviser service fee is not available to New Zealand investors.

Please indicate (X) if you negotiated an adviser service fee with your financial adviser?

**Yes** ► You must complete the 'Consent to deduct ongoing advice fees' form available on our website [fidante.com](https://www.fidante.com).

**No** ► Please proceed to **section 18**.

For additional investments, a nomination in this section overrides any previous nominations.

## 18 Declaration and applicant(s) signature(s)

Please read the declarations below before submitting this application.

### **I/We declare that:**

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

### **In relation to my/our personal information:**

- I/we acknowledge that I/we have read and understood the information relating to privacy and personal information contained in the relevant PDS and Additional Information Booklet (AIB);
- I am/We are aware that until I/we inform Fidante otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) as described in the PDS and 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 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.

## 19 Signature(s)

For individual trustees, at least the primary trustee must sign this section. For foreign 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     | <input type="text"/>  |
| Date          | <input type="text" value="/ /"/>  |
| Surname       | <input type="text"/>  |
| Given name(s) | <input type="text"/>  |
| Capacity      | <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary<br><input type="checkbox"/> Primary Trustee (Individual) |

### Signature 2

|               |   |
|---------------|---|
| Signature     | <input type="text"/>  |
| Date          | <input type="text" value="/ /"/>  |
| Surname       | <input type="text"/>  |
| Given name(s) | <input type="text"/>  |
| Capacity      | <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary<br><input type="checkbox"/> Secondary Trustee (Individual) |

|   |
|---|
| <input type="text" value="COMPANY SEAL"/> |
|---|

Each Fund's Product Disclosure Statement (PDS) includes information about purchasing units in the relevant fund. Any person who gives another person access to the application form must also give the person access to the PDS and any incorporated information. Each person should obtain and consider the Fund's Target Market Determination (TMD) and the Fund's Product Disclosure Statement (PDS) before making a decision about whether to make an investment in the Fund. A copy of any TMD and PDS can be obtained from your financial adviser, our Investor Services team or at [fidante.com](http://fidante.com). The responsible entity of each of the Funds is Fidante Partners Limited (ABN 94 002 835 592, AFSL 234668) Fidante Partners Services Limited (ABN 44 119 605 373, AFSL 320505), each referred to as Fidante. Fidante or a financial adviser who has provided an electronic copy of the PDS and any incorporated information, will send you a paper copy of the PDS and any incorporated information and application form free of charge if you so request.

## 20 Fund listing

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

### 20A. Fidante Partners Limited

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

Account Name: FPL Application Clearing Account

BSB: 032-006

Account: 304845

Reference\*: <Investor Name>

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

| Fund Name                                      | APIR code | Minimum initial investment | PDS Date         |
|--|-----------|----------------------------|------------------|
| Bentham Asset Backed Securities Fund – Class I | HOW2852AU | \$10,000                   | 21 November 2024 |
| Bentham Defensive Income Fund                  | CSI0521AU | \$10,000                   | 21 November 2024 |
| Bentham Global Opportunities Fund              | HOW6814AU | \$10,000                   | 21 November 2024 |

### 20B. Fidante Partners Services Limited

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

Account Name: FPSL Application Clearing Account

BSB: 032-006

Account: 454747

Reference\*: <Investor Name>

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

| Fund Name                    | APIR code | Minimum initial investment | PDS Date         |
|------------------------------|-----------|----------------------------|------------------|
| Bentham Global Income Fund   | CSA0038AU | \$10,000                   | 21 November 2024 |
| Bentham High Yield Fund      | CSA0102AU | \$10,000                   | 21 November 2024 |
| Bentham Syndicated Loan Fund | CSA0046AU | \$10,000                   | 21 November 2024 |

<sup>1</sup> The minimum initial investment is \$1,000 when a Regular Investment Plan is set up.

## 21 Adviser use only

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

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

|                             |                                  |                        |                      |   |                      |                      |                      |   |                      |
|-----------------------------|----------------------------------|------------------------|----------------------|---|----------------------|----------------------|----------------------|---|----------------------|
| Adviser number              | <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"/> | / | <input type="text"/> | <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 TMD and access to the information incorporated into the PDS is also being provided. Fidante may in its absolute discretion refuse any application for units. Persons external to Fidante or other entities who market Fidante products are not agents of Fidante but are independent investment advisers. Fidante will not be bound by representations or statements which are not contained in information disseminated by Fidante. Application monies paid by cheques from investment advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act 2001 (Cth). Personal information collected on this form will be handled in accordance with our privacy policy available at [fidante.com](http://fidante.com).