

Arminius Capital EMMA Fund

ARSN 614 074 449

Application Form

This Application Form relates to a Product Disclosure Statement dated 1 July 2017 (“PDS”) issued by Evolution Trustees Limited ACN 611 839 519, AFSL 486 217, for the offer of units in the Arminius Capital EMMA Fund ARSN 614 074 449 (“Fund”). Terms defined in the PDS have the same meaning in this Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Application Form.

It is essential that you receive the Application Form and PDS in Australia. We may not accept an application from a person who we believe received the documents outside Australia.

This form enables us to create your investment account and provides us with details of the people who are authorised to transact on the account. This form also sets out identification information required from you to enable us to comply with AML Requirements.

In this Application Form, “I/we”, “you”, “your”, “Unitholder”, “Applicant” and “my/our” refers to the investor/joint investors.

Five steps to make an investment:

Step 1 Complete the relevant Sections of this Application Form

Step 2 Sign and date this Application Form

Step 3 Collect and certify your identification documents

Step 4 Transfer your application money to us. Please also provide us with a copy of evidence of the fund transfer request from your bank. Refer to Section G ‘Investment details and payment method’

Step 5 Once completed, please post this form and identification documents to:

Apex Fund Services (Australia) Pty Ltd
PO Box 189, Flinders Lane, VIC 8009

Investors should note the times by which applications must be received to be processed on an Application Day. Please refer to page 3 of the PDS for further information.

All application monies must originate from an account held in the name of the Applicant and be an Australian Authorised Deposit-taking Institution (ADI). No third party payments will be permitted.



| Select one | Investor type | Description | Complete the following sections |
|--------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> | Individual and Joint investors | A natural person or persons. | Section A Section M Sections G through O |
| <input type="checkbox"/> | Sole trader | A natural person operating a business under their own name with a registered business name. | Section A Section B Section M Sections G through O |
| <input type="checkbox"/> | Companies | A company registered as an Australian public company, an Australian proprietary company, or a foreign company. | Section C Section N Sections G through O |
| <input type="checkbox"/> | Custodian of an investment platform | This is directed at custodians opening an account on behalf of a superannuation fund, managed investment scheme, investor directed portfolio service (IDPS), IDPS-like scheme or managed discretionary account service. | Section C Sections G through O |
| <input type="checkbox"/> | Trusts | Types of trusts include self-managed superannuation funds, registered managed investment schemes, unregistered managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts). | Section A (if applicable) Section C (if applicable) Section D Section M (if applicable) Section N (if applicable) Sections G through O |
| <input type="checkbox"/> | Partnership | A partnership created under a partnership agreement. | Section E Sections G through O |
| <input type="checkbox"/> | Associations | Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements. The member(s) of the association seeking to open the account will be deemed to be the legal owner of the account. | Section A Section F Sections G through O |
| <input type="checkbox"/> | Registered co-operative | An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative. | Section A Section F Sections G through O |
| <input type="checkbox"/> | Government body | The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country. | Section F Sections G through O |



SECTION A – INVESTOR DETAILS

This Section applies to:

| | |
|---|---|
| Individuals and sole traders | The individual must provide their details (each individual for a joint account). |
| Individual trustees | The individual trustee must provide their details. Where the investing entity has more than one individual trustee, each individual trustee must provide their details. Please use a separate sheet if necessary. |
| Incorporated or unincorporated associations, and registered co- operatives | Each public officer (if any), chairperson, secretary and treasurer (or equivalent officer) must provide their details. Please use a separate sheet if necessary. |

A.1 INVESTOR 1

Title: **Given name(s):**

Surname:

Date of birth: / /

Country of birth:

Residential address:
(Note: PO Box is not acceptable) **State:** **Postcode:**

Country of residence:

Country of citizenship:

Tax file number or exemption:

Are you a politically exposed person* Yes No

Capacity: Individual Secretary Chairperson Individual Trustee Sole trader (Go to Section B)
 Other office-holder (please specify):

Occupation:

A.2 INVESTOR 2

Title: **Given name(s):**

Surname:

Date of birth: / /

Country of birth:

Residential address:
(Note: PO Box is not acceptable) **State:** **Postcode:**

Country of residence:

Country of citizenship:

Tax file number or exemption:

Are you a politically exposed person* Yes No

Capacity: Individual Secretary Chairperson Individual Trustee Sole trader (Go to Section B)
 Other office-holder (please specify):

Occupation:

* A politically exposed person is a person who meets the definition of “politically exposed person” in the Anti-Money Laundering and Counter-Terrorism Financing Rules.



SECTION B – SOLE TRADERS

This Section applies to sole traders only.

B.1 Business name:

B.2 ABN:

B.3 Residential address:
(Note: PO Box is not acceptable) State: Postcode:

B.4 Principal place of business:
(Note: PO Box is not acceptable) State: Postcode:

B.5 Principal business activity:

SECTION C – COMPANIES AND CUSTODIANS OF AN INVESTMENT PLATFORM

This Section applies to all companies, including corporate trustees. For trusts with multiple corporate trustees please provide full details as set out in Section C for each corporate trustee on a separate sheet.

Custodians of managed investment schemes, superannuation funds, investor directed portfolio service (IDPS), IDPS-like schemes or managed discretionary account services should complete Section C with their own details.

C.1 Full company name as registered by ASIC:

C.2 ACN/ABN/ARBN:

C.3 Tax file number or exemption:

C.4 ASIC registered office address:
(Note: PO Box is not acceptable) State: Postcode:

C.5 Principal place of business address, or (for registered foreign companies) the full name and address of the company's local agent in Australia, if any:
(Note: PO Box is not acceptable) State: Postcode:

C.6 Country of formation/incorporation/registration (if not Australia):

C.7 Company type: Public company Proprietary or Private company Other (please specify)

C.8 Principal business activity:

C.9 Please answer all of the following questions:

| | Yes | No | If 'Yes', please complete these details |
|---------------------------------------|--------------------------|--------------------------|---|
| Are you a foreign registered company? | <input type="checkbox"/> | <input type="checkbox"/> | Name of relevant foreign registration body (if applicable): <input type="text"/> |



| | | | |
|--|--------------------------|--------------------------|---|
| Are you a foreign unregistered company? | <input type="checkbox"/> | <input type="checkbox"/> | Name of relevant foreign registration body (if applicable): <input type="text"/> Identification number (if any): <input type="text"/> Full address of the company in its country of formation/ incorporation/registration: <input type="text"/> <input type="text"/> <input type="text"/> Full address of the principal place of business in its country of formation/incorporation/registration: <input type="text"/> <input type="text"/> <input type="text"/> |
| Are you a company licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company? | <input type="checkbox"/> | <input type="checkbox"/> | Regulator name: <input type="text"/> Licence details: <input type="text"/> |
| Are you an Australian listed company? | <input type="checkbox"/> | <input type="checkbox"/> | Name of market/exchange: <input type="text"/> |
| Are you a majority-owned subsidiary of an Australian listed company? | <input type="checkbox"/> | <input type="checkbox"/> | Australian listed parent company name: <input type="text"/> Name of market/exchange of parent company: <input type="text"/> |

C.10 Directors – To be completed for ALL company types

How many directors are there?

Please provide the full name of each director below:

| Given name (s) | Surname |
|----------------|---------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

If there are more than four directors please provide their details on a separate sheet.

Are there any individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings)?

Yes (complete C.11 below) No (complete C.12 below)



C.11 To be completed for ALL company types

Shareholder 1

Title: Given name(s):

Surname:

Residential address:

(Note: PO Box is not acceptable) State: Postcode:

Shareholder 2

Title: Given name(s):

Surname:

Residential address:

(Note: PO Box is not acceptable) State: Postcode:

Shareholder 3

Title: Given name(s):

Surname:

Residential address:

(Note: PO Box is not acceptable) State: Postcode:

Shareholder 4

Title: Given name(s):

Surname:

Residential address:

(Note: PO Box is not acceptable) State: Postcode:

Please provide individual ID forms for each of the individuals listed above

C.12 To be completed for ALL company types

If there are no individuals who meet the requirement of C.11, provide the names of the individuals who directly or indirectly control* the company.

* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such persons can be identified, then insert the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).

| Given name (s) | Surname |
|----------------|---------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

C.13 Custodian of an investment vehicle or platform (if applicable)

Please provide details of the operator/issuer of the relevant managed investment scheme, superannuation fund, IDPS or IDPS-like scheme for which you are the custodian.

Full company name:

ACN/ABN:

Registered office address:

(Note: PO Box is not acceptable) State: Postcode:

Licence number (e.g. AFSL or RSE):



Name of investment platform:

Type of investment platform:

Registered managed investment scheme Superannuation fund IDPS
 IDPS-like scheme Other (please specify)

Registration details (e.g. ARSN, Super Fund Registration No.):

SECTION D – TRUSTS

This Section applies to all corporate and individual trustees and superannuation funds.

D.1 Full name of trust:

D.2 Business name of trustee (if applicable):

D.3 Tax file number or exemption:

D.4 Country of establishment:

D.5 Full name of Settlor(s)*:

* The person/s who settles the initial sum or assets to create the Trust. This will be verified against the Trust Deed that should outline the full name of the settlor(s).

D.6 Type of trust (select one of the following types of trusts):

| | |
|---|---|
| <input type="checkbox"/> Self-managed superannuation fund | Specify the SMSF's ABN: <input type="text"/> |
| <input type="checkbox"/> Registered managed investment scheme | Specify ARSN: <input type="text"/> |
| <input type="checkbox"/> Unregistered managed investment scheme | Go to Beneficiary details, D.7 |
| <input type="checkbox"/> Government superannuation fund established by legislation | Specify the name of the legislation establishing the fund: <input type="text"/> |
| <input type="checkbox"/> Other regulated trust (i.e., registered and subject to the regulatory oversight of a Commonwealth statutory regulator) | Specify the name of the regulator (e.g. ASIC, APRA, ATO): <input type="text"/> Specify the trust's ABN or registration/licensing details: <input type="text"/> |
| <input type="checkbox"/> Other trust type | Trust description (e.g. family trust or charitable trust): <input type="text"/> |

D.7 Beneficiary details – Please complete Sections D.8, D.9 and D.10 if you have ticked 'Other trust type' in D.6 or 'Unregistered managed investment scheme' in D.6.

Both the names and classes of beneficiaries must be provided (if the Trust has both named and class/es of beneficiaries).

Do the terms of the trust identify the beneficiaries by reference to a membership of a class?

Yes (Go to D.8, D.9 and D.10) No (Go to D.9 and D.10)

D.8 Please describe the class or classes of beneficiaries (e.g. holders of different classes of units, family members or named person):

| |
|--|
| |
| |
| |
| |



D.9 Please provide details of each beneficiary of the trust:

Beneficiary 1

Title:

Given name(s):

Surname:

Beneficiary 2

Title:

Given name(s):

Surname:

Beneficiary 3

Title:

Given name(s):

Surname:

Beneficiary 4

Title:

Given name(s):

Surname:

D.10 Beneficial ownership

Provide the names of the individuals that directly or indirectly control* the Trust.

** includes control by acting as Trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.*

Beneficial Owner 1 that controls the Trust

Title:

Given name(s):

Surname:

Role:

Beneficial Owner 2 that controls the Trust

Title:

Given name(s):

Surname:

Role:

Beneficial Owner 3 that controls the Trust

Title:

Given name(s):

Surname:

Role:

Beneficial Owner 4 that controls the Trust

Title:

Given name(s):

Surname:

Role:

Please provide individual ID forms for each of the Beneficial Owners listed above

D.11 Trustee details – Please select the relevant category below

- Individual trustee(s) – Please ensure you have completed Section A for each individual trustee.
- Corporate trustee – Please ensure you have completed Section C for each corporate trustee.
- Trustees comprise individual and corporate trustees – Please ensure you have completed Sections A & C for each individual and corporate trustee.



SECTION E – PARTNERSHIPS

This Section applies to partnerships

E.1 Full name of partnership:

E.2 Registered business name of partnership (if any):

E.3 Country of establishment:

E.4 ABN:

E.5 Tax file number or exemption:

E.6 Please provide details of one partner in this partnership

Title: **Given name(s):**

Surname:

Residential address:

(Note: PO Box is not acceptable)

State: **Postcode:**

Date of birth: / /

E.7 If the partnership is not regulated by a professional association, please go to Section A and provide full names, residential addresses and dates of birth of all partners in the partnership.

E.8 Principal business activity:

Beneficial Ownership details are required to be provided if not already provided when completing earlier sections above.

Are there any individuals who ultimately own 25% or more of the partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights of the partnership, including power of veto?

Yes (complete E.9 below) No (complete E.10 below)

E.9 Provide the names of the individuals who ultimately own 25% or more of the partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights of the partnership, including power of veto?

| Given name (s) | Surname |
|----------------|---------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

If there are more than four individuals please provide their details on a separate sheet. Complete separate individual customer ID Forms for each of these individuals unless already provided in an earlier section.

E.10 If there are no individuals who meet the requirement, provide the names of the individuals who directly or indirectly control* the partnership.

* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices. If no such person can be identified, then insert the most senior managing official/s of the partnership (such as the managing partner or senior managing official).

| Given name (s) | Surname |
|----------------|---------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

If there are more than four individuals please provide their details on a separate sheet. Complete separate individual customer ID Forms for each of these individuals unless already provided in an earlier section.



SECTION F – ASSOCIATIONS, REGISTERED CO-OPERATIVES AND GOVERNMENT BODIES

This Section applies to incorporated and unincorporated associations, registered co-operatives and government bodies. Each of the public officer (if any), chairperson, secretary and treasurer (or equivalent officer) of incorporated or unincorporated associations and registered co-operatives must provide their details in Section A of this form. If applying in your capacity as a member of an unincorporated association Section A must be completed in respect of yourself.

F.1 Entity name:

F.2 ABN:

F.3 Tax file number or exemption:

F.4 Principal place of administration/operations or registered office:

(Note: PO Box is not acceptable) State: Postcode:

F.5 Country of establishment:

F.6 For registered co-operatives and incorporated associations:
Registration number: State/territory of registration:

F.7 For government bodies:
F.7a Is the government body established under Commonwealth or state/territory legislation? (please select one)
 Yes – Please specify the legislation:
 No – Please specify other legislation or method of establishment:
(If you are a foreign government body, we may also ask you for information about the ownership or control of you as a foreign government body).

F.7b Specify the state/territory (or Commonwealth) of establishment

F. 8 Beneficial Ownership details are required to be provided if not already provided when completing earlier sections above.
Government Bodies - Beneficial Ownership

For Foreign Government Bodies, provide the names of the individuals that directly or indirectly control the Government Body, such as the Chairman, President, Treasurer or Secretary of the Government Body.

If the Government Body is Australian you do not need to provide Beneficial Ownership information.

| Given name (s) | Surname |
|----------------|---------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

If there are more than four individuals please provide their details on a separate sheet. Complete separate individual customer ID Forms for each of these individuals unless already provided in an earlier section.

Associations - Beneficial Ownership
Provide the names of the individual members that directly or indirectly control the Association, such as the Chairman, President, Treasurer or Secretary of the association.

| Given name (s) | Surname |
|----------------|---------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

If there are more than four individuals please provide their details on a separate sheet. Complete separate individual customer ID Forms for each of these individuals unless already provided in an earlier section.



Registered Co-operatives ID Forms - Beneficial Ownership

Provide the names of the individuals that directly or indirectly control the registered co-operative, such as the Chairman, President, Treasurer or Secretary

| Given name (s) | Surname |
|----------------|---------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

If there are more than four individuals please provide their details on a separate sheet. Complete separate individual customer ID Forms for each of these individuals unless already provided in an earlier section.

SECTION G – INVESTMENT DETAILS AND PAYMENT METHOD

The Applicant hereby applies for Units in the Fund pursuant to the Constitution

| Fund/Class | Total value of units applied for (\$A) |
|----------------------------|--|
| Arminius Capital EMMA Fund | |
| Total | |

Regular Investment Plan

| | Initial/Additional Amount \$ | Regular Investment Plan Monthly Amount \$ | Regular Investment Plan Start Date |
|----------------------------|------------------------------|---|------------------------------------|
| Arminius Capital EMMA Fund | | | 20 / ____ / _____ |

Investments made by way of the Regular Investment Plan will be debited from your account nominated in Section H.

Regular Investment Plan payments will be deducted on the 20th of the month. If the 20th falls on a non business day, the payment will be deducted on the business day prior to the 20th.

G.1 Source of funds being invested (tick most relevant option)

- Retirement income
- Employment income
- Business activities
- Sale of assets
- Inheritance/gift
- Financial Investment
- Other

Please select your payment method below. All payments are to be made in Australian dollars.

G.2 Electronic funds transfer payable to:

Institution: St George Bank Limited (SGB)
 BSB: 332 027
 Account number: 554727447
 Account Name: AET SFS Arminius Capital EMMA Fund Applications Account
 360 Online Account

G.3 Direct Debit Request and Authority to Debit

Debit my/our bank account nominated in section H.

I/we acknowledge and accept the terms and conditions of the Direct Debit Request Service Agreement attached to this application form.

I/we authorise St George Bank Limited (SGB) to until further notice arrange for funds to be debited from my/our nominated account through the Bulk Electronic Clearing System.



Only sign here if you are electing to invest by way of a direct debit. Please also sign section K of this application form.

Signature of Investor 1 or company officer

Signature of Investor 2 or company officer

Please note: All application monies must originate from an account held in the name of the Applicant and be from an Australian ADI. No third party payments will be permitted.



DIRECT DEBIT REQUEST SERVICE AGREEMENT

The following is your Direct Debit Service Agreement with St George Bank Limited (SGB).

This agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request and should be read in conjunction with your DDR form.

Definitions

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means the Direct Debit Request Service Agreement between you and us.

banking day means a day other than a Saturday or Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between us and you.

us or we means SGB (the Debit User) you have authorised by signing a direct debit request.

you means the customer who signed the Direct Debit Request.

your financial institution means the financial institution nominated by you on the DDR at which your account is maintained.

1. Debiting your account

- a. By signing a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.
- b. We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.
- c. If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day.
- d. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Amendments by Us

We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least 14 days written notice.

3. Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing at least 14 days notification by writing to:

Apex Fund Services (Australia) Pty Ltd
PO Box 189
Flinders Lane
VIC 8009

or by arranging it through your own financial institution.

4. Your obligations

- a. It is your responsibility to ensure that there are sufficient cleared funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.
 - you may be charged a fee and/or interest by your financial institution;
 - you may also incur fees or charges imposed or incurred by us; and
 - you must arrange for the debit payment to be made by another method or arrange for sufficient cleared funds to be in your account by an agreed time so that we can process the debit payment.
- c. You should check your account statement to verify that the amounts debited from your account are correct.
- d. If we are liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to reimburse us.

5. Dispute

- a. If you believe that there has been an error in debiting your account, you should notify us directly by faxing us on 1300 365 601 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution directly.
- b. If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- c. If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding in writing.

6. Accounts

You should check:

- a. with your financial institution whether direct debiting is available from your account, as direct debiting is not available on all accounts offered by financial institutions;
- b. your account details which you have provided to us are correct by checking them against a recent account statement; and
- c. with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

7. Confidentiality

- a. We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- b. We will only disclose information that we have about you:
 - to the extent specifically required by law; or
 - for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

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

Apex Fund Services (Australia) Pty Ltd
PO Box 189
Flinders Lane
VIC 8009

- b. We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.
- c. Any notice will be deemed to have been received on the third banking day after posting.



SECTION H – INCOME PAYMENT INSTRUCTIONS & BANK ACCOUNT DETAILS

Income from the Units in the Fund will be automatically reinvested in additional Units in the Fund unless you indicate here (or by notice not less than 15 Business Days before the distributions to which the notice is to apply) that you wish your income to be paid to you (tick the applicable box).

- Please reinvest my income in additional Units in the relevant Fund; or
- Please pay income directly to my bank account (details below).

Please note that the bank account details you provide will be held on record and maintained to pay any future withdrawal proceeds and/or income distributions. This account must be in the name of the investor. We will not pay to a third party bank account.

H.1 Institution*:

H.2 BSB:

H.3 Account name:

H.4 Account number:

* The Institution provided must be an Authorised Deposit-taking Institution (ADI) regulated by APRA in accordance with the Banking Act 1959.

SECTION I – KEEPING YOU INFORMED

I.1 Contact Details – All Investors must complete

Please provide contact details below that we can use for all communications with you.

Contact name:

Company name (if applicable):

Address:
 State: **Postcode:**

Home number: () **Business number:** ()

Mobile number:

Email address (Investor 1):

Email address (Investor 2):

I.2 Method of communication

Our preferred method for sending you investor correspondence (such as transaction confirmations, periodic, distribution and tax statements, on-going disclosures and other material) is via email. Please indicate your preference below by ticking one of the boxes:

- Email** – I consent to receive all investor correspondence from you by email to the email address provided in Section J.1.
- Post** – I wish to receive all investor correspondence by post to the address provided in Section J.1.
- On-line access** – I wish to be given on-line access to view my investment information.

If you do not tick any of the above boxes, we will send investor correspondence to you by email to the address given in Section J.1.

I.3 Annual Financial Reports

Each of our funds issues an Annual Financial Report. If no election is made from the below options, you may access the Annual Financial Reports for our funds on our website at www.arminiuscapital.com.au

- Email** – I wish to receive the Annual Financial Report(s) for those fund(s) in which I am invested by email, and I acknowledge and agree that this is a standing request by me until further notice from me.
- Post** – I wish to receive the Annual Financial Report(s) for those fund(s) in which I am invested by post, and I acknowledge and agree that this is a standing request by me until further notice from me.
- I do not wish to receive** the Annual Financial Report(s) for those fund(s) in which I am invested, and I acknowledge and agree that this is a standing request by me until further notice from me.



I.4 Marketing

From time to time we may send you marketing materials regarding our products and services, as well as the products and services of our related entities. Please indicate if you do not wish us to send you any marketing materials by ticking the box below:

I do not wish to receive marketing materials about your products and services, as well as the products and services of your related entities.

SECTION J – ADVISER DETAILS (IF APPLICABLE)

If you have a financial adviser, please give your consent, by ticking the appropriate box below, for us to provide them with access to information about your investments and authorise them to make enquiries on your behalf.

I wish my financial adviser to receive information about my investments. By entering my financial adviser details below I acknowledge and agree they will have access to information about my investment and may receive copies of my statements by email or post.

I do not wish my financial adviser to receive information about my investments. Please go to Section K.

J.1 Adviser details:

Adviser/ contact name:

Full registered name:

Trading name: (if different from registered name)

Registered address:

Registered office address:

(Note: PO Box is not acceptable)

State: Postcode:

Postal Address :

(if different from above) (Note: PO Box is not acceptable)

State: Postcode:

AFSL number:

Business number: ()

Fax number: ()

Mobile number:

Email address:

J.2 Dealer group details (if applicable):

Dealer group name:

Dealer group address:

(Note: PO Box is not acceptable)

State: Postcode:

AFSL number:

Business number: ()

Fax number: ()

Mobile number:

Email address:



J.3 Member Advice Fees

Complete this section if you have already agreed with your financial adviser to have a member advice fee deducted. In collection this fee Evolution Trustees Limited merely acts as agent for your adviser and in no other capacity.

Ongoing member advice fee (including GST)

Percentage per annum

Signature of Investor 1 or company officer

Signature of Investor 2 or company officer

Please also sign section K of this application form. We can refuse a request to pay a member advice fee.



SECTION K – DECLARATION AND SIGNATURES

The Applicant agrees and acknowledges and declares that:

- (a) The Applicant will be bound by the Constitution of the Fund, as amended from time to time.
- (b) The Applicant agrees to be bound by the Privacy Act 1988 (Cth) and the Spam Act 2003 (Cth) notices and consents contained in the PDS.
- (c) The Applicant has received and read a copy of the PDS for the Fund dated 1 July 2017 and agrees to be bound by the terms of the PDS.
- (d) The Applicant agrees to the collection, use and disclosure of its personal information as set out in the PDS and agrees to be bound by the Administrator's privacy policy which can be found at www.apexfundservices.com, the Responsible Entity's privacy policy which can be found at www.evolutiontrustees.com.au and Arminius Capital Management Pty Ltd's privacy policy which can be found at www.evolutiontrustees.com.au. The Applicant acknowledges that each of these privacy policies may list the location of countries where the Applicant's personal information may be disclosed, and by consenting to this disclosure, the Applicant acknowledges that each of the Administrator, Responsible Entity and Arminius Capital Management Pty Ltd are not required to ensure the overseas recipient handles the Applicant's personal information in compliance with Australian privacy law and that such overseas recipients are subject to a foreign law that could, in certain circumstances, compel the disclosure of such personal information to a third party such as an overseas authority.
- (e) The Responsible Entity and the Administrator (the "Entities") are required to obtain certain information to enable compliance with AML Requirements, FATCA and CRS requirements and other similar regulatory requirements introduced from time to time. The Applicant undertakes to provide such additional information or documentation as requested of it from time to time to ensure the Responsible Entity's compliance with such requirements. The Entities may also be required to report this information to regulatory or law enforcement agencies, including AUSTRAC and the Australian Taxation Office
- (f) Should the Applicant fail to provide any information or documentation requested of it, its application may be refused.
- (g) The Applicant understands the risks associated with an application and holding Units in the Fund including the risks as they are outlined in the PDS.
- (h) The Responsible Entity reserves the right to reject any application or to allocate a lesser number or total issue price of Units than that applied for.
- (i) The Applicant is not aware of any liquidation or bankruptcy proceedings that have been commenced or are intended to be commenced by any person against it or which are intended or anticipated by it.
- (j) None of the Responsible Entity, Arminius Capital Management Pty Ltd or any of their related bodies corporate, principals, officers, employees or agents makes any recommendation as to the suitability of the Fund or any application for Units by the Applicant and the PDS does not contain personal investment or taxation advice. The Applicant has to the extent that it considers necessary sought its own financial, investment and taxation advice before applying to invest in the Fund and make an application.
- (k) Applications and investment in the Fund are not deposits with or other liabilities of the Responsible Entity, Arminius Capital Management Pty Ltd or any other person and are subject to investment risk, including possible loss of income and capital invested. None of the Responsible Entity, Arminius Capital Management Pty Ltd or any other person guarantees any particular rate of return or the performance of the Fund, nor do they guarantee the repayment of capital from the Fund.
- (l) All information provided as part of this application is true and correct.
- (m) Where this Application Form is sent by fax, the Applicant must also send the original signed Application Form to the address specified above. None of the Responsible Entity, Administrator, Arminius Capital Management Pty Ltd or any of their duly appointed agents will be responsible to an Applicant for any loss resulting from the non-receipt or illegibility of any application sent by fax or for any loss caused in respect of any action taken as a consequence of such fax believed in good faith to have originated from properly authorised persons.
- (n) Information supplied on this Application Form and otherwise in connection with the application of the Applicant may be held by the Responsible Entity and the Administrator and will be used for the purposes of processing the application and completion of information on the register of investors, and may also be used for the purpose of carrying out instructions or responding to any enquiry purporting to be given by the Applicant or on behalf of the Applicant, dealing in any other matters relating to the holding of the Applicant including the mailing of reports or notices, forming part of the records of the recipient as to the business carried on by it, observing any legal, governmental or regulatory requirements of any relevant jurisdiction (including any disclosure or notification requirements to which any recipient of the data is subject). All such information may be retained after the termination of the Fund or the transfer of the holding of the Applicant. The information may also be used for marketing purposes. Subject to receiving consent we may from time to time send the Applicant information regarding our products and services, as well as the products and services of our related entities. We will only do this if we believe this will be of interest to the Applicant and where we have not received a request from the Applicant not to receive such information.



- (o) The Responsible Entity and the Administrator may, subject to the requirements of applicable law relating to personal information, disclose and transfer such information to the Custodian, the auditors, and Arminius Capital Management Pty Ltd including any of their employees, officers, directors and agents and/or their affiliates or to any third party employed to provide administrative, computer or other services or facilities to any person to whom data is provided or may be transferred as aforesaid and/or to any regulatory authority entitled thereto by law or regulation (whether statutory or not) in connection with investment in the Fund by the Applicant, which persons may be persons outside Australia.
- (p) The Applicant consents to the recording of telephone conversations between the Responsible Entity, or the Administrator and the Applicant; and the Applicant acknowledges that any such tape recordings may be submitted in evidence in any proceedings relating to the administration of the Fund and or the investment of the Applicant.
- (q) The Applicant confirms that the investment is for its own account (for individuals/companies not acting as nominee).
- (r) If investing as a regulated custodian or nominee service, the Applicant declares that it has satisfactory evidence of the identity of the beneficial owners and will make such evidence available to the Administrator or any regulator.
- (s) All Unitholders have the right of access to, and to update, all their records (whether held on computer files or manually) held by the Responsible Entity and/or the Administrator. A copy of such record will be provided to a Unitholder who requests it, upon the payment of an administration charge to cover the costs of complying with such request. Requests should be made in writing to the Administrator at the address on page 1 of the PDS.
- (t) The Applicant agrees to promptly notify the Fund's Responsible Entity or the Fund's Administrator and provide them with any changes to the information provided by the Application in connection with this form.
- (u) I /we confirm that neither I or a Controlling Person is a tax resident of a country other than Australia.



SIGNATURES

By signing below, this document is executed by you as a deed

| Investor type | Who should sign |
|--|--|
| Individual | Where the investment is in one name, the investor must sign |
| Joint investors | Where the investment is in more than one name, all investors must sign |
| Company | Two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary |
| Trust | Each trustee must sign or, if a corporate trustee, then as for a company |
| Partnership | Each partner |
| Association or registered co-operative | Each office bearer |
| Government body | Relevant principal officer/authorised signatory |
| Power of Attorney | If signing under a Power of Attorney, please attach the identification documents listed in Section L.6 |

Signature 1

Signature: Date: / /

Name:

Date of birth: / /

Title: Investor 1 (individual) Director Secretary Sole director & secretary
 Non-corporate Partner
 Other officer bearer or attorney (please specify)

Company seal (if applicable)

Signature 2

Signature: Date: / /

Name:

Date of birth: / /

Title: Investor 1 (individual) Director Secretary Sole director & secretary
 Non-corporate Partner
 Other officer bearer or attorney (please specify)

If there are more than two trustees, partners or office bearers please provide their signatures and details on a separate sheet.



SECTION L – INVESTOR IDENTIFICATION DOCUMENTS

L.1 Individuals, sole traders, individual trustees or individual governing member of an association or registered co-operative or beneficial owners

This Section is to be completed by individual investors, including both investors if a joint holding, sole traders, individual trustees or an individual governing member of an association or registered co-operative or beneficial owners required to be specified in sections C.11, C.12, D.10, E.9, E.10 and F.8. Please complete either Option 1 or Option 2 and attach the applicable document(s). Note that, for an applicant that is a natural person, a document produced by you must not have expired (other than in the case of a passport issued by the Commonwealth that expired within the preceding two years).

Option 1

Select one Primary photographic identity documents

| | |
|--------------------------|---|
| <input type="checkbox"/> | Driver's license or permit under a State/Territory government or an equivalent authority of a foreign country |
| <input type="checkbox"/> | Australian passport (that is current or expired within the last two years) |
| <input type="checkbox"/> | Foreign passport or other international travel document that has a photograph and signature of the individual |
| <input type="checkbox"/> | Proof of age card issued by a State/Territory government |
| <input type="checkbox"/> | National identity card issued by a foreign government that has a photograph and signature of the individual |

OR

Option 2

Please attach at least one primary non-photographic document AND one secondary non-photographic document

Select one Primary non-photographic identity document

| | |
|--------------------------|---|
| <input type="checkbox"/> | Australian birth certificate or birth extract |
| <input type="checkbox"/> | Australian citizenship certificate |
| <input type="checkbox"/> | Foreign citizenship certificate |
| <input type="checkbox"/> | Foreign birth certificate |
| <input type="checkbox"/> | A Centrelink Pension card or a Centrelink Healthcare card |

AND

Select one Secondary non-photographic identity document

| | |
|--------------------------|--|
| <input type="checkbox"/> | A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months that contains the name and address of the individual |
| <input type="checkbox"/> | An income tax assessment notice issued within the last 12 months that contains the name and address of the individual |
| <input type="checkbox"/> | A local government notice (e.g. council rates) or utilities notice (e.g. electricity, gas or phone bill) issued within the last 3 months |

L.2 Company, corporate trustees and custodians

If a company or corporate trustee please attach at least one identification document which verifies the identity of the company.

| Select | Identity document |
|--------------------------|--|
| <input type="checkbox"/> | A certificate of registration issued by ASIC (preferably an ASIC Company Extract) or other regulator |
| <input type="checkbox"/> | A licence or other records issued by a domestic or foreign regulator |
| <input type="checkbox"/> | Other (please specify) |



L.3 Trust or partnership

If an individual trustee please attach documentation as listed in Section L.1 and for a corporate trustee as listed in Section L.2. Please attach at least one identification document which verifies the identity of the trust.

| Select | Individual or corporate identity document |
|--------------------------|---|
| <input type="checkbox"/> | Individual trustee or partner – Attach documentation as listed in Section L.1 |
| <input type="checkbox"/> | Corporate trustee – Attach documentation as listed in Section L.2 |

| Select | Trustee/Trust or partner/partnership identity document |
|--------------------------|--|
| <input type="checkbox"/> | A certified copy of the trust deed or a certified copy of an extract or extracts from the trust deed that identifies the name of the trust, the name(s) of the trustee(s), the place of establishment of the trust and the identity of the beneficiaries and settlor |
| <input type="checkbox"/> | A certified copy or certified extract of a current partnership agreement or minutes of a partnership meeting. Either copy must include the full name of the partnership; the registered business name; the country in which the partnership was established; and the full name and residential address of each partner |
| <input type="checkbox"/> | A certificate issued to the trust by ASIC or other regulator |
| <input type="checkbox"/> | Other (please specify) |

L.4 Associations and registered co-operatives

Please attach at least one identification document which verifies the association or co-operative. If you are an unincorporated association please attach documentation listed in Section L.1 for all the individual governing members.

| Select | Association and registered co-operatives identity document |
|--------------------------|--|
| <input type="checkbox"/> | A certified copy of the constitution or rules of the association or co-operative |
| <input type="checkbox"/> | A certificate issued to the association or co-operative by ASIC or other regulator |
| <input type="checkbox"/> | A certified copy of the minutes of an association or co-operative meeting |
| <input type="checkbox"/> | Other (please specify) |

| Select | Individual governing members identity document |
|--------------------------|---|
| <input type="checkbox"/> | If you are an unincorporated association please attach documentation listed in Section L.1 for all the individual governing members |

L.5 Government body

Please attach at least one identification document which verifies the identity of the government body

| Select | Government body identity document |
|--------------------------|--|
| <input type="checkbox"/> | A certified copy of the constitution or rules of the association or co-operative |
| <input type="checkbox"/> | A certificate issued to the association or co-operative by ASIC or other regulator |
| <input type="checkbox"/> | Other (please specify) |



L.6 Power of Attorney

Please complete this Section if one or more attorneys are completing and signing this form under power of attorney and attach the applicable documents.

| Select | Proof of identity and attorney’s authority to act |
|--------------------------|--|
| <input type="checkbox"/> | A certified copy of the Power of Attorney’s driver’s licence, passport or other photo graphic identification which confirms the full name and the residential address and contains your signature |
| <input type="checkbox"/> | Certified copy of the Power of Attorney which confirms that any attorney completing and signing this form is authorised to do so under the power of attorney. If the power of attorney does not contain a sample of each attorney’s signature, please also provide a list containing the name of each attorney and a sample of each attorney’s signature |

All foreign language documents must be accompanied by an English translation prepared by an accredited translator.

SECTION M – INDIVIDUAL (CONTROLLING PERSON’S) SELF-CERTIFICATION FOR FATCA AND CRS

All investors complete Sections 1, 2, 3 and 5. Section 4 should only be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity.

We are obliged under the Foreign Account Tax Compliance Act (FATCA), related intergovernmental agreements (“IGAs”) and regulations based on the OECD Common Reporting Standard (“CRS”) to collect certain information about each investor’s tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor’s interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by local law.

If you have any questions about this form or defining the investor’s tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

If any of the information below about the investor’s tax residence or FATCA/CRS classification changes in the future, please advise of these changes promptly.

Please note that where there are joint or multiple account holders each investor is required to complete a separate Self-Certification form.

(Mandatory fields are marked with an *)

Section 1: Investor Identification

Investor name*:

Current residential address*:

Current mailing address:
(if different from above)

Town or city of birth*:

Country of birth*:

Date of birth*: / /

Section 2: FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes*:

Please tick either (a) or (b) and complete as appropriate.

(a) I confirm that [I am]/[the investor is] a U.S. citizen and/or resident in the U.S. For tax purposes and [my]/[its] U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

If you tick yes your application will be rejected.

OR

(b) I confirm that [I am not]/[the investor is not] a U.S. citizen or resident in the U.S. for tax purposes.



Section 3: CRS Declaration of Tax Residency (please note you may chose more than one country)*

Please indicate your/ the investor’s country of tax residence (if resident in more than one country please detail all countries of tax residence and associated taxpayer identification numbers (“TIN”). Please see the CRS Portal for more information on Tax Residency.

| Country of Tax Residency | Tax ID Number | Reason for No TIN |
|--------------------------|---------------|-------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Note: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a TIN. If you list a jurisdiction other than Australia your application will be rejected.

Section 4: Type of Controlling Person

ONLY to be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

| Please confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box. | Select | Entity Name |
|--|--------------------------|-------------|
| Controlling Person of a legal person – control by ownership | <input type="checkbox"/> | |
| Controlling Person of a legal person – control by other means | <input type="checkbox"/> | |
| Controlling Person of a legal person – senior managing official | <input type="checkbox"/> | |
| Controlling Person of a trust - settlor | <input type="checkbox"/> | |
| Controlling Person of a trust – trustee | <input type="checkbox"/> | |
| Controlling Person of a trust – protector | <input type="checkbox"/> | |
| Controlling Person of a trust – beneficiary | <input type="checkbox"/> | |
| Controlling Person of a trust – other | <input type="checkbox"/> | |
| Controlling Person of a legal arrangement (non-trust) – settlor-equivalent | <input type="checkbox"/> | |
| Controlling Person of a legal arrangement (non-trust) – trustee-equivalent | <input type="checkbox"/> | |
| Controlling Person of a legal arrangement (non-trust) – protector-equivalent | <input type="checkbox"/> | |
| Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent | <input type="checkbox"/> | |
| Controlling Person of a legal arrangement (non-trust) – other-equivalent | <input type="checkbox"/> | |

For joint or multiple Controlling Persons please complete a separate Self-Certification form for each Controlling Person.

Section 5: Declaration and Undertakings:

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Signature*:

Date*: / /



Name*:

Capacity*:

SECTION N – ENTITY SELF-CERTIFICATION FOR FATCA AND CRS

We are obliged under the Foreign Account Tax Compliance Act (FATCA), related intergovernmental agreements (“IGAs”) and regulations based on the OECD Common Reporting Standard (“CRS”) to collect certain information about each investor’s tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor’s interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by local law.

If you have any questions about this form or defining the investor’s tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

If any of the information below about the investor’s tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.

(Mandatory fields are marked with an *)

Investors that are individuals should not complete this form and should complete the form entitled “Individual Self-Certification for FATCA and CRS”.

Section 1: Investor Identification

Investor name*: (the “Entity”)

Country of Incorporation or organisation:

Current residential address*:

Current mailing address:

(if different from above)

Section 2: FATCA Declaration Specified U.S. Person:

Please tick either (a), (b) or (c) below and complete as appropriate.

- (a) The Entity is a Specified U.S. Person and the Entity’s U.S. Federal Taxpayer Identifying number (U.S. IN) is as follows

If you tick yes your application will be rejected.

OR

- (b) The Entity is not a Specified U.S. Person (please also complete Sections 3, 4 and 5)

OR

- (c) The Entity is a US person but not a Specified U.S. Person (please also complete Sections 3, 4 and 5)

If you tick yes your application will be rejected.

Section 3: Entity’s FATCA Classification*

The information provided in this section is for FATCA, please note your classification may differ from your CRS classification in Section 5.

3.1 Financial Institutions under FATCA:

If the Entity is a Financial Institution, please tick one of the below categories and provide the Entity’s GIIN at 3.2

| | | |
|------|---|--------------------------|
| I. | Partner Jurisdiction Financial Institution | <input type="checkbox"/> |
| II. | Registered Deemed Compliant Foreign Financial Institution | <input type="checkbox"/> |
| III. | Participating Foreign Financial Institution | <input type="checkbox"/> |



3.2 Please provide the Entity’s Global Intermediary Identification number (GIIN)

3.3 If the Entity is a Financial Institution but unable to provide a GIIN, please tick one of the below reasons:

| | | |
|------|---|--------------------------|
| I. | The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN Sponsor’s name: _____ Sponsor’s GIIN: _____ | <input type="checkbox"/> |
| II. | Exempt Beneficial Owner (includes self managed super funds) | <input type="checkbox"/> |
| III. | Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement) | <input type="checkbox"/> |
| IV. | Non-Participating Foreign Financial Institution | <input type="checkbox"/> |
| V. | Excepted Foreign Financial Institution | <input type="checkbox"/> |

3.4 Non-Financial Institutions under FATCA:

If the Entity is not a Financial Institution, please tick one of the below categories

| | | |
|------|---|--------------------------|
| I. | Active Non-Financial Foreign Entity | <input type="checkbox"/> |
| II. | Passive Non-Financial Foreign Entity (If this box is ticked, please include self-certification forms for each of your Controlling Persons) | <input type="checkbox"/> |
| III. | Excepted Non-Financial Foreign Entity | <input type="checkbox"/> |

Section 4: CRS Declaration of Tax Residency (please note that you may choose more than one country)*

Please indicate the Entity’s country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers (“TIN”).

Note: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a (TIN).

If the Entity is not a tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

| Country of Tax Residency | Tax ID Number | Reason for No TIN |
|--------------------------|---------------|-------------------|
| 1 | | |
| 2 | | |
| 3 | | |

Section 5: Entity’s CRS Classification*(The information provided in this section is for CRS. Please note an Entity’s

CRS classification may differ from its FATCA classification in Section 3:

5.1 Financial Institutions under CRS:

If the Entity is a Financial Institution, please tick one of the below categories

| | | |
|-----|--|--------------------------|
| I. | Financial Institution under CRS(other than (II) below) | <input type="checkbox"/> |
| II. | An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete a separate individual self-certification forms for each of your Controlling Persons **) | <input type="checkbox"/> |



5.2 Non Financial Institutions under CRS:

If the Entity is a Non Financial Institution, please tick one of the below categories

| | | |
|------|---|--------------------------|
| I. | Active Non-Financial Entity – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation Name of securities market: | <input type="checkbox"/> |
| II. | Active Non-Financial Entity – a Government Entity or Central Bank | <input type="checkbox"/> |
| III. | Active Non-Financial Entity – an International Organisation | <input type="checkbox"/> |
| IV. | Active Non-Financial Entity – other than (I)-(III) (for example a start-up NFE or a non-profit NFE) | <input type="checkbox"/> |
| V. | Passive Non-Financial Entity (If this box is ticked, please complete a separate Individual Self-Certification Form for each of your Controlling Person(s)) | <input type="checkbox"/> |
| VI. | Non Reporting Financial Institution (includes but not limited to trustee documented trusts and self managed super funds) | <input type="checkbox"/> |

****Controlling Person’s:**

Please note that each Controlling Person must complete a Separate Individual Self-Certification form.

If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

Section 6: Declarations and Undertakings

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I/We undertake to advise the recipient promptly and provide an updated Self-Certification where any change in circumstance occurs which causes any of the information contained in this form to be incorrect.

Investor 1

Signature*: **Date*:** / /

Name*:

Capacity*:

Investor 2

Signature*: **Date*:** / /

Name*:

Capacity*:



SECTION O – CHECKLIST

Before sending this form, make sure you have:

- Completed each Section that applies to you
- Signed and dated the form (Section K)
- Provided all applicable certified investor identification Documents (Section L)
- Provided us with a copy of evidence of the fund transfer request from your bank

Once completed

Please post this form and identification documents to:

Apex Fund Services (Australia) Pty Ltd.
PO Box 189, Flinders Lane, VIC 8009

Should you require any assistance completing this form or require any further information, please go to the Responsible Entity's website:

www.evolutiontrustees.com.au

Investor Inquiries:

Apex Fund Services (Australia) Pty Ltd.
Phone: +613 9020 3000