

Application form for new investors

LCP Insurance Linked Securities Fund - AUD Class

Use this form if you wish to make an initial application.

If you are an existing wholesale investor and wish to make an additional investment or withdrawal, use the Additional instructions form (available by contacting us on the details listed below).

This is a fillable form and you can select or type in the fields. If you prefer to handwrite your information, please use capital letters and black or blue ink, and mark boxes with an X. If you make an error, initial the change. Do not use correction fluid.



If you have any questions, contact Bennelong Funds Management on **1800 895 388 (Australia)** or **0800 442 304 (New Zealand)** or email client.experience@bennelongfunds.com.

Important information

Use this Application form if you are a wholesale client as classified for the purposes of the Corporations Act 2001.

You should read the relevant fund's latest Information Memorandum (IM) before completing this Application Form.

References to an IM in this Application form refer to the IM of the fund into which you are making an application, including any information incorporated by reference in that IM in accordance with the Corporations Act.

Once completed, post all pages of this form (including the cover page) along with all certified identification documentation to:



Bennelong Funds Management Ltd C/- Citi Unit Registry Australia GPO Box 764 Melbourne VIC 3001 Australia

Initial application forms must be received via post. Emailed copies cannot be accepted. Investment instructions received before 2.00 pm Melbourne time will be processed on the same business day.

Note: All information provided is in accordance with the Privacy Act 1988 and its amendments. Bennelong Funds Management's Privacy Policy is available on our website (bennelongfunds.com/privacy) or by contacting us.

Select your investor type below and complete all referenced sections - use the coloured tabs throughout the form to help you.

What do I need to fill in?

Investor type	Sections to be completed	Page
Individual/ joint investor/	A 1A. Applicant details – individual/joint investors/sole trader/individual trustee	4 - 6
sole trader	 2. General details 3A. Tax information – individual/joint investors/sole trader/individual trustee 4. Declaration & signatures 	14 - 16 16 - 17 21 - 22
Company/corporate trustee	B 1A. Applicant details – company/corporate trustee	7 - 11
	2. General details 3B. Tax information – company/corporate trustee 4. Declaration & signatures	14 - 16 17 - 18 21 - 22
Regulated trust/ superannuation fund	A 1A. Applicant details – individual/joint investors/sole trader/individual trustee	4 - 6
– with individual trustee	C 1C. Applicant details – trust/superannuation fund	12 - 13
	 2. General details 3A. Tax information – individual/joint investors/sole trader/individual trustee 3C. Tax information – trust/superannuation fund 4. Declaration & signatures 	14 - 16 16 - 17 18 21 - 22
with corporate trustee	B 1B. Applicant details – company/corporate trustee	7 - 11
uustee	C 1C. Applicant details – trust/superannuation fund	12 - 13
	2. General details 3B. Tax information – company/corporate trustee 3C. Tax information – trust/superannuation fund 4. Declaration & signatures	14 - 16 17 - 18 18 21 - 22
Unregulated trust	A 1A. Applicant details – individual/joint investors/sole trader/individual trustee	4 - 6
– with individual trustee	C 1C. Applicant details – trust/superannuation fund	12 - 13
	2. General details 3D. Tax information – unregulated trust 4. Declaration & signatures	14 - 16 19 - 20 21 - 22
– with corporate trustee	B 1B. Applicant details – company/corporate trustee	7 - 11
	C 1C. Applicant details – trust/superannuation fund	12 - 13
	2. General details 3D. Tax information – unregulated trust 4. Declaration & signatures	14 - 16 19 - 20 21 - 22

If you are an association, partnership, government body or a registered cooperative, please contact us on 1800 895 388 (Australia) or 0800 442 304 (New Zealand) or email client.experience@bennelongfunds.com for further information.



What identification documents are required?

Investor type	Sections to be	e completed	Page
Individual/joint investor/sole trader	А	Identification documentation required	6
Company/corporate trustee	В	Identification documentation required	6 and 11
Trust/ superannuation fund - with individual trustee	A and C	Identification documentation required	6 and 12
- with corporate trustee	B and C	Identification documentation required	11 and 12

Why are these identification documents required?

We are required by law to collect information about and verify an investor's identity prior to issuing them with units in the Fund. In order to fulfil these legal and regulatory requirements we must collect certain information and documentation.

Anti-Money Laundering and Counter-Terrorism Financing Act ('AML/CTF Act')

The AML/CTF Act obliges us to collect identification document(s) and other supporting information from our investors to verify the identity of the investor or unitholder, the identity of any underlying beneficial owner of units, or the source or destination of any payment to or from the Fund or any other purpose pursuant to the AML/CTF Act. Identification documents provided by you must be certified (see Section 5 of this Application form for requirements). Non-English documents must be accompanied by an English translation prepared by an accredited translator.

Tax information

This Application form contains specific questions about investors' tax status for FATCA and OECD Common Reporting Standards (CRS) purposes (see Section 3).

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

Bennelong Funds Management is not able to provide advice to individual investors and cannot determine the impact or compliance obligations of FATCA and/or CRS for the investor's business activities. We strongly encourage investors to seek the advice of an accountant or tax specialist to determine what actions they may need to take. Further information is available on the ATO website (ato.gov.au).



1. Applicant details

1A. Applic	ant details – individual/joi	nt investors/sole	trader/indivi	dual trus	stee	
Complete this trustee(s).	s section if you are investing i	n your own name(s)) (including as	a sole trad	der or joint investor), o	r as individual
Investor A/I	ndividual trustee					
Title	First name(s)	Middle name		Family na	ame	Date of birth
Citizenship						
Australia						
Other (sp	pecify)					
Tax File Num	ber or exemption code (Austr	alian residents only))			
will be deducto your invest	oulsory to provide your Tax Fil ted from your distributions at tment for withholding tax purp e (non-Australian residents on	the highest margina poses.				
Pasidential a	ddress (not a PO Box)					
Tresidential a						
Suburb		State	Postcode		Country	
Full business	name (if sole trader)		ABN			
Principal plac	e of business (if sole trader)					
Suburb		State	Postcode		Country	
	s) of funds for investment:					
Employn						
	nuation savings					
	Investments					
Inheritan						
Other (sp	pecify)					
Occupation						



Investor B (i	if applicab	le)						
Title	First name((s)	Middle na	ime		Family na	ame	Date of birth
Citizenship								
Australia								
Other (sp	ecify)							
TFN or exemp	otion code (A	Australian reside	ents only)					
	tributions at	the highest mar						will be deducted to your investment
Tax residence	e (non-Austra	alian residents o	nly)					
Residential ad	ddress (not a	a PO Box)						
Suburb			State	Pos	tcode		Country	
.	7:5							
Full business	name (if so	le trader)			ABN			
Principal plac	e of husines	ss (if sole trader)						
Tilloipai piao	e or busines	oo (ii oole trader)						
Suburb			State	Pos	tcode		Country	
Main source(s) of funds f	or investment:						
Employm	nent							
Superanr	nuation savir	ngs						
Financial	investment	S						
Inheritan	ce/Gift							
Other (sp	ecify)							
Occupation								
0::-	: : (f : :							
		joint application ments for withdra	•	or to change ac	Count o	letaile:		
	investor to s		wai requests (7 to orialize ac	Journ C	actuno.		
	estors to sign							



If no selection is made, 'both investors to sign' will be assumed.

Identification documentation required

Proceed to the next relevant section as outlined on page 2.

Identification documents provided by you must be certified (see Section 5 of this Application form for requirements). Non-English documents must be accompanied by an English translation prepared by an accredited translator.

You must provide one certified copy of a document from Part I, or if you do not have a document from Part I, certified copies of two documents from Part II.

If you do not have the documents as set out in Part I or Part II, contact us on 1800 895 388 (Australia) or 0800 442 304 (New Zealand) or email client.experience@bennelongfunds.com for further information.

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Provid	e ONE document from this section:
A	ustralian Government issued driver's licence, containing your photograph, date of birth and address (must not be expired
	sovernment issued passport, containing your photograph and date of birth (Australian passports may have expired within ne past two years but must not have been cancelled. All other passports must be current)
	current card issued by an Australian state or territory for the purpose of proving your age, containing your photograph and ate of birth
	lational identity card issued by a foreign country, containing your photograph and either your signature or unique identifier umber (must not be expired)
Part I	I (should only be provided if you do not own a document from Part I)
Provid	e ONE document from this section:
G	Sovernment issued birth certificate/extract
G	Sovernment citizenship certificate
	concession card issued by an Australian Government agency, such as a Pension Card or Healthcare Card must not be expired)
AND C	DNE document from this section:
	ocument showing your name and residential address, issued by the Commonwealth or a state or territory within the past 2 months, that records the provision of financial benefits to you
	ocument showing your name and residential address, issued by the Australian Taxation Office within the past 12 months, nat records a debt payable by/owed to you
	ocument showing your name and residential address, issued by a local government body or utilities provider e.g. rates notice or electricity bill) within the past 3 months, which records the provision of services to you or that address
	you are under age 18, a notice showing your name and your residential address, issued by a school principal within the ast 3 months, which records the period of time that you attended that school
F	oreign driver's licence containing your photograph and date of birth (not hand written)



1. Applicant details

1B. Applicant details - company/corporate trustee Complete this section if you are investing for, or on behalf of, a company or as a trust/superannuation fund with a corporate trustee. Company/corporate trustee Full company name Country of formation, incorporation or registration (if non-Australian) ACN or ARBN TFN, ABN or exemption code It is not compulsory to provide the company's TFN or ABN. However, without a TFN, ABN or exemption information, withholding tax will be deducted from the company's distributions at the highest marginal rate (plus Medicare levy). If you do not provide your ACN or ARBN you must provide a certified copy of the company's registration. See page 11 for further details. Tax residence (non-Australian companies only) Name of regulator (if licensed by an Australian Commonwealth, state or territory statutory regulator) Regulator licence number (or other details) Registered business address in Australia or country of formation (not a PO Box) Suburb State Postcode Country Principal place of business Suburb State Postcode Country Main source(s) of funds for investment: Business activity Superannuation savings Financial investments Inheritance/Gift Other (specify) Industry/Nature of business



If this is an	Australian compa	any, select registratior	n status with ASIC			
Propriet	ary company		Public company			
If this is a fo	If this is a foreign company, select registration status with the relevant foreign registration body					
Propriet	ary company		Public company			
Other (s	pecify)					
Name of the	relevant foreign	registration body				
Foreign com	pany identificatio	on number				
Name of loc	al agent (if a loca	(heart is used)				
Traine or loo	ur agent (ir a rood	agent is assay				
Director in	formation					
For Australia	an proprietary co	mpanies and non-Aus	stralian private companie	es , provide the	full name of each di	rector of
the company	y.					
Director 1 Title	First name(s)		Middle name		Family name	
Director 2						
Title	First name(s)		Middle name		Family name	
Director 3						
Title	First name(s)		Middle name		Family name	
Director 4 Title	First name(s)		Middle name		Family name	
	Thornaric(3)		Wilder Harrie		Tarriny riarric	
If there are r	nore than four dir	rectors. write their full r	names on a separate pag	ne and attach to	this Application fo	m.
Beneficial				,		
Are there an	y individuals who		r more of the company's			
	gs) or are entitled	(either directly or indir	rectly) to exercise 25% or	more of the vo	ting rights, including	g a power of veto?
Yes No						
	le the following in	oformation for each inc	dividual. If no, proceed to	Other benefici	al owners	
	beneficial owne		arriada ir rio, proceed to	other benefici	ar omicio.	
Title	First name(s)	Middle	e name	Family name		Date of birth
Citizenship						
Australi	an					
Other (s	pecify)					



Residential a	ddress (not Po	Э Вох)					
Suburb			State	Postcode		Country	
Shareholder	beneficial ow	ner 2					
Title	First name(s))	Middle name		Family na	ame	Date of birth
Citizenship							
Australia	ın						
Other (sp	pecify)						
Residential a	ddress (not Po	O Box)					
Suburb			State	Postcode		Country	
Shareholder	beneficial ow	ner 3					
Title	First name(s))	Middle name		Family na	ame	Date of birth
Citizenship							
Australia	ın						
Other (sp	pecify)						
Residential a	ddress (not Po	O Box)					
Suburb			State	Postcode		Country	
Shareholder	beneficial ow	ner 4					
Title	First name(s)		Middle name		Family na	ame	Date of birth
		,					
Citizenship							
Australia	an						
Other (sp							
	ddress (not Po) Box)					
cordontial d	22,000 (11011	2011					
Suburb			State	Postcode		Country	
						-	_



Other beneficial owners

If there are no individuals who own 25% or more of the company's issued share capital, provide the names of the individuals who hold the position of senior managing officials (or equivalent), for example Managing Director or Directors.

Other benefic	ial owner 1					
Title	First name(s)	Middle name		Family na	me	Date of birth
Citizenship						
Australiar	1					
Other (spe	ecify)					
Residential ad	dress (not PO Box)					
Suburb		State	Postcode		Country	
Role (for exam	nple Managing Director)					
Other benefic	ial owner 2					
Title	First name(s)	Middle name		Family na	me	Date of birth
Citizenship	,					
Australiar	١					
Other (spe	ecify)					
Residential ad	dress (not PO Box)					
Suburb		State	Postcode		Country	
Role (for exam	nple Managing Director)					
Other benefic	ial owner 3					
Title	First name(s)	Middle name		Family na	me	Date of birth
Citizenship	,					
Australiar	1					
Other (spe	ecify)					
Residential ad	dress (not PO Box)					
Suburb		State	Postcode		Country	
Role (for exam	nple Managing Director)					

If there are more beneficial owners/shareholders, reprint the appropriate page, complete the additional details and attach to this Application form.



Identification documentation required

Identification documents provided by you must be certified (see Section 5 of this Application form for requirements). Non-English documents must be accompanied by an English translation prepared by an accredited translator.

If you have not provided an ACN or ARBN, then you must provide **ONE** of the following documents to verify your company details. A reminder that the document must be certified. Certificate of registration or incorporation issued by ASIC If a regulated company, a report extracted from the relevant registration body Certificate of registration or incorporation issued by the relevant foreign registration body For each individual beneficial owner, provide the following identification documentation. You must provide a certified copy of a document from Part I, or if you do not have a document from Part I, certified copies of two documents from Part II. If you do not have the documents as set out in Part I or Part II, contact us on 1800 895 388 (Australia) or 0800 442 304 (New Zealand) or email client.experience@bennelongfunds.com for further information. Part I Provide **ONE** document from this section: Australian Government issued driver's licence, containing your photograph, date of birth and address (must not be expired) Government issued passport, containing your photograph and date of birth (Australian passports may have expired within the past two years but must not have been cancelled. All other passports must be current) Current card issued by an Australian state or territory for the purpose of proving your age, containing your photograph and date of birth National identity card issued by a foreign country, containing your photograph and either your signature or unique identifier number (must not be expired) Part II (should only be provided if you do not own a document from Part I) Provide **ONE** document from this section: Government issued birth certificate/extract Government citizenship certificate Concession card issued by an Australian Government agency, such as a Pension Card or Healthcare Card (must not be expired) AND ONE document from this section: Document showing your name and residential address, issued by the Commonwealth or a state or territory within the past 12 months, that records the provision of financial benefits to you Document showing your name and residential address, issued by the Australian Taxation Office within the past 12 months, that records a debt payable by/owed to you Document showing your name and residential address, issued by a local government body or utilities provider (e.g. rates notice or electricity bill) within the past 3 months, which records the provision of services to you or that address If you are under age 18, a notice showing your name and your residential address, issued by a school principal within the past 3 months, which records the period of time that you attended that school

Proceed to the next relevant section as outlined on page 2.

Foreign driver's licence containing your photograph and date of birth (not hand written)



1. Applicant details

1C. Applicant details – trust/superannuation fund	
Complete this section if you are investing for, or on behalf of, a trust/	'superannuation fund.
Full trust/superannuation fund name	Full business name of trustee (if any)
Country in which trust was established	TFN or exemption code
It is not compulsory to provide the trust/fund's TFN. However, withou deducted from the trust/fund's distributions at the highest marginal rax residence (non-Australian only)	
Type of trust Select ONE box and provide the specified information.	
Regulated trust (e.g. self-managed superannuation fund)	ABN/registration/licensing details
	Name of regulator (e.g. ASIC, APRA, ATO)
	If you do not provide an ABN/registration number, please attach a certified copy of the trust deed.
Government superannuation fund	Name of the legislation establishing the fund
Registered managed investment scheme	ARSN
Unregistered managed investment scheme	
Foreign superannuation fund (complete Beneficiary details sec	tion below)
Other trust type (complete Beneficiary details section below)	Trust description (e.g. family, unit, charitable, testmentary)
	Full name of settlor of the trust
Beneficiary details	
Complete only if the trust falls under the category 'Foreign superan	nuation fund' or 'Other trust type'.
Do the terms of the trust identify the beneficiaries by reference to me	embership of a class?
Yes – provide details of membership class(es) (e.g. unitholders,	family members of named person, charitable purposes)
No – provide full names of all company and individual beneficia	uries overleaf



Beneficia	ry 1				
Title	First name(s)	Middle name	Family name		
Beneficia	ry 2				
Title	First name(s)	Middle name	Family name		
Beneficia	ry 3				
Title	First name(s)	Middle name	Family name		
Beneficia	ry 4				
Title	First name(s)	Middle name	Family name		
If there are	e more beneficiaries, write their	full names on a separate page and atta	ich to this Application form.		
Popoficia	al ownership				
	•				
	owners of the trust.	rowners of any corporate trustee previo	usly provided will be considered to be the		
Identifica	ation documentation require	ed			
		nust be certified (see Section 5 of this English translation prepared by an accr	s Application form for requirements). Non-English edited translator.		
Provide 0	NE of the following based on th	ne type of trustee for the trust:			
Indiv	idual trustee – each individual	trustee must provide the identification	documentation as set out in Section 1A on page 6		
Corp	orate trustee – each beneficia	I owner must provide the identification	documentation as set out in Section 1A on page 6		
Regulated trusts (self managed super fund, government superannuation fund or registered managed investment scheme)					
If you have not provided an ARSN, ABN, registration or licensing details, please provide a certified copy of your trust deed.					
Unregulated trusts (foreign superannuation fund, other trust types such as family, unit, charitable or testamentary)					
inclu			it must show the date the deed was executed, of the trustee(s), the name of the settlor and the		
(Verification of settlor's name using the trust deed is not required if at the time the trust was established, the settlor's contribution to the trust was less than \$10,000, or if the settlor is deceased. If the settlor falls within this category, an ATO certificate verifying the name of the trust would be sufficient.)					

Proceed to the next relevant section as outlined on page 2.



2. General details

2A. Politically Expo	sed Persons		
			ent public position or function in a government body or tion also extends to their immediate family members or
Is anyone named in this	s Application form a PEP, or an imme	ediate family	member of close associate of a PEP?
Yes			
No			
If yes, provide the name for further details.	e of the individual/s and details of the	e politically e	exposed position they hold. We may need to contact you
Name		Position	
Name		Position	
- Indiffe		1 03111011	
A.I.		D :::	
Name		Position	
2B. Investor contac	t details		
Communications abou	t your investment can be sent via em	nail or hard c	ору.
Select ONE option only	below.		
Email			
	etails for each investor (and other thin	rd parties) w	who should receive this information.
	name(s)	, , , , , ,	Family name
	,		
Email			
LITION			
	.		
Phone (mobile pre	Terred)		
Title First	name(s)		Family name
Title Tildt	Harric(3)		Tarring riarric
Email			
Phone (mobile pre	ferred)		
Till- 5' '			Family manage
Title First	name(s)		Family name
Email			



	Phone (mobile preferred)							
OR	If there are more investors and/or third parties, reprint this page with their details and attach to this Application form.							
	Hard copy (single address only)							
	Title First name(s)			Far	Family name			
	Postal address							
	Suburb			State	Pos	tcode	Country	
			also send other no such materials a		g to your	investment (e	e.g. monthly rep	ports and fund manager
			ordance with the f (bennelongfunds				. Bennelong Fu	nd Management's Privacy
20	C. Investment de	etails						
			nount below.The r pplication amount		tment am	ount is \$400,0	000. Please cor	nsult the funds latest IM for
Fun	d name					Class of Un	its (if relevant)	APIR Code (if relevant)
LC	P Insurance Lin	ked Secur	ities Fund			AUD Clas	SS	BFL9371AU
Арр	lication amount							
\$								
E E A A	Payments need to be made via bank deposit to the Administrator/Custodian's bank account: Bank: Citibank NA, Australia BSB no: 242 000 Account no: 245669003 Account name: Bennelong LCP Apps Account Deposit reference: Investing entity's name							
Т	Note: Transfers can only be made from your (i.e. the investing entity's) bank account. Third party transfers are not accepted. Please ensure you add the correct deposit reference to your transfer; failing to do so may result in delays unitising your deposit.							
Dis	tribution electio	n						
Plea	ase indicate how y	ou wish dis	tributions to be pr	rocessed. If no	selection	is made, inco	me distributior	ns will be reinvested.
	Reinvest my dist	ributions						
	Pay my distributions into the bank account below							



Pan	I	accol	unt	dot	ail	6

Please provide us with the bank account details into which you would like withdrawal and distribution payments made. The account must be held in the same name as the account holder supplied in Section 1, domiciled in Australia and denominated in Australian dollars.

Australian financial institution/bank	
Account name	
BSB number	Account number
3. Tax information	
Complete only the section below that corresponds to yo	our 'investor type' as indicated on page 2 of this Application form.
	ual is a tax resident of a particular country is often (but not always) try, or the location of a person's residence or place of work. r residency.
3A. Applicant details – individual/joint investors/	/sole trader/individual trustee
Investor A	
Please answer both tax residency questions.	
Are you a tax resident of Australia?	Are you a tax resident of another country?
Yes	Yes
No	No
If you are a tax resident of a country other than Australia, If you are a tax resident of more than one other country, I	, please provide your tax identification number (TIN) or equivalent below. list all relevant countries below.
Number in Australia or a Social Security Number in the U	urposes of administering tax laws. This is the equivalent of a Tax File JS. If a TIN is not provided, list the reason in the TIN box below, choosing as not issue TINs to tax residents; B) The individual has not been issued equire the TIN to be disclosed.
If Australia is your country of residence, you are not requi	ired to include your TFN in this section.
Country	TIN
Country	TIN
Country	TIN
If there are more countries, provide details on a separate	e sheet and mark this box.
Investor B (if applicable)	
Please answer both tax residency questions.	
Are you a tax resident of Australia?	Are you a tax resident of another country?
Yes	Yes
No.	No

If you are a tax resident of a country other than Australia, please provide your tax identification number (TIN) or equivalent below. If you are a tax resident of more than one other country, list all relevant countries below.



A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, list the reason in the TIN box below, choosing one of the following: A) The country of tax residency does not issue TINs to tax residents; B) The individual has not been issued with a TIN; or C) The country of tax residency does not require the TIN to be disclosed. If Australia is your country of residence, you are not required to include your TFN in this section. Country TIN TIN Country TIN Country If there are more countries, provide details on a separate sheet and mark this box. If you are investing on behalf of a trust, proceed to Section 3C. If not, proceed to Section 4 on page 21. 3B. Applicant details - company/corporate trustee Collection of tax status is in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). Tax status Select one of the boxes below: Financial institution (a custodial or depository institution, an investment entity, or a specified insurance company for FATCA/CRS purposes) Provide the company's Global Intermediary Identification Number (GIIN), if applicable. If the company is a financial institution but does not have a GIIN, provide its FATCA status. Non-financial Australian public listed company (a public listed company that is not a financial institution as described above) Non-financial Australian proprietary company or an unlisted public company (that is not a financial institution as described above) Australian public listed company, majority owned subsidiary of an Australian public listed company or Australian registered charity Active non-financial entity (NFE) (includes entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at oecd.org) Other (entities that have not been previously listed, e.g. passive non-financial entities)

Foreign beneficial owners (individuals)

Are any of the company's beneficial owners tax residents of countries other than Australia?

Yes

No

If yes, please provide the details of these individuals below and contact us on 1800 895 388 (Australia) or 0800 442 304 (New Zealand) or email client.experience@bennelongfunds.com to obtain a separate Individual identification form for each beneficial owner (unless already provided in Section 1).

Title	First name(s)	Middle name	Family name
Role (such a	s Director or Senior Managing Official)		



Title		First name(s)	Middle name		Family name	
Role	(such a	s Director or Senior Managing Official)				
Title		First name(s)	Middle name		Family name	
Role	(such a	s Director or Senior Managing Official)				
If the	ere are n	nore foreign beneficial owners, provide	details on a separate	sheet and mark th	is box.	
Cou	ntry of	tax residency				
Is the	e compa	ny a tax resident of a country other tha	n Australia?			
	Yes					
	No			· /TIN		
		e the company's country of tax residend of more than one country, list all relevar		ion number (TIN) o	r equivalent below. If the company is a	
	·	d to Section 4 on page 21.				
Num one o	ber in A of the fo	number assigned by each country for thustralia or a Social Security Number in the llowing: A) The country of tax residency of the country of tax residency does received.	the US. If a TIN is no does not issue TINs	t provided, list the restores to tax residents; B	eason in the TIN box below, choosing	
Cour	ntry			TIN		
Cour	ntry			TIN		
Cour	ntry			TIN		
If the	ere are n	nore countries, provide details on a sepa	arate sheet and mark	this box.		
		t investing on behalf of a trust, proceed a Section 3C .	to Section 4 on pag	e 21. If you are inve	sting on behalf of a trust,	
3C	. Applic	ant details – regulated trust/supe	rannuation fund			
		tax status is in accordance with the Urandard (CRS).	ited States Foreign A	Account Tax Compl	iance Act (FATCA) and Common	
		the boxes below.				
		red super fund (a self-managed supera superannuation trust)	nnuation fund, an AF	PRA regulated super	tund, a government super fund or a	
		al institution (a custodial or depository CRS purposes)	institution, an invest	ment entity, or a sp	ecified insurance company for	
	Provide the company's Global Intermediary Identification Number (GIIN), if applicable. If the company is a financial institution but does not have a GIIN, provide its FATCA status.					

Proceed to **Section 4** on page 21.



3D. Applicant details – unregulated Australian trusts and foreign trusts

Collection of tax status is in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Tax	status
Seled	ct one of the tax status boxes below.
	Financial institution (a custodial or depository institution, an investment entity, or a specified insurance company for FATCA/CRS purposes)
	Provide the company's Global Intermediary Identification Number (GIIN), if applicable. If the company is a financial institution but does not have a GIIN, provide its FATCA status.
	Is the financial institution an investment entity located in a non-participating CRS jurisdiction and managed by another financial institution? (CRS participating jurisdictions are on the OECD website at <u>oecd.org</u>)
	Yes (continue with Foreign controlling persons below)
	No (proceed to Section 4 on page 21)
	Australian registered charity or deceased estate (proceed to Section 4 on page 21)
	Non-financial Australian proprietary company or unlisted public company, that is not a financial institution as described above (continue with Foreign controlling persons below)
	Foreign charity or active non-financial entity (NFE) (includes entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at oecd.org)
	Proceed to Country of tax residency on page 20
	Other , including trusts that have not been previously listed, such as passive non-financial entities (continue with Foreign controlling persons below)
Fore	ign controlling persons (individuals)
trust	ntrolling person is any individual who directly or indirectly exercises control over the trust. For a trust, this includes all ees, settlors, protectors or beneficiaries. For a trustee company, this includes any beneficial owners controlling more than of the shares in the company or senior managing officials.
	any of the trust's controlling persons tax residents of countries other than Australia? Yes
	No
If the	trustee is a company, are any of this company's controlling persons tax residents of countries other than Australia?
	Yes



No

If you answered yes to either of these two questions, provide the details of these individuals below and contact us on 1800 895 388 (Australia) or 0800 442 304 (New Zealand) or email client.experience@bennelongfunds.com to obtain a separate **Individual identification form** for each controlling person (unless already provided in Section 1). Title First name(s) Middle name Family name

Title		Iviluale Harrie	r arrilly flatfie				
Role (e.g.	trustee or beneficiary)						
Title	First name(s)	Middle name	Family name				
Role (e.g. t	rustee or beneficiary)						
Title	First name(s)	Middle name	Family name				
Role (e.g.	trustee or beneficiary)						
If there are	e more controlling persons, prov	ide details on a separate sheet a	nd mark this box.				
	3						
_	of tax residency						
	a tax resident of a country other	er than Australia?					
Yes							
No							
	ride the trust's country of tax res more than one country, list all r		nber (TIN) or equivalent below. If the trust is a tax				
If no, proce	eed to Section 4 on page 21.						
A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, list the reason in the TIN box below, choosing one of the following: A) The country of tax residency does not issue TINs to tax residents; B) The individual has not been issued with a TIN; or C) The country of tax residency does not require the TIN to be disclosed.							
Country		TII	V				
Country							
Country	Country						
If there are more countries, provide details on a separate sheet and mark this box.							

Proceed to **Section 4** on page 21.



4. Declaration and signatures

I/We wish to apply the specified amount to units in the fund specified in 'Section 2C. Investment details' on page 15 at the prevailing application price.

I/We acknowledge and declare that:

- 1. I/We agree to be bound by the Trust Deed for the Fund (as amended from time to time).
- 2. I/We have read the current version of the IM and understand the conditions of investing in the Fund as set out in the IM.
- I/We have received and accepted this offer in Australia or New Zealand.
- 4. All the information provided in this Application form is true and correct.
- I am an/We are individual/s over 18 years of age, or a duly registered company, and have the legal power to invest in accordance with this application. If this application is signed under Power of Attorney, the attorney has not received notice of any revocation or limitation of that power. Sole signatories signing on behalf of a company are signing as a sole director and sole secretary of the company.
- 6. I/We am/are a wholesale client as classified for the purposes of the Corporations Act 2001 as amended, including for future applications unless I/we notify the Trustee otherwise.
- Bennelong Funds Management Ltd (BFM) can provide information relating to my/our investment to my/our nominated financial adviser/broker. BFM may also store, disclose and use my personal information in accordance with its Privacy Policy which can be found at bennelongfunds.com/privacy.
- Should I/we fail to provide, or delay in providing, BFM any information or documentation requested of me/us:
 - my/our application for units may be delayed or refused;
 - any units I/we hold may be compulsorily redeemed; and
 - any disposal request by me/us may be delayed or refused.

BFM will not be liable for any loss arising from any of the above actions.

- 9. I/We understand the risks associated with an investment in the Fund, including those outlined in the IM.
- 10. BFM reserves the right to reject any application or to allocate to any applicant a lesser number of units than that applied for.
- 11. I/We understand that the value of interests in the Fund may rise and fall, from time to time.
- 12. Investments in the Fund are not deposits with, or other liabilities of, BFM and are subject to investment risk, including possible delays in repayment and loss of income or principal invested. Neither BFM, the Investment Manager nor the Administrator makes any representation as to the performance or success of the Fund or guarantees the performance of the Fund or its underlying investments, the repayment of capital from the Fund or any particular rate of return.
- 13. The Fund may disclose to any service provider or any regulatory body any information concerning me/us as detailed in the Privacy Policy.
- 14. By providing personal information in this Application form, I/we understand and consent to the possibility that BFM's administrators may transfer this personal information outside of Australia for processing or other purposes as detailed in the Privacy Policy.
- 15. I/We have read the policy on privacy and personal information contained in the IM and consent to my/our personal information being used and disclosed as set out in the IM.
- 16. Interest on application monies will be handled as detailed in Section 6 of the IM.
- 17. Withdrawal proceeds, where payable, will only be paid after a request signed by me/us is received and those proceeds will only be paid to my/our nominated bank account. If I/we have not nominated a bank account in this Application form or wish to change my/our nominated bank account, I/we understand I/we will be required to provide an original signed instruction nominating the new bank account.

AML/CTF terms and conditions

- 18. Each of BFM, the Investment Manager and the Administrator are required to comply with the AML/CTF laws and I/we undertake to provide them with such additional information or documentation as may be requested of me/us, from time to time, to ensure its compliance with such requirements.
- 19. By making this application and holding units in the Fund:
 - I/We will not knowingly do anything to put BFM, the Investment Manager or the Administrator in breach of AML/CTF laws, and agree to promptly notify each of them if I/we am/are aware of anything that would put them in breach of AML/CTF laws.
 - I/We acknowledge that I/we am/are not aware and have no reason to suspect that:
 - the money used to fund my/our investments in the Fund is derived from or related to money laundering, terrorism financing or similar activities (Illegal Activities); and
 - proceeds of my/our investments in the Fund will fund Illegal Activities.



- 20. I/We consent to BFM, the Investment Manager or the Administrator disclosing, in connection with AML/CTF laws, any of my/ our Personal Information (as defined in the Privacy Act 1988 (Commonwealth) and its amendments) that they may have.
- 21. I/We acknowledge that in certain circumstances my/our units may be frozen or blocked where it is used in connection with Illegal Activities or suspected Illegal Activities. Freezing or blocking can arise as a result of the monitoring that is required by AML/CTF laws. If this occurs, neither BFM, the Investment Manager nor the Administrator is liable to me/us for any consequences or losses whatsoever and I/we agree to indemnify them if they are found liable to a third party in connection with the freezing or blocking of my/our units.

Tax information

- 22. I/We will provide BFM or its nominee any information that BFM reasonably requires in order to enable BFM to meet all of its compliance, reporting and other obligations under the United States of America Foreign Account Tax Compliance Act ('FATCA') and OECD Common Reporting Standards ('CRS') and all associated rules and regulations from time to time.
- 23. I/We understand that where I/we have provided BFM or its nominee with information about my status or designation under or for the purposes of FATCA, CRS and all associated rules and regulations, BFM will treat that information as true and correct without any additional validation or confirmation being undertaken by BFM except where it is under a legal obligation to do so.

Signature	Signature of investor 1					
Date						
Title	First name(s)		Middle name		Family name	
Role (e.g.	trustee or beneficial	ry)				
Capacity			_		_	
Indiv	ridual	Joint investor	r	Sole trader	Partner	
Direc	etor	Trustee		Sole director		
Signature	of investor 2					
Signature	Of Investor 2					
Date						
Title	First name(s)		Middle name		Family name	
Role (e a	Role (e.g. trustee or beneficiary)					
rtole (e.g.	tradice of beneficia	• • • • • • • • • • • • • • • • • • • •				
Capacity						
	vidual	Joint investor	r	Sole trader	Partner	
				Sole director	i dittiei	
Director Trustee				Sole director		



Company seal (if applicable)			
What's next?			
Thank you for taking the time to	fill out this Applic	cation form. Please ensure you have:	
Read and understood the in	formation in the	current version of the selected Fund's IM	
Completed all relevant sect	ions of this Appli	cation form (use page 2 as a guide)	
Printed all pages of this App	plication form, inc	cluding the cover page	
Signed and dated this Appli	ication form		
		n documentation, trust deed or anything else we require to verify your nave supplied on the form match the supporting documentation	
Transferred your initial application amount (refer to page 15)			



5. Obtaining a certified copy of an original document

Certified copy means a copy (usually a photocopy) of an original document that has been certified as a true copy of the original document.

Certified extract means an extract of an original document that has been certified as a true copy of some of the information contained in a complete original document.

People who can certify documents or extracts in Australia are:

- · a chiropractor;
- · a dentist;
- · a medical practitioner;
- a nurse;
- · an optometrist;
- · a pharmacist;
- · a physiotherapist;
- · a psychologist;
- · a veterinary surgeon;
- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
- a judge of a court;
- · a magistrate;
- · a chief executive officer of a Commonwealth court;
- a registrar or deputy registrar of a court;
- · a Justice of the Peace;
- a notary public (for the purposes of the Statutory Declarations Regulations 1993);
- · a police officer;
- an agent of the Australian Postal Corporation who is in charge of supplying postal services to the public;
- a permanent employee of the Australian Postal Corporation with two or more years continuous service who is employed in an office supplying postal service to the public;
- an Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955);
- an officer of a bank, building society, credit union or finance company with two or more continuous years of service;
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licensees;
- · a member of the Institute of Chartered Accountants in Australia, Australian Society of Certified Practising Accountants or the National Institute of Accounts;
- a teacher employed on a full time basis at a school or tertiary education institution;
- · any other person who, under a law in force in a State or Territory, is currently licensed or registered to practising an occupation listed in Part 1 of Schedule 2 of the Statutory Declaration Regulations 1993 or a person outlined in Part 2 of Schedule 2 of the Statutory Declaration Regulations 1993.

Note: if documents are being certified outside of Australia, only a subset of these people are permitted to certify documents. Contact us on 1800 895 388 (Australia) or 0800 442 304 (New Zealand) or email client.experience@bennelongfunds.com for further information.

