



# Application Form

ARMINIUS CAPITAL

Arminius Capital GMMMA Fund

ARSN 614 078 812

This application form is part of the Product Disclosure Statement ('PDS') relating to units in the Arminius Capital GMMMA Fund ("Fund") ARSN 614 078 812 issued by Quay Fund Services Limited (ABN 84 616 465 671 AFSL 494886).

- The PDS contains information about investing in the Fund. You should read the PDS before applying for units in the Fund.
- A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS.
- Quay Fund Services will provide you with a copy of the PDS and the Application Form on request without charge by referring to the website at [www.quayfund.com.au](http://www.quayfund.com.au) (If you make an error while completing your application form, do not use correction fluid. Cross out your mistakes and initial your changes).

Please tick one box below and complete the relevant sections of the Application Form.

## INVESTOR TYPE

Individual/Joint Investors/Sole Trader

Company

Trust/Superannuation Fund – Individual Responsible Entity

Trust/Superannuation Fund – Corporate Responsible Entity

## COMPLETE SECTIONS

Section 1, 5 & 6\*

Section 2, 5 & 6\*

Sections 3, 4, 5 & 6\*

Sections 2, 3, 5 & 6\*

## PAGES

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If none of the above categories are applicable (e.g. associations or partnerships), please contact Client Service for assistance on +61 3 9020 3000.

*\*Section 6 is the Tax Status Declaration (including the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) - Self Certification), please complete the relevant tax section.*

## CERTIFYING A COPY OF AN ORIGINAL DOCUMENT

All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier.

A 'certified extract' means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described below.

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

### People who can certify documents or extracts are:

- A lawyer, being a 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).
- A magistrate, a chief executive officer of a Commonwealth court or a judge, registrar or deputy registrar of a court.
- A Justice of the Peace.
- A notary public (for the purposes of the Statutory Declaration Regulations 1993).
- An agent of the Australian Postal Corporation (APC) who is in charge of, or a permanent employee of the APC with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
- A police officer or an Australian consular officer or an Australian diplomatic officer (under the Consular Fees Act 1955).
- An officer or finance company officer with 2 or more continuous years of service with one or more financial institutions (under the Statutory Declaration Regulations 1993).
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees.
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

## 1. INDIVIDUAL/JOINT INVESTORS/SOLE TRADER DETAILS

Complete this section if the Investor is investing in their own names, including as a sole trader.

### Investor 1

Title				Date of Birth	
Given Names				Surname	
Tax File Number or Exemption Code				Country of Birth	
Country of Residence for Tax Purposes (if not Australia)				Occupation	
Residential Address (not a PO Box)					
Suburb	State	Postcode	Country		
Mobile Number				Telephone	
Email					

*Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email.*

### Investor 2 (only applicable for Joint Investors)

Title				Date of Birth	
Given Names				Surname	
Tax File Number or Exemption Code				Country of Birth	
Country of Residence for Tax Purposes (if not Australia)				Occupation	
Residential Address (not a PO Box)					
Suburb	State	Postcode	Country		
Mobile Number				Telephone	

*If there are more than two individuals please provide details and attach to this Application Form.*

### SIGNING AUTHORITY (for applications with two or more individuals)

- Any one Investor to sign; or  
 All Investors to sign

If no selection is made, all Investors will be required to sign.

**Additional information for Sole Trader (only applicable if applying as a Sole Trader)**

Full Business Name (if any)

Australian Business Number (if obtained)

Address of Principal Place of Business (not a PO Box). If same as residential address given above, mark 'As Above'.

Suburb

State

Postcode

Country

**2. COMPANY (INCLUDING CORPORATE TRUSTEE) – DETAILS**

Complete this section if the Investor is investing for, or on behalf of, a company (including as the corporate Trustee for a trust/superannuation fund).

Full Company Name

Country of Formation, Incorporation or Registration

Country of Residence for Tax

Tax File Number or Exemption (Australian residents)

ACN/ABN (if registered in Australia)

Principal business activity

Name of Regulator (if licensed by an Australian Commonwealth, State or Territory statutory regulator)

Name of Two Directors and Date of Birth:

Director 1 – Full Name

Date of Birth

Director 2 – Full Name (if not a Sole Director Company)

Date of Birth

Registered Business Address in Australia or in Country of Formation

Suburb

State

Postcode

Country

Principal Place of Business (not a PO Box address)

Suburb

State

Postcode

Country

If an Australian Company, registration status with ASIC.

Proprietary Company  Public Company

If a Foreign Company, registration status with the relevant foreign registration body.

Private/Proprietary Company  Public Company  Other – Please Specify

Name of Relevant Foreign Registration Body

Foreign Company Identification Number

Is the Company Listed?

No  Yes - Name of Market/Stock Exchange

If the company is **registered as a proprietary company by ASIC** or is a **private company registered by a foreign registration body**, please list the name of each director of the company.

Director 1 – Full Name

Director 2 – Full Name

Director 3 – Full Name

Director 4 – Full Name

Director 5 – Full Name

Director 6 – Full Name

*If there are more than six directors please provide full names on a separate page and attach to this Application Form.*

If the company is an **Australian proprietary** or a **foreign private company** which is NOT regulated, please provide details for each Beneficial Owner having more than 25 per cent of the company's issued share capital.

### Beneficial Owner 1

Given Names

Surname

Date of Birth

Occupation

Residential Address (not a PO Box)

Suburb

State

Postcode

Country

### Beneficial Owner 2

Given Names

Surname

Date of Birth

Occupation

Residential Address (not a PO Box)

Suburb

State

Postcode

Country

### Beneficial Owner 3

Given Names

Surname

Date of Birth

Occupation

Residential Address (not a PO Box)

Suburb

State

Postcode

Country

**INDIVIDUALS CONTROLLING THE COMPANY**

If there are no individuals who meet the above requirements, 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 person can be identified then 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).*

**Other Beneficial Owner 1**

Given Names  Surname

Role (such as managing director)

Residential Address (not a PO Box)

Date of Birth  Occupation

**Other Beneficial Owner 2**

Given Names  Surname

Role (such as managing director)

Residential Address (not a PO Box)

Date of Birth  Occupation

**Other Beneficial Owner 3**

Given Names  Surname

Role (such as managing director)

Residential Address (not a PO Box)

Date of Birth  Occupation

**CONTACT PERSON DETAILS**

Given Names  Surname

Residential Address (not a PO Box)

Suburb  State  Postcode  Country

Mobile Number  Telephone

Email

*Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email.*

### 3. TRUST/SUPERANNUATION FUND – DETAILS

Complete this section if the Investor is investing for, or on behalf of, a Trust/Superannuation Fund.

Full Name of Trust/Superannuation Fund

Country of Establishment

Country of Residence for Tax Purposes (if not Australia)

Tax File Number or Exemption Code

Australian Business Number (if any)

Full name of Settlor(s) (being the person(s) who settles the initial sum or assets to the Trust - applicable for Unregulated Trust only.

#### TYPE OF TRUST

(Please tick **ONE** box from the following list to indicate the type of Trust and provide the required information)

**Type A:**  Regulated Trust (e.g. self-managed superannuation fund, registered managed investment scheme)

Name of Regulator (e.g. ASIC, APRA, ATO)

Registration/Licensing details

**Type B:**  Foreign Superannuation Fund

Name of Regulator

Registration/Licensing details

**Type C:**  Unregulated Trust

Trust Description (e.g. family, unit, charitable, discretionary, unregistered managed investment scheme)

Describe the class of beneficiaries below (e.g. unit holders, family members of named person, charitable purposes)

Provide the full names of all company and individual beneficiaries

Beneficiary 1 – Full Name

Beneficiary 4 – Full Name

Beneficiary 2 – Full Name

Beneficiary 5 – Full Name

Beneficiary 3 – Full Name

Beneficiary 6 – Full Name

*If there are more than six beneficiaries please provide their full names on a separate page and attach to this Application Form.*

#### INDIVIDUALS CONTROLLING THE TRUST

##### Beneficial Owner 1

**Provide the names of the individuals that** directly or indirectly control\* the Trust. If this is confirmed to be the individual identified as the Trustee, they must be listed again below to confirm that they are the Trust's Beneficial Owners.

*\* 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.*

Given Names

Surname

Role (such as "Managing Director")

Residential Address (not a PO Box)

Date of Birth

Occupation

**Beneficial Owner 2**

Given Names

Surname

Role (such as managing director)

Residential Address (not a PO Box)

Date of Birth

Occupation

**Beneficial Owner 3**

Given Names

Surname

Role (such as "Managing Director")

Residential Address (not a PO Box)

Date of Birth

Occupation

## 4. INDIVIDUAL TRUSTEE – DETAILS

### Individual Trustee 1

Title				Date of Birth	
Given Names				Surname	
Country of Birth				Occupation	
Residential Address (not a PO Box)					
Suburb	State	Postcode	Country		
Mobile Number				Telephone	
Email					

*Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email.*

### Individual Trustee 2

Title				Date of Birth	
Given Names				Surname	
Country of Birth				Occupation	
Residential Address (not a PO Box)					
Suburb	State	Postcode	Country		
Mobile Number				Telephone	
Email					

*Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email.*



## 5. INVESTMENT DETAILS

### Initial / Additional Investment Amount

Initial/Additional Amount \$	Regular Investment Plan Monthly Amount \$	Regular Investment Plan Start Date	Distribution method*	
			Reinvest %	Pay to Bank (Nominated Account)
		____ / ____ / 20____		

\* The distribution amount can be allocated to either Reinvest or Pay to Bank (Nominated Account). Please indicate your choice by ticking the appropriate box. If left blank, distributions will be reinvested.

### Source of funds being invested (tick most relevant option)

- Retirement income   
  Employment income   
  Business activities   
  Sale of assets   
  Inheritance/gift  
 Financial investment   
  Other \_\_\_\_\_

### Nominated Account

Please note that the Nominated Account details you provide will be held on record and maintained to pay any future withdrawal proceeds and/or income distributions, and to debit any Regular Investment Plan payments specified in the Direct Debit Request and Authority. The name of the Investor's Nominated Account must be the same as the Investor's name.

Australian Bank/Institution	Branch
<input type="text"/>	<input type="text"/>
Account Name	
<input type="text"/>	
BSB	Account Number
<input type="text"/>	<input type="text"/>

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

### Electronic Funds Transfer or Direct Deposit

Bank Name	St George Bank
Account Name	AET SFS Arminius Capital GMMA Fund Applications Account 360 Online Account
BSB Number	332 027
Account Number	554 727 412
Reference	(include Investor name)

### Regular Investment Plan

Investments made by way of the Regular Investment Plan will be debited from your Nominated Account above.

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.

### Direct Debit Request (DDR) and Authority to Debit

Please also complete if you want to set up a Regular Investment Plan.

Debit my/our Nominated Account above.

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.

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 Investor 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.

## 5.1 AML IDENTIFICATION DOCUMENTS

To comply with the AML identification requirements, we must collect certain information from prospective Investors supported by **original certified copies** of relevant identification documents for all Investors.

Please refer to page 1 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process an Application.

### Group A - Individuals

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For each **individual, joint investor, sole trader** and each **office holder** (including individual trustees) who has signed the Application Form, and each **beneficial owner** or **individuals** who **control the company or trusts** enclose an original certified copy of one of the following current documents:

- Driver's licence that contains a photograph of the licence/permit holder; or
- Passport that contains a photograph and signature of the passport holder; or
- An identity card issued by a State or Territory Government that includes a photo; or
- If you do not have one of the above documents, then ONE OF an Australian birth or citizenship certificate or DHS pension card PLUS one of either of the following showing the residential address and name of the investor: A notice issued by the ATO showing a debt payable by you no which is not more than 12 months old (please block out TFN) OR a utilities or local government notice for services to the address which is no more than 3 months old.

### Group B - Trusts

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**For superannuation funds/regulated trusts or Government Superannuation Funds** including SMSFs, Retail Funds and Registered Charitable Trusts, provide Group A verification documents for each individual Trustee, or Group D or E verification documents for the Corporate Trustee and for the Trust/Fund provide an original certified copy of one of the following documents:

- Search results from ASIC, APRA, ATO or relevant regulators website: or
- Copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

### Group C - Other Trusts (unregulated)

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**For unregulated trusts** provide Group A verification documents for each individual Trustee, or Group D or E verification documents for the Corporate Trustee and Group A verification documents for each beneficial owner\* of the Trust. For the Trust provide an original certified copy of the following document:

- Certified copy or certified extract of the Trust Deed/Constitution containing the signature page; or
- Annual report or audited financial statements; or
- A certified copy of a notice received by the ATO in the last 12 months; or
- A certified copy of a notice issued by the ATO within the previous 12 months.

*\*A beneficial owner of a trust is any individual who has a 25% or more interest in the trust or controls the trust. This includes the appointor (who can appoint or remove the trustees), the settlor of, and the beneficiaries with at least a 25% interest in, a trust.*

### Group D - Australian companies

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**For companies** (including corporate Responsible Entities) provide Group A verification documents for each beneficial owner\*, and for the Company provide an original certified copy of one of the following including the Company's full name, type (private or public) and ACN:

- A certificate of registration or incorporation issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public); or
- A full company search issued in the previous 3 months; or
- A certificate of Company Registration; or
- If the company is listed, or is a majority owner of a listed company, on the ASX, provide details of the exchange and the ticker code; or
- A copy of information regarding the company's licence or other information held by the relevant regulatory body e.g. AFSL, RSE, ACL etc.

*\*A beneficial owner of a company is anyone (either directly or indirectly) who can exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official or equivalent.*

## Group E - Foreign companies

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Provide Group A verification documents for each beneficial owner\* and for the Company provide one of the following including the Company's full name, type (private or public) and its ARBN or foreign regulator identification number:

- A certified copy of the company's Certificate of Registration or incorporation issued by ASIC or the equivalent issued by the foreign jurisdiction's in which the company was incorporated, established or formed; or
- A certified copy of the company's articles of association or constitution; or
- A copy of a company search on the ASIC database or relevant foreign registration body.

*\*A beneficial owner of a company is anyone (either directly or indirectly) who can exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official or equivalent.*

## Group F - Agents and representatives

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Each agent or authorised representative must provide one of the following\*:

- If you are an Individual Agent or Representative – please provide the identification documents listed for individuals above; or
- If you are a Corporate Agent or Representative – please provide the identification documents listed above for companies.

*\*Agents and authorised representatives must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order etc.*

### 5.2 AUTHORISED REPRESENTATIVE APPOINTMENT

Complete this section if an Investor wishes to appoint a person to act in a legal capacity as their authorised representative and to operate the investment in the Fund on their behalf. In general, an authorised representative can do everything an Investor can do with their investment, except appoint another authorised representative.

We may act on the sole instructions of the authorised representative until the Investor advises us in writing that the appointment of the authorised representative has been terminated. We may also terminate or vary an appointment of an authorised representative on giving an Investor 14 days prior notice.

If an authorised representative is a partnership or a company, any one of the partners or any Director of the company is individually deemed to have the powers of the authorised representative.

#### Documentation

Investors must attach a valid authority such as a Power of Attorney, guardianship order, grant of probate, appointment of bankruptcy trustee etc:

- The document is an original or certified copy
- The document is signed by the Investor or a court official
- The document is current and complete
- The document permits the attorney / agent / representative (you) to transact on behalf of the Investor
- If the document does not contain a sample of each attorney/agent/representative signature, please also provide a list containing the name and signature of each person so appointed.

#### Authorised representative details

**Given Names**

**Surname**

**Signature of authorised representative**

**Date**

### 5.3 ADVISER OR AGENT FEES

By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser / authorised representative / agent access to your account information unless you indicate otherwise by ticking the box below.

#### 5.3.1 Adviser Or Agent

I am a financial adviser completing this application form as an authorised representative or an agent.

Name of Adviser	AFSL Number (if financial adviser)		
<input type="text"/>	<input type="text"/>		
Dealer Group (if financial adviser)			
<input type="text"/>			
Name of Advisory Firm			
<input type="text"/>			
Postal Address (not a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address of Advisory Firm (required if financial adviser)			
<input type="text"/>			
Email Address of Adviser			
<input type="text"/>			
Business Telephone		Facsimile	
<input type="text"/>		<input type="text"/>	

#### 5.3.2 Declaration – Note One Must Be Ticked

Financial Adviser Declaration

I/we hereby declare that I/we are the nominated financial adviser for the Investor, further:

- I/we hereby declare that I/we are not a US Person as defined in the PDS
- I/we hereby declare that the Investor is not a US Person as defined in the PDS
- I/we have completed an appropriate customer identification procedure (CID) on this Investor which meets the AML/CTF Act and I have attached the relevant CID documents
- I/we have complied with all requirements of the Corporations Act and applicable laws for this investment by the Investor.

Agent Declaration

- I/we hereby declare and inform the Responsible Entity that as the referrer of this Investor to the Fund that the only service I/we have provided to the Investor is to invest into this Fund, further:
  - the Investor has been provided the contact details of the Responsible Entity;
  - I/we are not a representative of the Responsible Entity or a related body corporate; and
  - I/we have disclosed to the Investor the fees received from the Trust in relation to this service.

<b>Adviser or Agent Name</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>

**Signature of Adviser or Agent**

#### 5.3.3 Access To Information

Unless you elect otherwise, your financial adviser will have access to your account information and will receive copies of all statements and transaction confirmations.

- I/we DO NOT want your adviser to have access to information about your investment.
- I/we DO NOT want copies of statements and transaction confirmations sent to your adviser.

### 5.3.4 Investor Ongoing Advice Fee

Complete this section if you have agreed with your financial adviser to have an Investor Ongoing Advice Fee paid monthly to the adviser. In collecting this fee, the Responsible Entity merely acts as agent for your adviser and in no other capacity.

By completing this section, you acknowledge and declare that the Investor Ongoing Advice Fee if nominated below:

- will continue to be deducted until you notify us in writing to the contrary;
- once completed, the request is an agreement between the Responsible Entity, yourself and your financial adviser, where the financial adviser enters into this agreement on their own behalf and, where the financial adviser is a representative of a dealer group, as an agent of the dealer group; and
- is calculated as a percentage of the total value of your units, is inclusive of GST and will be deducted on a monthly basis through the withdrawal of units at the then current Withdrawal Price.

percentage per annum (% p.a.)

Signature of Investor 1 or company officer

Full Name

Date

Signature of Investor 2 or company officer

Full Name

Date

Please also sign section 5.4 of this application form. We can refuse a request to pay an advice fee

### 5.4 DECLARATION AND SIGNATURES

**I/we declare and agree each of the following:**

- I/we have read this Product Disclosure Statement to which this application applies and have received and accepted the offer in it.
- My/our application is true and correct and should my/our details change, I/we will promptly advise you in writing of these changes.
- I am/we are bound by any terms and conditions contained in this Product Disclosure Statement and the provisions of the Constitution of the Fund as amended from time to time.
- I/we have considered our personal circumstances and, where appropriate, obtained investment and / or taxation advice.
- I/we acknowledge and agree that Quay Fund Services Limited have outlined in the PDS provided to me/us how and where I/we can obtain a copy of its privacy policy.
- I/We consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services for which I/we have engaged the services of Quay Fund Services Limited or its related bodies corporate and to foreign government agencies for reporting purposes (if necessary).
- I/we have legal power to invest.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or redemptions by any available method.
- If investing as trustee on behalf of a super fund or trust I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- If I/we have provided an email address, I/we consent to receive ongoing investor information including PDS information, confirmations of transactions and additional information as applicable via email.
- I/We agree to provide information or personal details to the Responsible Entity and the Administrator if required from time to time to meet its obligations under AML, FATCA and CRS requirements, US tax legislation or reporting legislation. I/we acknowledge that the Responsible Entity may also be required from time to time to report this information to regulatory or law enforcement agencies, including AUSTRAC, and Australian Taxation Office, and processing of my/our application may be delayed and will be processed at the unit price applicable for the business day as at which all required information has been received and verified.
- Should the Investor fail to provide any information or documentation requested of it, its application may be refused.

- If I/we have appointed an authorised representative, I/we release, discharge and indemnify Quay Fund Services Limited from any loss, expense, action or other liability which may be suffered by, brought against the Investor or Quay Fund Services Limited for any action or omissions by the authorised representative whether authorised by the Investor or not.
- The Investor acknowledges that none of Quay Fund Services Limited, Apex Fund Services, Arminius Capital Management Pty Ltd or any of their related entities, officers or employees or any related company or other external service provider guarantee the repayment of capital or the performance of the Fund or the payment of any or any particular rate of income from the Fund.
- I/we have read this Product Disclosure Statement in full and have paid particular attention to the section entitled 'Important Information' and the risk disclosure provided under the heading 'Risks of Investing'.
- I/we acknowledge that Quay Fund Services Limited is not responsible for the delays in receipt of monies caused by the postal service or the Investor's bank.
- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify Quay Fund Services Limited from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application.

Signature 1\*

Full Name

Date

Tick capacity (mandatory for companies):

- Individual/Joint Investor/Sole Trader
- Sole Director and Company Secretary
- Director
- Secretary

Signature 2\*

Full Name

Date

Tick capacity (mandatory for companies):

- Individual/Joint Investor/Sole Trader
- Director
- Secretary

\* Joint Investors must both sign.

\* For Individual Trustee Trust/Superannuation Funds each individual Trustee must sign.

\* For Corporate Trustee Trust/Superannuation Funds two Directors, a Director and Secretary or Sole Director must sign.

## 6. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) & COMMON REPORTING STANDARD (CRS) TAX STATUS DECLARATION SELF-CERTIFICATION

### Section I - Individuals

Please fill this Section I only if you are an individual. If you are an entity, please fill Section II.

This section is designed to collect the tax status of an individual where the individual has been identified as a potential taxpayer of a country other than Australia.

- Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.
- Tax information must be collected from the individual.
- PLEASE NOTE: The individual may be treated as being a non-Australian taxpayer if the requested information is not provided.

1. Are you a US citizen or resident of the US for tax purposes?

- Yes: Provide your Taxpayer Identification Number (TIN) below. Continue to question 2

Investor 1 TIN

Investor 2 TIN

- No, continue to question 2

2. Are you a tax resident of Australia?

- Yes: skip to question 12  
 No: continue to question 2.1

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

- Yes: Provide the details below and skip to question 12. If resident in more than one jurisdiction please include details for all jurisdictions.

	Country of Tax Residency	Tax Identification Number (TIN) or equivalent	Reason Code for No TIN
Investor 1	1		
	2		
	3		
Investor 2	1		
	2		
	3		

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

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

If Reason B has been selected above, explain why you are not required to obtain a TIN

Investor 1

Investor 2

- No: Skip to question 12

### Section II – Entities

Please fill this Section II only if you are an Entity. Complete one form for each Entity. An entity can be a company, trust, partnership, association, registered co-operative or government body. Tax information must be collected from an authorised representative of that Entity. If you are an individual, please fill Section I.

3. Are you an Australian Retirement Fund?

- Yes: Skip to question 12  
 No: Continue to question 4



**A. FATCA**

4. Are you a US Person/Entity?

- Yes: Continue to question 5
- No: Skip to question 6

5. Are you a Specified US Person/Entity?

- Yes: Provide your Taxpayer Identification Number (TIN) below and skip to question 7

TIN

- No: Please indicate exemption type and skip to question 7

Type

6. Are you a Financial Institution for the purposes of FATCA?

- Yes: Provide your Global Intermediary Identification Number (GIIN) below, specify type of Entity and continue to question 7

GIIN

If you do not have a GIIN, please provide your FATCA status below and continue to question 7

- Excepted Financial Institution
- Exempt Beneficial Owner
- Deemed-Compliant FFI (other than a Sponsored FI or a Responsible Entity Documented Trust)
- Non-Participating FFI
- US Financial Institution
- Non-Reporting IGA FFI

Type

- Trustee Documented Trust. Please provide your Trustee's name and GIIN.

Trustee's Name

Trustee's GIIN

- Sponsored Financial Institution. Please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name

Sponsoring Entity's GIIN

- Other. Describe the FATCA status in the box provided.

Details

- No: continue to question 7

**B. CRS**

7. Is the Entity a tax resident of any country outside of Australia?

Yes: Provide the details below and continue to question 8. If resident in more than one jurisdiction please include details for all jurisdictions

	Country of Tax Residency	Tax Identification Number (TIN) or equivalent	Reason Code for No TIN
1			
2			
3			

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

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

If Reason B has been selected above, explain why you are not required to obtain a TIN

No: Continue to question 8

8. Are you a Financial Institution for the purposes of CRS?

Yes: Specify the type of Financial Institution below and continue to question 9

Reporting Financial Institution

Non-Reporting Financial Institution: Specify the type of Non-Reporting Financial Institution below

Trustee Documented Trust

Other: Please specify

No: Skip to question 10

9. Are you an Investment Entity or Financial Institution resident in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

Yes: Skip to question 11

No: Skip to question 12

**C. Non-Financial Entities**

10. Are you an Active Non-Financial Entity (Active NFE)?

Yes: Specify the type of Active NFE below and skip to question 12

Active NFE's include Entities where less than 50% of the Active NFE's gross income from the preceding calendar year is passive income (e.g. dividends, distribution, interests, royalties and rental income) and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

Corporation that is a Publicly listed company, Majority owned subsidiary of a Publicly listed company, regularly traded or a related entity of a regularly traded corporation

Governmental Entity, International Organisation or Central Bank

Australian Registered Charity or Deceased Estate

Other: Please specify

No: You are a Passive Non-Financial Entity (Passive NFE). Continue to question 11

No: You are a Foreign Charity. Continue to question 11

**D. Controlling Persons**

11. Does one or more of the following apply to you:

- Is any natural person that exercises control over you (for corporations, this would include directors or beneficial owners who ultimately own 25% or more of the share capital) a tax resident of any country outside of Australia?
- If you are a trust, is any natural person including Trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?

Yes: Complete details below and continue to question 12

Name	Date of Birth	Residential Address	Country of Tax Residence	TIN or equivalent	Reason Code if no TIN provided
1					
2					
3					

*If there are more than 3 controlling persons, please list them on a separate piece of paper.*

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

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

If Reason B has been selected above, explain why you are not required to obtain a TIN

No: Continue to question 12

**E. Declaration**

12. Signature

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

I acknowledge that the information contained in this form and information regarding the Unit Holder may be reported to the tax authorities of the country in which the units in this Fund is/are maintained and exchanged with tax authorities of another country or countries in which the Unit 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 provide a suitably updated Self-Certification form within 30 days of any change in circumstances which causes the information contained in this section to become incorrect.

Investor 1 Signature

Name of authorised representative

Role (e.g. Director, Trustee, etc)

Name of entity/individual

Date

Investor 2 Signature

Name of authorised representative

Role (e.g. Director, Trustee, etc)

Name of entity/individual

Date

Post the original signed Application Form, original certified copies of the Investor's identification document(s) and Accountant's Certificate (if relevant) to us at the following address:

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

**Investor Inquiries:**  
**Apex Fund Services (Australia) Pty Ltd**  
**Phone: +61 3 9020 3000**