



Application Form | New Investors

Issued by Quark Investment Australia Pty Ltd

ACN [622 290 386]

Dated 28 February 2018

New Investor?

If you are an existing investor, please do not use this form. Please complete the Additional application form available at www.goldenalpha.com.au

In this Application form, 'I/we', 'you', 'your' and 'my/our' refers to the investor/joint investors.

Before you start

You must Ensure that:

- (a) you have read the relevant Information Memorandum (IM) which contains important information about investing in the funds. You can access these on our website, www.goldenalpha.com.au
- (b) you have received this Application form and PDS in Australia. (We will not accept an application from a person who we believe received the documents outside Australia).
- (c) you are not:
 - an individual who is a US citizen or US resident for tax purposes; or
 - an entity that has any Controlling Person/s* who is/are US citizens or residents of the US for tax purposes

Applications from US citizens or US residents who have an obligation to pay tax to the US tax authorities on their worldwide income will not be accepted.

Step by step

Step 1	Complete the relevant sections of this Application form.
Step 2	Sign and date this Application form
Step 3	Collect and certify your identification documents

Step4	Send your documents to us
Step 5	Transfer your application money to us. Refer to Section H 'Payment method'

What type of investor are you?

Select	Investor type	Description	Complete sections
<input type="checkbox"/>	Individuals	A natural person, includes investing jointly	<ul style="list-style-type: none"> ■ Sec. A ■ Sec. F through to P
<input type="checkbox"/>	Sole trader	A natural person operating a business under their own name or a registered business name.	<ul style="list-style-type: none"> ■ Sec. A, B ■ Sec. F through to P
<input type="checkbox"/>	Company	A company registered as an Australian public company, an Australian proprietary company, or a foreign company.	<ul style="list-style-type: none"> ■ Sec. C ■ Sec. F through to P
<input type="checkbox"/>	Trust	Types of trusts include self-managed superannuation funds, managed investment schemes, government superannuation funds or other trusts (such as family and charitable trusts).	<ul style="list-style-type: none"> ■ Sec. A or C, if applicable ■ Sec. D ■ Sec. F through to P
<input type="checkbox"/>	Partnership	A partnership created under a partnership agreement.	<ul style="list-style-type: none"> ■ Sec. E ■ Sec. F through to P

Section A- Investor details

For individuals, sole traders, individual trustees and the beneficial owners.

A.1 Investor 1

Title	
Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address	
State	
Post code	
Country of residence	
Country of citizenship	
Business/Occupation	
TFN or exemption	

Purpose of investment	
Source of funds	<input type="checkbox"/> Savings <input type="checkbox"/> Inheritance <input type="checkbox"/> Superannuation <input type="checkbox"/> Investment <input type="checkbox"/> Proceeds from asset sale <input type="checkbox"/> Other, _____ (please specify)
Capacity	<input type="checkbox"/> Individual <input type="checkbox"/> Sole trader <input type="checkbox"/> Individual trustee <input type="checkbox"/> Beneficial owner

A.2 Investor 2

Title	
Given name	
Surname	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address (No PO Box)	
State	
Post code	
Country of residence	
Country of citizenship	
Business/Occupation	
TFN or exemption	
Purpose of investment	
Source of funds	<input type="checkbox"/> Savings <input type="checkbox"/> Inheritance <input type="checkbox"/> Superannuation <input type="checkbox"/> Investment <input type="checkbox"/> Proceeds from asset sale <input type="checkbox"/> Other, _____ (please specify)
Capacity	<input type="checkbox"/> Individual <input type="checkbox"/> Sole trader <input type="checkbox"/> Individual trustee <input type="checkbox"/> Beneficial owner

Section B- Investor details

For sole trader only.

Business name	
ABN	
Surname	
Date of birth	

(DD-MM-YYYY)	
Country of birth	
Principle place for business (No PO Box)	
State	
Post code	

Section C- Companies

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

C.1 Companies

Full company name as registered by ASIC	
Business name	
ABN/ ACN/ ARBN	
Principle business	
TFN or exemption	
ASIC registered office address (No PO Box)	
State	
Post code	
Principle place for business (No PO Box)	
State	
Post code	
Company type	<input type="checkbox"/> Public <input type="checkbox"/> Proprietary or private <input type="checkbox"/> Other, _____ (please specify)

C.2 Complement information- Foreign company

For foreign companies only

Type	<input type="checkbox"/> Registered foreign company <input type="checkbox"/> Unregistered foreign company
Name of relevant foreign registration body (if applicable)	

Identification No. (If applicable)	
Principle business	
Full address of the body in its country of formation	
Full address of the principle place of business in its country	

C.3 Complement information- Regulatory oversight

Only for companies licensed and subject to the oversight of a Commonwealth, State or Territory statutory regulator in relationship to its activities as a company, e.g. AFSL, RSL or RSE

Regulator name 1	
Licence details 1	
Regulator name 2	
Licence details 2	
Regulator name 3	
Licence details 3	

C.4 Complement information- Listed company

For companies related to listed companies only

Name of the listed company	
Name of market/exchange	
Code	
Relationship to the listed company	<input type="checkbox"/> the listed company <input type="checkbox"/> major-owned subsidiary of the listed company <input type="checkbox"/> other, _____ (please specify)

C.5 Director

How many directors?	
Full name of director 1	
Full name of director 2	
Full name of director 3	

Full name of director 4	
Full name of director 5	
Full name of director 6	

C.6 Shareholders/ Beneficial owners

To be completed by unlisted public companies and proprietary companies that are not licensed and subject to the regulatory oversight of a Commonwealth, state or territory statutory regulator in relation to its activities as a company, and foreign private companies.

Please provide details of each individual who ultimately owns 25% or more of the issued capital of the company through direct or indirect shareholdings OR any individual who is entitled (directly or indirectly) to exercise 25% or more of the voting rights. All individuals below will be required to provide identification listed in Section N.

Individual 1

Title	
Given name	
Surname	
Percentage of shares	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address (No PO Box)	
State	
Post code	

Individual 2

Title	
Given name	
Surname	
Percentage of shares	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address	

(No PO Box)	
State	
Post code	

Individual 3

Title	
Given name	
Surname	
Percentage of shares	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address (No PO Box)	
State	
Post code	

Individual 4

Title	
Given name	
Surname	
Percentage of shares	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address (No PO Box)	
State	
Post code	

Individual 5

Title	
Given name	

Surname	
Percentage of shares	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address (No PO Box)	
State	
Post code	

Section D- Trusts

D.1 Trustee

Type of trustee	<input type="checkbox"/> Individual trustee, complete section A for each individual trustee <input type="checkbox"/> Corporate trustee, complete section C for each corporate trustee <input type="checkbox"/> Individual and Corporate trustee, complete section A and C for each
Name of trustee	

D.2 Trust

Full name of trust	
Principle business	
ABN (if applicable)	
TFN or exemption	
Country of establishment	
Principle place for business (No PO Box)	
State	
Post code	

D. 3 Trust type

Special Types of trust	<input type="checkbox"/> Self-managed superannuation fund, ABN_____
	<input type="checkbox"/> Registered managed investment scheme, ARSN_____

Other types of trust	<input type="checkbox"/> Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings to which Section 1012E of the Corporations Act 2001 applies
	<input type="checkbox"/> Trust regulated by _____ (e.g. ASIC, APRA, ATO) with the ABN _____ or other licensing details _____
	Is the contribution to the trust by the settlor less than \$10,000? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the settlor deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Trust description (e.g. family trust or charitable trust): _____
	Full name of settlor: _____
	Do the terms of trust identify the beneficiaries by reference to a membership of a class? <input type="checkbox"/> Yes, the class is _____ <input type="checkbox"/> No

D. 4 Beneficiary

Beneficiary 1

Title	
Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	

Beneficiary 2

Title	
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Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	

Beneficiary 3

Title	
Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	

Beneficiary 4

Title	
Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	

Beneficiary 5

Title	
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Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	

D. 5 Appointer/ Beneficial owners

For the appointer of the trust or anyone else who directly or indirectly controls the trust that is different from the trustee/appointer.

Title	
Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	

Section E- Partnerships

E.1 Partnership

Name of partnership	
Business name	
ABN	
Principle business	
TFN or exemption	
Country of establishment	

Principle place for business (No PO Box)	
State	
Post code	

E.2 Individual Partner

For individual partners only

Partner 1

Title	
Given name	
Surname	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address (No PO Box)	
State	
Post code	

Partner 2

Title	
Given name	
Surname	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address (No PO Box)	
State	
Post code	

Partner 3

Title	
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Given name	
Surname	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address (No PO Box)	
State	
Post code	

Partner 4

Title	
Given name	
Surname	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address (No PO Box)	
State	
Post code	

Partner 5

Title	
Given name	
Surname	
Date of birth (DD-MM-YYYY)	
Country of birth	
Residential address (No PO Box)	
State	

Post code

E.3 Company Partner

For company partner only

Partner 1

Full company name
as registered by ASIC

Business name

ABN/ ACN/ ARBN

Principle business

TFN or exemption

ASIC registered office
address (No PO Box)

State

Post code

Principle place for
business (No PO Box)

State

Post code

Company type

Public Proprietary or private Other, _____ (please specify)

Partner 2

Full company name
as registered by ASIC

Business name

ABN/ ACN/ ARBN

Principle business

TFN or exemption

ASIC registered office
address (No PO Box)

State

Post code

Principle place for business (No PO Box)	
State	
Post code	
Company type	<input type="checkbox"/> Public <input type="checkbox"/> Proprietary or private <input type="checkbox"/> Other, _____ (please specify)

Partner 3

Full company name as registered by ASIC	
Business name	
ABN/ ACN/ ARBN	
Principle business	
TFN or exemption	
ASIC registered office address (No PO Box)	
State	
Post code	
Principle place for business (No PO Box)	
State	
Post code	
Company type	<input type="checkbox"/> Public <input type="checkbox"/> Proprietary or private <input type="checkbox"/> Other, _____ (please specify)

Partner 4

Full company name as registered by ASIC	
Business name	
ABN/ ACN/ ARBN	
Principle business	
TFN or exemption	
ASIC registered office address (No PO Box)	

State	
Post code	
Principle place for business (No PO Box)	
State	
Post code	
Company type	<input type="checkbox"/> Public <input type="checkbox"/> Proprietary or private <input type="checkbox"/> Other, _____ (please specify)

Section F- Investment details

Units subscribed	
Application price	AUD 1.00/Unit
Application fee	1.5% of application price
Investment amount	
Expected holding period	
Minimum holding period	12 months for original units' holder
Distribution option	<input type="checkbox"/> Reinvest <input type="checkbox"/> Deposit to nominated account

Section G- Payment method

G.1 Payment method

Payment method	<input type="checkbox"/> Electronic fund transfer
	Institution Westpac Bank
	BSB 033009
	Account No. 711950
	Account name Quark Investment Australia

G.2 Bank account details

The bank account details you provide below will be held on record and maintained to pay any future withdrawal proceeds and income distributions (if applicable).

This must be an Australian account and be in the name of the investor.

Investor's bank account	Institution	_____
	BSB	_____

	Account No. _____ Account name _____
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Section H- Contacts

Please provide your contact details below. This is where we will send all correspondence such as transaction, distribution and tax statements, on-going disclosures and other materials according to your chosen method of communication below.

Contact name	
Company name (if applicable)	
Telephone (home)	
Telephone (mobile, mandatory)	
Email address (Investor/ trustee 1)	
Email address (Investor/ trustee 2)	
Communication	I consent to receive all investor correspondence (including financial reports, investment and market updates) from you via the email address provided in this section.
Post address	
State	
Post code	

Section I- Financial advisor (if applicable)

Complete this section with your financial advisor if you have one. Your financial advisor must hold a current Australian Financial Services Licence (AFSL) and be authorised to advise on this product. They will only be able to access client statements via the website or emails we sent.

Information access	<p>Would you like us to provide your financial adviser with information about your investments and do you consent for them to make enquiries on your behalf?</p> <p><input type="checkbox"/> Yes. By ticking yes, you acknowledge and agree that they will have access to information about your investment and may receive copies of your statements via emails. In order for us to provide this service to your financial adviser, you are also consenting to us disclosing information about your investment to other third-party service providers. Please complete your adviser's details below.</p> <p><input type="checkbox"/> No. Proceed to next section.</p>
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Advisor name	
Advisor office name	
AFSL	
Email address	
Telephone (home)	
Telephone (mobile)	
Office address	
State	
Post code	
Dealer group name	
Advisor stamp	
Dealer stamp	

Section J- Self-certification tax form (mandatory)

The collection of tax status is in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Organisation for Economic Cooperation and Development (OECD) Common Reporting Standard (CRS).

Under the CRS, we are required to determine where an account holder is 'tax resident' (this will usually be where you are liable to pay income taxes). If you are tax resident outside the country where your account is held, we may need to give the national tax authority this information, along with information relating to your accounts. That may then be shared between different countries' tax authorities. (for more information please refer to website: www.oecd.org/tax/automatic-exchange)

Completing this form will ensure that we hold accurate and up to date information about your tax residency. If your circumstances change and any of the information provided in this form becomes incorrect, please let us know immediately and provide an updated self-certification tax form.

If you do not provide the below information, we will not be able to accept your application. Please note, applications from US citizens or US residents who have an obligation to pay tax to the US tax authorities on their worldwide income will not be accepted.

J.1 Individual 1

For individual only

Title	
Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	
Tax resident	<input type="checkbox"/> Australia <input type="checkbox"/> Another country, please list Tax Identification Number of each country: Country _____, TIN _____. If no TIN listed, the reason is _____
	Country _____, TIN _____. If no TIN listed, the reason is _____
	Country _____, TIN _____. If no TIN listed, the reason is _____

J.2 Individual 2

For individual only

Title	
Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	
Tax resident	<input type="checkbox"/> Australia <input type="checkbox"/> Another country, please list Tax Identification Number of each country: Country _____, TIN _____. If no TIN listed, the reason is _____

	Country _____, TIN _____. If no TIN listed, the reason is _____ _____
	Country _____, TIN _____. If no TIN listed, the reason is _____ _____

J.3 Entity

For entity only, e.g. company, trust, partnership

Legal name of entity	
ACN or other registration No.	
Residential address	
State	
Post code	
Tax status	<input type="checkbox"/> An Australian regulated superannuation fund (Including a complying SMSF retirement or pension fund) <input type="checkbox"/> Governmental entity, international organization, central bank or deceased estate. <input type="checkbox"/> A public listed company or a major owned subsidiary of a public listed company that is not a financial institution. The stock exchange where it is listed is _____, and unique exchange code is _____ <input type="checkbox"/> Financial institution (Including Investment entity, specified insurance company, custodian institution, depository institution). Please provide Entity's Global Intermediary Identification Number(GIIN) if applicable: GIIN _____. If no GIIN listed, what's the financial institution status? <input type="checkbox"/> Deemed compliant FFI (foreign financial institution) <input type="checkbox"/> Excepted FFI <input type="checkbox"/> Non-participating FFI <input type="checkbox"/> Other, please specify _____. If it is an investment entity, are you located in a non-CRS participating jurisdiction and managed by another financial institution. <input type="checkbox"/> Yes, please complete J.4 <input type="checkbox"/> No <input type="checkbox"/> Non-financial entity (Including private or proprietary company that is not a financial institution, public unlisted company that is not a financial institution, partnership, trust, association or club, registered or non-registered charitable organizations. Please complete J.4. Is it an active non-financial entity (less than 50% of income is passive and less than 50% of assets held to produce passive income)? <input type="checkbox"/> Yes <input type="checkbox"/> No

J.4 Country of tax residency of the entity

Only for investment entity located in a non-CRS participating jurisdiction and managed by another financial institution, and all Non-financial entity.

aw	<input type="checkbox"/> Australia
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Another country, please list Tax Identification Number of each country:	Country _____, TIN _____. If no TIN listed, the reason is _____
	Country _____, TIN _____. If no TIN listed, the reason is _____
	Country _____, TIN _____. If no TIN listed, the reason is _____

J.5 Beneficial owners or controlling persons of the entities (individuals)

For the entity whose beneficial owners or controlling persons are tax resident of countries other than Australia. E.g. For a trust, it includes all trustee, settlors, appointers or beneficiaries; for a company, it includes any beneficiary owners controlling more than 25% of the shares; for a partnership, it includes all partners.

Individual 1

Title	
Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	
Tax resident	<input type="checkbox"/> Australia <input type="checkbox"/> Another country, please list Tax Identification Number of each country: Country _____, TIN _____. If no TIN listed, the reason is _____ Country _____, TIN _____. If no TIN listed, the reason is _____ Country _____, TIN _____. If no TIN listed, the reason is _____

Individual 2

Title	
Given Name	

Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	
Tax resident	<input type="checkbox"/> Australia <input type="checkbox"/> Another country, please list Tax Identification Number of each country: Country _____, TIN _____. If no TIN listed, the reason is _____
	Country _____, TIN _____. If no TIN listed, the reason is _____
	Country _____, TIN _____. If no TIN listed, the reason is _____

Individual 3

Title	
Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	
Tax resident	<input type="checkbox"/> Australia <input type="checkbox"/> Another country, please list Tax Identification Number of each country: Country _____, TIN _____. If no TIN listed, the reason is _____
	Country _____, TIN _____. If no TIN listed, the reason is _____
	Country _____, TIN _____. If no TIN listed, the reason is _____

Individual 4

Title	
Given Name	
Surname	
Date of birth (DD-MM-YYYY)	
Residential address	
State	
Post code	
Tax resident	<input type="checkbox"/> Australia <input type="checkbox"/> Another country, please list Tax Identification Number of each country: Country _____, TIN _____. If no TIN listed, the reason is _____ Country _____, TIN _____. If no TIN listed, the reason is _____ Country _____, TIN _____. If no TIN listed, the reason is _____

Section K- Terms and Conditions

K.1 Privacy notice

If you are investing in the fund, by signing this Application form or any other forms you give to us, you agree to a third party service providers we may engage to provide fund related services, and their respective related bodies corporate and associates (who may be outside Australia), collecting, holding and using your personal information to process your application, deal with transactions in relation to your investments and manage the products and services provided. This includes monitoring, auditing, evaluating and modelling data, dealing with complaints and answering queries. Without this information, it may not be possible to process your application or provide an appropriate level of service to you. If you do not provide the information requested, your application may not be able to be processed efficiently or at all.

Your information may be disclosed to your financial adviser and to our agents and service providers on the basis that they deal with such information in accordance with the relevant entity's privacy policy. Information may also be disclosed to third parties if that disclosure is required or authorised by law.

If you become an investor in a fund, your information may also be used or disclosed from time to time to inform you about our products, services or offers that we think may be of interest to you.

Under the Privacy Act 1988 (Cth), you may request access to your personal information held by us or our related bodies corporate and associates. You can obtain a copy of our privacy policy electronically at the website: www.goldenalpha.com.au.

K.2 Anti-money laundering and counter-terrorism financial law (AML/CTF Law)

Under anti-money laundering and counter-terrorism financing laws, we have obligations to address money laundering and terrorism financing risks. We reserve the right to request such information as is necessary to enable us to:

- (a) Comply with our obligations under relevant laws, including reporting relevant matters to Australian Transaction Reports and Analysis Centre (AUSTRAC).
- (b) Verify the identity of an investor and (if appropriate) any beneficial owner of the investor and collect details such as an investor's occupation (for individuals) or business activity (for companies/other entities) as well as investor's source of investment funds.

In the event of a delay or failure by the investor to produce any information required for verification purposes, we may refuse to accept an application. We may also refuse to process a transaction in relation to your investments, or delay or block or refuse a transaction, where we have reasonable grounds for believing that the transaction will breach relevant laws.

By signing this Application form, you acknowledge, understand and agree that:

- (a) We may be required to carry out a procedure to verify your identity before processing your application and carrying out your investment instructions from time to time thereafter.
- (b) We may request or require additional personal or entity information in order to fulfil its legislative obligations, and failure by you to supply the required information in a timely manner may result in us being prevented by law from processing your application and carrying out your investment instructions, from time to time. Where the processing of your application or the carrying out your investment instructions is delayed or refused, we and our associated entities are not liable for any loss you may suffer (including consequential loss) howsoever caused in connection with our investment in a fund.
- (c) Transactions may be delayed, blocked or refused where we have reasonable grounds to believe that the transaction breaches relevant laws, including sanctions or the laws or sanctions of any other country. Where transactions are delayed, blocked or refused, we and our associated entities are not liable for any loss you may suffer (including consequential loss) howsoever caused in connection with our investment in the fund.
- (d) We have certain reporting obligations under anti-money laundering and counter-terrorism financing laws, including the reporting of 'suspicious matters' to AUSTRAC, and that the laws may prevent us from informing you that any such reporting has taken place.
- (e) Where legally obliged to do so, we may disclose the information gathered to regulatory and/or law enforcement agencies, including the AUSTRAC.

K.3 Tax file number

If you choose not to quote your TFN/ABN or claim an exemption, we are required to deduct tax at the highest marginal rate plus the Medicare levy from any income payable to you. If provided, your TFN/ABN will apply automatically to any future investment in the fund(s) unless you indicate otherwise. You can choose not to quote your TFN/ABN or claim an exemption. Deciding not to quote a TFN is not an offence. We are authorised to

receive TFN information under tax law. For more information about TFNs/ABNs please contact the Australian Taxation Office.

Any applicant who has a TFN but is exempt from tax should still quote their TFN. Exempt applicants should then indicate their exemption in the relevant section of this form to avoid tax being deducted from any income distribution. Applicants in the name of a trustee on behalf of a minor should quote their TFN.

K.4 Declaration

By submitting this form, you:

- (a) confirm that you are not a US citizen, that you are not resident in the US, and that you do not have an obligation to pay tax to the US tax authorities on your worldwide income;
- (b) confirm that you have provided your tax residency status, including all countries in which you are a tax resident and the respective TIN;
- (c) confirm you will advise us within 30 days of any change in circumstances which affect your tax residency status;
- (d) confirm you are not a politically exposed person;
- (e) declare that you received an electronic or paper copy of IM before or at the same time as you received this Application form and have read and understood the IM;
- (f) agree to be bound by the terms and conditions of the IM, this Application form and the terms of the constitution of the relevant fund(s) in which you are invested (as amended from time to time);
- (g) have received and accepted this offer in Australia;
- (h) acknowledge that we reserve the right to accept or reject this application in whole or in part for any reason;
- (i) confirm that you are 18 years of age or over (for individual or joint investors);
- (j) confirm that you have the legal power and are duly authorised to make this application;
- (k) confirm that you will receive information from us about the fund(s) and your investments in a fund via the website www.goldenalpha.com.au;
- (l) confirm that the Annual Financial Reports for the fund(s) in which you invest will be delivered or otherwise made available in the manner described in Section H above;
- (m) confirm that your financial adviser will receive information about your investments, where you have expressly agreed to this in Section I above;
- (n) confirm that you have read the privacy information in the terms and conditions and consent to the collection, use, storage and disclosure of your personal information as described in this form. In addition, any personal information collected for the purposes of the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS) will be:
 - used for the purpose of meeting the Issuer's obligations under CRS and the Intergovernmental Agreement (IGA) between Australia and the U.S. implementing the U.S. legislation known as FATCA;
 - used for other purposes relating to my holding such as to verify my identity and to review and correct discrepancies in the information recorded about you and your holdings;
- (o) confirm that you acknowledge, understand and agree to the matters set out in Section K.2 above in respect of the application of anti-money laundering and counter-terrorism financing laws;

- (p) declare that you are not aware and have no reason to suspect that your application monies have been derived from, or are related to, money laundering, financing of terrorism or other illegal activities; or that the proceeds of your investment in a fund will be used to finance any illegal activities;
- (q) acknowledge that we do not make any representation as to the performance of, or the rate of income or capital return from, or recovery of money invested in, the fund;
- (r) agree to submit this form by post;
- (s) agree send the additional application instructions by post;
- (t) confirm all details in this Application form are true and correct;
- (u) agree to submit withdrawal instructions by post if your nominated bank details have not changed;
- (v) authorise us to act upon instructions by post with regard to the units in the fund subscribed for (and any further units acquired) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done in accordance with such instructions and notwithstanding the same was not signed or sent by you, you agree that this authorisation shall remain in force until notice in writing of its termination is received by us;
- (w) declare that, at the time of signing, you have not received notice of revocation of the power of attorney (if you are signing this form under a power of attorney); and
- (x) acknowledge that the Corporations Act 2001 (Cth) prohibits any person from passing on to another person this Application form, unless it is attached to or accompanied by the complete and unaltered IM for the fund.
- (y) confirm that you acknowledge and understand that we will not issue units until money is received from your nominated financial institution. Units will be issued at the unit price on the valuation day immediately before the issuance. As a result, there may be a delay between the day an electronic transaction is initiated by you and the day units are issued by us.
- (z) confirm that you will obtain and read the IM for the relevant fund together with other important information taken to form part of the IM when making an additional application.

K.5 Declaration (Continued)

By submitting this form, you:

- (a) confirm that you understand that this Application form does not form part of the IM;
- (b) confirm that if you sign on behalf a company as a sole signatory, that you are signing as a sole director and sole secretary of the company;
- (c) acknowledge that neither we nor our related bodies and individuals guarantees the repayment of capital or the performance of the fund or any rate of return from the fund;
- (d) acknowledge that unit holdings are subject to investment risk, including loss of income and principal invested and possible delays in repayment;
- (e) acknowledge that if your application form is incomplete or monies are dishonoured, we will not process your application form and will notify you. You acknowledge that a completed application form comprises a valid application form, investor identification documents and cleared funds in our bank accounts;
- (f) acknowledge that investments in the funds are not deposits with or other liabilities of us and our related bodies and individuals;

- (g) warrant that you will continue to comply with applicable anti-money laundering and counter-terrorism financing laws and regulations, including but not limited to the law and regulations of Australia in force from time to time.;
- (h) declare that you will provide us with all additional information and assistance we may request in order for it to comply with any AML/CTF Law.

Section L- Terms and Conditions

If your wish to appoint more than two authorized signatories, please provide an original copy of a power of attorney or board resolution evidencing authority of signatories to transact on this account.

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

Individual	Where the investment is in one name, the investor must sign
Joint investors	Where the investment is in more than one name, all investors must sign
Company	Two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
Trust	Each trustee must sign or if a corporate trustee, then as for a company
Partnership	Each partner

Signature 1

Name	
Date (DD-MM-YYYY)	
Signature	
Title	<input type="checkbox"/> Investor <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Sole director & secretary <input type="checkbox"/> Non-corporate trustee <input type="checkbox"/> Partner <input type="checkbox"/> Other office bearer or attorney, please specify _____

Signature 2

Name	
Date (DD-MM-YYYY)	
Signature	
Title	<input type="checkbox"/> Investor <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Sole director & secretary <input type="checkbox"/> Non-corporate trustee <input type="checkbox"/> Partner

Other office bearer or attorney, please specify _____

Company seal

Company seal
(if applicable)

Section M- Investor identification verification

To enable us to comply with the Australian anti-money laundering and counter-terrorism financing laws and other regulatory requirements you will need to provide us with some identification documents as outlined below.

Please **DO NOT** send original documents. Send only **certified copies** of original documents as documents will not be returned. **Documents cannot be sent to us by fax.**

M.1 How to certify your documents

On the first page of the copy of the original document, the acceptable independent certifier must complete in writing the following information:

I (insert name) _____ of, (insert address) _____,
(insert occupation) _____, **certify on this** (insert day) _____ **day of** _____ (insert month
and year) **that this document is a complete and accurate copy of the original document sighted by me.**

Signed (insert signature) _____ (insert contact number) _____

M.2 Who can certify your document

- (a) A legal practitioner who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia
- (b) A judge or master of a court A magistrate
- (c) A registrar or deputy registrar of a court A clerk of a court
- (d) A Justice of the Peace A notary public
- (e) A police officer
- (f) A sheriff or sheriff's officer
- (g) A Member of an Australian parliament or legislature
- (h) An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public
- (i) An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act)
- (j) A bank officer, credit union officer or building society officer with two or more continuous years of service
- (k) A finance company officer with two or more continuous years of service
- (l) An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one of more licensees
- (m) An officer with, or authorised representative of, a holder of an Australian credit licence, having two or more continuous years of service with one of more licensees

- (n) A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accounts or the National Institute of Accountants
- (o) A member of the Association of Taxation and Management Accountants
- (p) A fellow of the National Tax Accountants' Association A teacher employed on a full-time basis at a school or tertiary education institution
- (q) Any other person as permitted by the anti-money laundering and counter-terrorism financing laws

Section N- Investor identification documents

N.1 Individuals, sole traders, individual trustees, beneficial owners or beneficiaries (if required)

This section is to be completed by individual investors, including both investors if a joint holding, sole traders, individual trustees, beneficial owners or beneficiaries (if required). Please complete either Option 1 or Option 2 attach the applicable document(s). Note that, for an applicant that is a natural person or a beneficiary (if required), a document produced by you **must not have expired**.

<p>Option1 (Please attach at least 1 certified document from the list)</p>	<p><input type="checkbox"/> Driver's licence or permit under a State/Territory government or an equivalent authority of a foreign country</p> <p><input type="checkbox"/> Australian passport</p> <p><input type="checkbox"/> Foreign passport or other international travel document that has a photograph and signature of the individual</p> <p><input type="checkbox"/> Proof of age card issued by a State/Territory government</p> <p><input type="checkbox"/> National identity card issued by a foreign government that has a photograph and signature of the individual</p>
<p>Option2 (Please attach at least 2 certified document from the lists)</p>	<p>Primary non-photographic identity document</p> <p><input type="checkbox"/> Australian birth certificate or birth extract</p> <p><input type="checkbox"/> Australian citizenship certificate</p> <p><input type="checkbox"/> Foreign citizenship certificate</p> <p><input type="checkbox"/> Foreign birth certificate</p> <p><input type="checkbox"/> A Centrelink Pension card or a Centrelink Healthcare card</p>

Please complete Proof of address and attach the applicable document(s).

<p>Proof of address ((Please attach at least 1 certified document from the list))</p>	<p>Secondary non-photographic identity document</p> <p><input type="checkbox"/> A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months that contains the name and address of the individual</p> <p><input type="checkbox"/> An income tax assessment notice issued within the last 12 months that contains the name and address of the individual</p> <p><input type="checkbox"/> A local government notice (e.g. council rates) or utilities notice (e.g. electricity, gas or phone bill) issued within the last 3 months</p>
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N.2 Company and corporate trustee

If a company or corporate trustee, we will perform the verification process to establish your identity. However, we may request that you provide us with further information if we are unable to access the information to complete our verification process.

Identity document (Please attach at least 1 certified document from the list)	<input type="checkbox"/> A certificate of registration issued by ASIC or other regulators <input type="checkbox"/> A license or other records issued by a domestic or foreign regulator <input type="checkbox"/> Other, please specify _____
Supporting documents	<input type="checkbox"/> ASIC company extract
Identify document of each director and individual holding ultimately 25% or more of the shares of the company.	Name _____, <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Proof of address
	Name _____, <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Proof of address
	Name _____, <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Proof of address
	Name _____, <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Proof of address
	Name _____, <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Proof of address
	Name _____, <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Proof of address

N.3 Trustee or partners (this includes self-managed super funds)

All individual trustees or partners are required to attach documentation as listed in Section N.1 and for corporate trustees or corporate partners documentation as listed in Section N.2.

Identity document	<input type="checkbox"/> Individual trustees or partners - attach the documents listed in section N.1 <input type="checkbox"/> Corporate trustees or corporate partners - attach the documents listed in section N.2
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N.4 Trust or partnership (this excludes self-managed super funds)

Please attach at least one identification document from the list.

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

N.5 Power of Attorney

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

Identity document

- A certified copy of the Power of Attorney's driver's licence, passport or other photographic identification which confirms the full name and the residential address and contains your signature
- Certified copy of the Power of Attorney which confirms that any attorney completing and signing this form is authorised to do so under the power of attorney. If the power of attorney does not contain a sample of each attorney's signature, please also provide a list containing the name of each attorney and a sample of each attorney's signature

N.6 Certificate of wholesale/professional investors

Wholesale/professional investors certificate

- Is your initial investment amount above AUD500,000?
- Yes No
- Is your current net asset above AUD2,500,000 or Is your gross income for each of the last two financial years above AUD250,000??
- Yes, please provide the certificate your qualified accountant issued within 6 months before you submit this form. No
- Are you an Australian Financial Services licensee?
- Yes, please provide the AFSL No. _____ No
- Are you a person who controls at least AUD 10 million?
- Yes, please provide the proof of assets No

Section P- Checklist

Checklist

- Completed each section that applied to you
- Signed and dated the form
- Provided all applicable certified investor identification document
- Attached your cheque or transferred your funds electronically

Once completed

Please post this form and identification documents to

Level 1 89-91 City Rd,

Southbank, Melbourne, VIC, 3006