# **TIP Wealth Property Fund**

Your details				
Are you an existing investor in the TIP Wealth	Property Fund?			
Yes - my investor number is				
If yes; If any of your details have chan-	ged since your last investment, us	se part 1	1 to alter your details, otherwise proceed to part 4.	
No - please complete the details belo	OW.			
Investor type			Complete	
Individual/Joint Investors/Sole Traders			Part 1	
Company			Part 2	
Trust/Superannuation Fund (including	SMSF]		Part 3	
Wholesale Investor/s				
I/we acknowledge the following circumstance	es apply (please indicate):			
(a) I am/we are applying for units at a	price, or for the value of at least	AUD \$25	50,000 AND;	
Please select one of the following				
(b) I have/we have net assets of at least for use in connection with a business.		are app	plying for units in the fund for a purpose other than	
[c] I have/we have a gross income in each of the last two financial years of at least AUD \$250,000 per year, and I am/we are applying for units in the fund for a purpose other than for use in connection with a business OR;				
[d] I am/we are a 'professional investor' as defined in the Corporations Act 2001				
⚠ Completion of the Accountant's Certificat	e (located at the end of this app	ication)	) is mandatory	
Investment Details				
Source of Investment Funds				
Please identify the source of your investable a	assets or wealth:			
Gainful employment	Inheritance/gift		Business activity	
Superannuation savings	Financial Investments			
Other - please specify				
What is the purpose of this invest	ment?:			

Growth

**Business account** 

Savings

Retirement

Income

### Part 1 - Individuals / Joint / Sole traders

Provide your full name, date of birth and Tax File Number (TFN) or exemption (refer to alternative codes in bold below):

- Exemption please write the full name of the benefit that you receive (e.g. 'Age Pension')
- N Non-resident please write the full name of your country of residence
- O Not for profit organisations who are not required to lodge a TFN
- **D** No TFN or do not wish to quote a TFN



You do not have to tell us your TFN, however most people do since if you choose not to and do not have an exemption, then we must deduct tax at the highest personal rate, plus the medicare levy, before paying any distributions to you.

A

Including partners and individual trustees. We communicate with the first named investor.

Investor 1				
Title Given name/s				
Surname			Date of birth	/
Residential street address				
Suburb	State	Postcode	Country	
Postal street address (if different from above)				
Suburb	State	Postcode	Country	
Note: The postal address will be used for all acco	unt correspondence;	however we also requ	uire your residential ad	dress.
Phone (	Mobile			
Facsimile ( )				
E-mail				
Tax File Number or reason for exemption		C	or Exemption Code	
What is your occupation? Retired	Other - pleas	se specify		
Are you investing as a sole trader?: NO /	YES If "Yes", the	en please provide		
ABN/ARBN				
Full business name				
Business street address				
Suburb	State	Postcode	Country	
Investor 2 (This is for joint applicants: you	u do not need to co	omplete this section	if you are a trustee o	r partner.)
Title Given name/s		'	,	
Surname			Date of birth	/
Residential street address				
Suburb	State	Postcode	Country	
Postal street address (if different from above)				
Suburb	State	Postcode	Country	
Note: The postal address will be used for all acco	unt correspondence;	however we also requ	uire your residential ad	dress.
Phone ( )	Mobile			
Facsimile ( )				
E-mail				
Tax File Number or reason for exemption		C	or Exemption Code	
What is your occupation?	Other - pleas	se specify		



Provide your full name, date of birth and Tax File Number (TFN) or exemption (refer to alternative codes in bold below):

- **E** Exemption please write the full name of the benefit that you receive (e.g. 'Age Pension')
- Non-resident please write the full name of your country of residence
- O Not for profit organisations who are not required to lodge a TFN
- **D** No TFN or do not wish to quote a TFN



You do not have to tell us your TFN, however most people do since if you choose not to and do not have an exemption, then we must deduct tax at the highest personal rate, plus the medicare levy, before paying any distributions to you.

A

Including partners and individual trustees. We communicate with the first named investor

<b>Investor 5</b> [This is for joint applicants: you do not need to complete this secti	<b>Investor 3</b> (This is for joint applicants: you do not need to complete this section if you are a trustee or partner.)					
Title Given name/s						
Surname	Date of birth / /					
Residential street address						
Suburb State Postcode	Country					
Postal street address (if different from above)						
Suburb State Postcode	Country					
Note: The postal address will be used for all account correspondence; however we also	require your residential address.					
Phone [ ] Mobile						
Facsimile ( )						
E-mail						
Tax File Number or reason for exemption	or Exemption Code					
What is your occupation? Retired Other - please specify						
<b>Investor 4</b> (This is for joint applicants: you do not need to complete this secti	ion if you are a trustee or partner.)					
Title Given name/s						
Given name/s						
Surname	Date of birth / /					
	Date of birth / /					
Surname	Date of birth / /					
Surname  Residential street address						
Surname  Residential street address  Suburb  State  Postcode						
Surname  Residential street address  Suburb  State  Postcode  Postal street address (if different from above)	Country					
Surname  Residential street address  Suburb State Postcode  Postal street address (if different from above)  Suburb State Postcode	Country					
Surname  Residential street address  Suburb State Postcode  Postal street address (if different from above)  Suburb State Postcode  Note: The postal address will be used for all account correspondence; however we also in	Country					
Surname  Residential street address  Suburb State Postcode  Postal street address (if different from above)  Suburb State Postcode  Note: The postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence.	Country					
Surname  Residential street address  Suburb State Postcode  Postal street address (if different from above)  Suburb State Postcode  Note: The postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence; however we also to the postal address will be used for all account correspondence.	Country					

### Go to Part 4

# TIP Wealth

### Part 2 - Company

4	A	
4	8	

Including corporate trustees and other investor types

-	
4	

Must be the registered office address for the company (PO Box not acceptable).

Type of company				
Public (Limited)				
Private (Pty Limited)				
Other - please specify				
<b>Company Details</b>				
Full company name				
Country of Formation, Incorporation or Registra	tion			
ARBN (if registered with ASIC)		ACN/ABN (if registered in A	ustralia)	
Tax File Number or Exemption Code (Australian	residents)			
AFS Licence Number (if applicable)				
Name or Regulator				
(if licenced by an Australian Commonwealth, Sta	ate or Territory statu	itory regulator)		
Registered business address in country or forma	ation			
Suburb	State	Postcode	Country	
Principle place of business ( A NOT a PO Box)				
Suburb	State	Postcode	Country	
Contact Person				
Contact name				
Phone (business hours) [ ]		Phone (after hours)	[ ]	
Mobile		Facsimile (		
E-mail				

#### **Directors Name/s**



Director 1 Full Name			Director 2 Full Name		
Director 3 Full Name			Director 4 Full Name		
<b>Beneficial Owne</b>	rs 🛕 That is individual:	s who through one or mo	ore shareholdings, own	more than 25% of the con	npany's issued capital.
Beneficial owner #1			Beneficial owner #2		
Full Name			Full Name		
Street Address			Street Address		
Town or suburb		State	Town or suburb		State
Postcode	Country (if not Australia)		Postcode	Country (if not Australia)	
Beneficial owner #3			Beneficial owner #4		
Full name			Full name		
Street Address			Street Address		
Town or suburb		State	Town or suburb		State
Postcode	Country (if not Australia)		Postcode	Country (if not Australia)	

# Go to Part 4

#### **Type of Trust** Trust Superannuation Fund Other, please specify **Trust/Superannuation Fund Details** Full name of Trust / Superannuation Fund Country of Trust / Superannuation Fund establishment Tax File Number or Exemption code Australian Business Number A Please Provide the TFN of the Trust or Superannuation Fund. TFN's for trustees cannot be accepted. Is this Superannuation Fund a SMSF? No **Trustee Details** Individual Trustees - go to Part 3A Corporate Trustees - go to Part 3B Part 3A – Individual Trustees Trustee #1 Trustee #2 Title Title Given name(s) Given name(s) Surname Surname Date of birth Date of birth Usual occupation Usual occupation Phone number (business hours) Phone number (business hours) Phone number (after hours) Phone number (after hours) Mobile Mobile Fax Fax Email Email Street Address Street Address Town or suburb Town or suburb State State Country (if not Australia) Country (if not Australia) Postcode Postcode Postal Street Address (if different) Postal Street Address (if different)

Country (if not Australia)

State

Town or suburb

Postcode

Town or suburb

Postcode

State

Country (if not Australia)

# TIP Wealth

#### Trustee #3 Trustee #4 Title Title Given name(s) Given name(s) Surname Surname Date of birth Date of birth Usual occupation Usual occupation Phone number (business hours) Phone number (business hours) Phone number (after hours) Phone number (after hours) Mobile Mobile Fax Fax [ Email Email Street Address Street Address Town or suburb State Town or suburb State Postcode Postcode Country (if not Australia) Country (if not Australia) Postal Street Address (if different) Postal Street Address (if different) Town or suburb Town or suburb State State

Postcode

Country (if not Australia)

Country (if not Australia)

Postcode

# TIP Wealth

#### Trustee #5 Trustee #6 Title Title Given name(s) Given name(s) Surname Surname Date of birth Date of birth Usual occupation Usual occupation Phone number (business hours) Phone number (business hours) Phone number (after hours) Phone number (after hours) Mobile Mobile Fax Fax [ Email Email Street Address Street Address Town or suburb State Town or suburb State Postcode Postcode Country (if not Australia) Country (if not Australia) Postal Street Address (if different) Postal Street Address (if different) Town or suburb Town or suburb State State

Postcode

Country (if not Australia)

Country (if not Australia)

Postcode

### Part 3B - Corporate Trustees

Corporate Trustee Details			
Full company name			
Country of Formation, Incorporation or Registra	tion		
ARBN (if registered with ASIC)		ACN/ABN (if registered in A	ustralia)
AFS Licence Number (if applicable)			
Name of Regulator			
(if licenced by an Australian Commonwealth, Sta	ate or Territory statu	itory regulator)	
Registered business address in country or forma	ation		
Suburb	State	Postcode	Country
Principle place of business ( A NOT a PO Box)			
Suburb	State	Postcode	Country
Contact Person			
Contact name			
Phone (business hours) [ ]		Phone (after hours)	[ ]
Mobile		Facsimile [ ]	
E-mail			
Director/s			
Director 1 Full Name		Director 2 Full Name	
Director 3 Full Name		Director 4 Full Name	
Director 5 Full Name		Director 6 Full Name	

# TIP Wealth

### **Beneficial Owner/s (members)**

1 That is individuals who through one or more shareholdings, own more than 25% of the company's issued capital.

Beneficial owner #1		Beneficial owner #2		
Full Name		Full Name		
Street Address		Street Address		
Town or suburb	State	Town or suburb		State
TOWN OF SUBUID	State	TOWIT OF SUBURD		State
Postcode Country (if not Australia		Postcode	Country (if not Australia)	
Beneficial owner #3		Beneficial owner #4		
Full name		Full name		
Street Address		Street Address		
		_		-
Town or suburb	State	Town or suburb		State
Postcode Country (if not Australia		Postcode	Country (if not Australia)	
	,		, (,	
		5		
Beneficial owner #5		Beneficial owner #6		
Full name		Full name		
Street Address		Street Address		
Town or suburb	State	Town or suburb		State
Postcode Country (if not Australia	1	Postcode	Country (if not Australia)	

### Go to Part 4

### Part 4. How much are you investing?

TIP Wealth Property Fund	Initial investment
TIP Trustees Ltd Applications	
The minimum initial investment is \$250	000 \$ , , , , , , , , , , , , , , , , ,
	ou qualify to invest in the Fund, you must make a minimum initial investment of \$250,000 to participate as we accept at our discretion].
Please indicate how you will be makin	g your new or additional investment and the amount you wish to invest.
I/we are making my/our investment vi	3:
Direct Credit/EFT (see below.)	
Bank Cheque (make cheque pay	able to 'Name of Trust'.)
Cheque Instructions: Bank Cheques or	drafts must be made payable to TIP Trustees Limited - Client Monies Account.
Only cheques or drafts in Australian curre Mail or deliver your completed Applic	ency and drawn on an Australian bank will be accepted. Your cheque(s) should be crossed NOT NEGOTIABLE. ation Form with your cheque(s) to
We prefer that the name of the application monies come.	Direct Credit / EFT Instructions Alternatively you can direct credit your application funds to: TIP Trustees Limited - Client Monies Account Commonwealth Bank of Australia BSB 065 000 Account number 12719371 Swift Code - CTBAAU2S Please note the applicants' name when transferring the funds. Please ensure all funds transferred are net of all bank charges  Petails (Distributions and Withdrawals)  Int is the same as the name of the person who writes the cheque or the account name from where the oblication or there may be delays in processing if there is not what we consider to be a reasonable
Account name	Institution
Branch	BSB
Account number	
Part 5A – Distributions	
Distributions will be paid to your i	nominated bank account unless otherwise requested below.
Reinvest distribution	EFT

🚹 If an individual added to the investment account is a tax resident of any other country please complete the details below.

Reasons for not providing a TIN;

**Reason A -** The country of tax residency does not issue TINs to tax residents **OR** 

Reason B - You have not been issued with a TIN (please provide details) OR

Reason C - The country of tax residency does not require the TIN to be disclosed

Applicant 1	Applicant 2
Do any individual applicants have any tax obligations outside Australia?	Do any individual applicants have any tax obligations outside Australia?
Yes No If yes - please complete section below	Yes No If yes - please complete section below
Country / Jurisdiction of Tax residence	Country/ Jurisdiction of Tax residence
Tax Identification Number (TIN) or equivalent	Tax Identification Number (TIN) or equivalent
If no TIN, please list Reason A, B or C	If no TIN, please list Reason A, B or C
Applicant 3	Applicant 4
Do any individual applicants have any tax obligations outside Australia?	Do any individual applicants have any tax obligations outside Australia?
Yes No <b>If yes</b> - please complete section below	Yes No If yes - please complete section below
Country / Jurisdiction of Tax residence	Country/ Jurisdiction of Tax residence
Tax Identification Number (TIN) or equivalent	Tax Identification Number (TIN) or equivalent
If no TIN, please list Reason A, B or C	If no TIN, please list Reason A, B or C
Please tick box and attach separate sheet if there are more countr	ies to be advised

Note: TIP Trustees Ltd is required to collect information in compliance with Organisation for Economic Co-operation and Development CRS and FATCA which have been incorporated into Australian law through the Tax Administration Act. For definitions of Foreign Tax terminology, please refer to the Foreign Tax Glossary which is together with the Foreign Tax Details Form available from the Australian Taxation Office

### **Part 7. Account operating authority**

		9			
Please indicate how you	wish to operate	e your account			
one to sign (individu	ual investors on	ly]			
two or more to sign	(for joint inves	tors/companies/trusts]			
all to sign (for joint in	nvestors/comp	anies/trusts)			
operate your account inde	ependently of t	he others. Joint applications mu	ust be signed by a	all parties, but v	e) will be able to transact on or otherwise withdrawals shall be permitted as en request signed by all account holders.
Nominated Repres	entative (if	applicable) (non-titled me	mber/additional	authorised sig	gnatory)
this section. A Nominated	Representative		investor in all mat	tters relating to	inated person or party must complete o the Fund/s except closing an account 'individual ID documents'.
	-	under the heading 'Nominated the terms on which you are ap	•		gnatories)' on pages 14-15 of this sentative.
If a Nominated Represent Trusts/Superannuation Fu			complete the Adv	viser use only b	oox on page 5 on the Identification Form
Name of Nominated Re	presentative 1		Name of Nom	ninated Repre	sentative 2
Surname		Given name(s)	Surname		Given name(s)
Residential address (PO	Box is NOT acc	reptable)	Residential ad	dress (PO Box	is NOT acceptable)
Suburb			Suburb		
Subuib			Suburb		
State Postco	ode Co	untry	State	Postcode	Country
Date of birth	Identified ur	nder customer number	Date of Birth		Identified under customer number
Occupation		ANZCO Code	Occupation		ANZCO Code
Signature of Nominated	Representative	2.1	Signature of N	lominated Rep	presentative 2
Part 8. Privacy	and Emai	il Consent			
Privacy					
Please tick the box if you	consent to you	personal information being use	ed and disclosed	for marketing	purposes
I/we wish to receive	information reg	garding future investment oppo	ortunities.		
- "					
Email Consent					
All communications in res	pect of your inv	estment within the Fund will be	e via email to the a	address provid	led unless you elect the following:

Please issue all communications via Post.

Please Note: all information relevant to the Fund will be available to you on the TIP website as well as direct communication with you.

### Part 9. Declaration and applicant(s) signature(s)

Please read the declarations below before signing this form. The signatures required are detailed at the bottom of this Application Form. I/We declare that:

- all details in this Application Form and all documents provided are true and correct and I/we indemnify TIP Trustees Ltd against any liabilities whatsoever arising from acting on any of the details or any future details provided by me/us in connection with this application;
- I/we have received a copy of the relevant IM and all information incorporated into the IM to which this application applies and have read them and agree to the terms contained in them and to be bound by the provisions of the IM (including the incorporated information) and current Trust Deed of the Fund [each as amended from time to time];
- I/we have legal power to invest in accordance with this application and have complied with all applicable laws in making this application;
- I/we have received and accepted this invitation to subscribe for units in the Fund in Australia and represent and warrant to TIP Trustees Ltd
  that I/We are permitted to invest in the Fund without TIP Trustees Ltd obtaining any further authorisation, registration or certification in any
  country other than Australia and agree to indemnify TIP Trustees Ltd for any loss suffered if this warranty is untrue;
- if authorised, the details of my/our investment can be provided to the adviser group or adviser named at the end of this form or nominated by them by the means and in the format that they direct;
- if this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it);
- sole signatories signing on behalf of a company confirm that they are signing as sole director and sole secretary of the company;
- I/we acknowledge that if TIP Trustees Ltd reasonably believes an email communication it receives is from me/us TIP Trustees Ltd is
  entitled to rely on that email or facsimile communication and will not be liable for any loss it may suffer if it is later found the email
  communication was fraudulent.
- unless alternative authority for signature is notified to and accepted by TIP Trustees Ltd, the person/persons that signs/sign this form is/are
  able to operate the account on behalf of the company and bind the company for future transactions, including in respect of additional
  deposits and withdrawals, including withdrawals by telephone and fax;
- I/we acknowledge that I/we have read and understood the information contained in the IM. I/we are aware that until I/we inform TIP
  Trustees Ltd otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) and I/
  we have consented to my/our financial adviser providing such further personal information to TIP Trustees Ltd as is required or reasonably
  deemed necessary by TIP Trustees Ltd under applicable law;
- I/we understand that if I/we fail to provide any information requested in this application form or do not agree to any of the possible use or disclosure of my/our information as detailed on the IM, my/our application may not be accepted by TIP Trustees Ltd and we agree to release and indemnify TIP Trustees Ltd in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided;
- I/we acknowledge that none of TIP Trustees Ltd, or any other member of TIP Trustees Ltd or any custodian or investment manager, guarantees the performance of the Fund or the repayment of capital or any particular rate of return or any distribution;
- I/we are bound by the Trust Deed of the Fund and that an application for Units is binding and irrevocable;
- I/we have not relied on statements or representations made by anybody, other than those made in the IM;
- I/we agree and acknowledge no cooling off period applies and I/we have had the opportunity to seek independent professional advice on subscribing for Units;
- including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, the Foreign Account Tax Compliance Act [FATCA] and the Common Reporting Standard [CRS] and I/we must provide TIP Trustees Ltd with such additional information or documentation as TIP Trustees Ltd may request of me/us, otherwise my/our Application for Units may be refused, Units I/we hold may be compulsorily redeemed, and any disposal request by me/us may be delayed or refused and TIP Trustees Ltd will not be liable for any loss arising as a result thereof;
- I/we have provided a tax file number, and if not, I/we consent to TIP Trustees Ltd withholding tax at the highest marginal tax rate;
- I/we acknowledge and agree to having read and understood the risks of investing in the fund as described in the IM and understand that the risks associated with the Fund's investments may result in lower than expected returns or the loss of my/our investment;

I/We also warrant and acknowledge that:

- All information contained in my/our Application is true and correct;
- I/we are not a Politically Exposed Person (PEP) as defined by the AML/CTF legislation;
- I/we are not a United States citizen or resident of the United States for tax purposes, nor am/are I/we subject to the reporting requirements of FATCA;
- I/we are a "wholesale client" for the purposes of section 761G of the Corporations Act and relevant information has been provided to confirm this and by investing in this Fund I/we will not cause any breach of the Corporations Act by or for TIP Trustees Ltd; OR
- if the Applicant is a SMSF, it is compliant and investing in this Fund complies with the Superannuation Industry Supervision Act 1993 [Cth]; and
- I/we hold the appropriate authorisations to become an Investor in the Fund and that offer cannot be revoked.

By signing this form, you (the applicant) are telling us:

- You have read and understood the current Information Memorandum,
- Monies deposited are not associated with crime, terrorism, money laundering or terrorism financing nor will monies received from your account have any such association,
- You are not bankrupt or a minor, and
- You agree to be bound by the constitution of the Fund and the Information Memorandum, as supplemented, replaced or re-issued from time to time

extra copies of the current information Memoralidum are available from your linancial adviser of at www.tipgroup.com.ad.		
Individuals [including individual trustees.]		
Signature of individual	Signature of individual	
Name (please print)	Name (please print)	
Signature of individual	Signature of individual	
Name (please print)	Name (please print)	
Go to Appendix 1 for Identification Requirements		
<b>Companies</b> (including corporate trustees. Sole director companies need only have the one signature.)		
Signature of director	Signature of individual	
Name (please print)	Name (please print)	
	d	
Signature of director	Signature of individual	
Signature of director  Name (please print)		

### Go to Appendix 2 for Identification Requirements

#### Trust / Superannuation Fund (incl SMSF)

Signature of trustee

Name (please print)

Name (please print)

Signature of trustee

Signature of trustee

Name (please print)

Name (please print)

Signature of trustee

Name (please print)

Name (please print)

Name (please print)

Name (please print)

### Go to Appendix 3 for Identification Requirements

(including corporate trustees. Sole director companies need only have the one signature.)

### **Completed form**

Please return the completed form to:

- Complete digital form or print, complete and scan before emailing this request to <a href="mailto:applications@tipgroup.com.au">applications@tipgroup.com.au</a> or
- Please **post** this completed form to:

TIP Wealth Property Fund C/- TIP Trustees Ltd GPO Box 639 Adelaide SA 5001

If you have any questions about this form please contact the TIP Wealth on 1300 160 803 or funds@tipgroup.com.au.

### Missing the Information Memorandum (IM)?

Paper application forms should always be accompanied by a paper copy of the current Information Memorandum . Electronic application forms [such as downloaded and emailed copies] should always be attached to the current Information Memorandum [in the same file]. If the Information Memorandum is missing, do not complete this form. Instead, contact us and you will be sent the current Information Memorandum . Prior to its completion and signing, this application form must not be handed to any person unless accompanied by the Information Memorandum and any supplementary Information Memorandum .

# Completing the right Identification Form

# Why complete an Identification Form?

Australian laws require us to identify new TIP Wealth Property Fund clients.

# Are there any exceptions?

#### Already a TIP Wealth Property Fund client?

You don't need to fill in an identification form if you have filled in this form before.

Or you have completed a similar TIP Wealth Property Fund form.

#### Your financial adviser has arrangements with us?

If you have a financial adviser, check with them.

We have arrangements with some financial advisers under which you may not need to fill in an identification form.

#### Which form?

There are three forms which follow: one each for *individuals, companies* and *trusts*.

#### Choose the form which is applicable to you.

If you are a partnership, an incorporated association, a co-operative or a Government body, then contact us and we will send a more appropriate form to you.

#### Copies or originals?

This form asks you to send us certain documents. Please send us copies, not originals **We will keep what you send to us!** 

#### **Certifying copies**

You must have someone certify the copies you send to us. The following people can be the certifier:

#### your financial adviser

so long as they are an officer with, or authorised representative of, a holder of an Australian financial services license (or foreign equivalent), having two or more continuous years of service with one or more licensees.

#### your accountant

so long as they are a member of the Institute of Chartered Accountants in Australia, CPA Australia or the Australian National Institute of Accountants (or foreign equivalent) with two or more years of continuous membership.

#### your lawyer

so long as they are a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia or foreign country, as a legal practitioner [however described]

# an Australian justice of the peace, notary public or a police officer or foreign equivalent

#### a post office worker

so long as they are in charge of a Post Office or are a permanent employee with two or more years of continuous service

#### a bank or financial institution officer

so long as they are an officer with 2 or more continuous years of service with one or more financial institutions or companies

#### a consular officer

so long as they are a consular officer or diplomatic officer

# a judge, magistrate, chief executive officer of a court, or registrar or deputy registrar of a court

# What should the person certifying write?

I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document.

#### Not in English?

Documents not in English must be accompanied by an English translation prepared by an accredited translator.

Contact us if you need guidance on accredited translators.

# Identification Form

# Individuals/Joint/Sole Traders [use the trusts identification form if you are a trustee].

Details		
Investor 1 - Full name		Investor 2 - Full name
Investor 3 - Full name		Investor 4 - Full name
Your Documents	1 or if you can	ran't, a certified copy of two documents from Group 2 <b>for each</b>
Individual applicant.  Group 1 Provide a certified copy of one of these:  Australian driver's licence showing your photo, and please copy the front and be OR  Foreign driver's licence showing your date of birth, signature and photo OR  Australian passport a passport that has expired within the preceding two y is acceptable, and please copy the pages which identifyou OR  Foreign passport showing your signature and photo, and please copy the pages which identify you OR  Australian State or Territory Government issued ID cashowing your date of birth, signature and photo OR  Foreign Government issued ID card	vears ify ne	Group2  If you can't provide anything from Group 1, then provide a certified copy of one of the following:  Australian or foreign government issued birth certificate OR  Australian or foreign government issued citizenship certificate OR  Centrelink pension or health card please copy the front and back.  PLUS provide a certified copy of one of the following:  a Government issued notice one which shows your name and residential address, not more than 12 months old OR  a rates or utilities notice one which shows your name and residential address, not more than 3 months old OR
showing your date of birth, signature and photo.  Signatures		<b>ATO notice</b> one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old
Investor - Full name	Signature	Date
Investor - Full name	Signature	Date
Investor - Full name	Signature	Date Date

Signature

Investor - Full name

Date

# Identification Form

# **Companies**

Details	
Name	siness name.
Regulated companies	
Australian listed company?	Market/exchange
No Yes - name of market/exchange	Markety exertainge
Majority-owned subsidiary of an Australian listed company?	Company
No Yes - name that listed company and its exchange	Exchange
Regulated company?	Regulator
One which is licensed by an Australian Commonwealth, State or Territory	
statutory regulator.	License number
No Yes - name that listed company and its exchange	
If you answered yes to any of these questions, then please provide us the end, and unless you are a private company (in which case also con	
an ASIC search OR	
a search of the licence or other records of the relevant regulat	or OR
a public document issued by the company OR	
a search of the relevant market/exchange.	
Public companies	
Please provide us with certified copies of one of the following, sign the	e form at the end, and for you, this form is then complete:
an ASIC search OR	
your <b>certificate of registration</b> issued by the ASIC.	

### **Private companies**

Please provide us with a certified copy of one of the following:

an ASIC search OR

your **certificate of registration** issued by the ASIC.

#### Please also complete the following details:



Not enough room? Simply write out the details and attach them.

### **Foreign companies**

TiP Wealth

Country of formation	Registered business address in the country of formation: Street Address
Registered in Australia	
No	Town or suburb State
Yes - what is your ARBN:	Postcode Country (if not Australia)
Registered in that country?	
No	Please provide us with certified copies of one of the following, sign the form at the end, and for you, this form is then complete:
Yes - name of regulator/exchange:	an ASIC or foreign regulator search OR
Designation number issued by foreign registration had by	an ASIC or foreign regulator certificate of registration.
Registration number issued by foreign registration body:	
Group 1 Provide a certified copy of one of these:  Australian driver's licence showing your photo, and please copy the front and back OR	Group2  If you can't provide anything from Group 1, then provide a certified copy of one of the following:  Australian or foreign government issued birth certificate OR
Foreign driver's licence showing your date of birth, signature and photo <b>OR</b>	Australian or foreign government issued citizenship certificate OR
Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify	Centrelink pension or health card please copy the front and back.
you <b>OR</b>	<b>PLUS</b> provide a certified copy of one of the following:
showing your signature and photo, and please copy the pages which identify you <b>OR</b>	a Government issued notice one which shows your name and residential address, not more than 12 months old <b>OR</b>
Australian State or Territory Government issued ID card showing your date of birth, signature and photo OR	a rates or utilities notice one which shows your name and residential address, not more than 3 months old <b>OR</b>
Foreign Government issued ID card showing your date of birth, signature and photo.	ATO notice

one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old

### **Signatures**

⚠ Sole director companies need only have the one signature.

Director's Full name	Director's / Secretary's Full name
Signature	Signature
Date	Date
Director's Full name	Director's Full name
Signature	Signature
Date	Date
Director's Full name	Director's Full name
Signature	Signature
Date	Date

# Identification Form

# **Trusts / Superannuation Fund (including SMSF)**

Details
Trust/superannuation fund name
Is this a Regulated Trust? Yes No
If Yes, complete Section A - Regulated Trusts
If No, go to Section B - Trusts & SMSF
Section A - Regulated trusts & Superannuation Fund
Superannuation Fund (not including SMSF)
please provide the following;
The trust's ABN
The Regulator
Registration / Licensing Details
Registration / Licensing Details
Registered managed investment scheme
please provide the ARSN;
please previde the funding
Government superannuation fund
please name the Act regulating this trust;
Please provide us with certified copies of one of the following and sign the form at the end, and for you this form is then complete:
Superannuation funds go to www.abn.business.gov.au, select the "Super Fund Lookup" option and print out the results for your super fund OR
registered managed investment schemes an ASIC search of the scheme OR
Government superannuation funds an extract of the establishing legislation.
Costion D. Tweet O CMCF

### **Section B - Trust & SMSF**

Plea	se provide us with a certified copy of the trust deed including:	
	the cover page	the signed pages of the Trust Deed
	the page which documents the name of the trust and the trustee	the page that lists the name and/or class of the beneficiaries of the trust AND
	the page with the date of the Trust Deed	the page which documents the name of the settlo

#### **Section C - Individual trustees**

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Give us details and documents as below for each individual trustee.

Trustee Full name	Trustee Full name
Tutto Tull Hallie	T WOOD T WITHOUTH
Date of birth	Date of birth
Trustee Full name	Trustee Full name
Date of birth	Date of birth
Trustee Full name	Trustee Full name
Date of birth	Date of birth
Documents	
For each trustee please provide a certified copy of one decument	from Group 1 or if you can't a certified copy of two documents from

### Group 1

Provide a certified copy of one of these:

Australian driver's licence showing your photo, and please copy the front and back OR
Foreign driver's licence showing your date of birth, signature and photo OR
Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you OR
Foreign meannagh

Australian State or Territory Government issued ID card showing your date of birth, signature and photo OR

Group 2 (but you don't need to provide these documents if you are a regulated trust such as a self-managed super fund).

Foreign Government issued ID card showing your date of birth, signature and photo.

#### Group2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

showing your signature and photo, and please copy the pages which identify you OR

Australian or foreign government issued birth certificate OR

Australian or foreign government issued citizenship certificate OR

Centrelink pension or health card please copy the front and back.

PLU	<b>S</b> provide a certified copy of one of the following:
	a Government issued notice one which shows your name and residential address, not more than 12 months old <b>OR</b>
	a rates or utilities notice one which shows your name and residential address, not more than 3 months old <b>OR</b>
	ATO notice one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old

### **Section D -Company trustees**

Details  Name		
Regulated companies		
Australian listed company?	Market/exchange	
No Yes - name of market/exchange		
Majority-owned subsidiary of an Australian listed company?  No  Yes - name that listed company and its exchange	Company Exchange	
Regulated company?	Regulator	
One which is licensed by an Australian Commonwealth, State or Territory		
tory regulator.	License number	
No Yes - name that listed company and its exchange		
If you answered yes to any of these questions, then please provide us with a certified copy of one of the following, and sign the form at the end, and unless you are a private company [in which case also complete section 5d] for you this form is then complete:  an ASIC search OR a search of the licence or other records of the relevant regulator OR a search of the relevant market/exchange.		
Public companies		
Please provide us with certified copies of one of the following, sign the form at the end, and for you, this form is then complete:		
an ASIC search OR		
your <b>certificate of registration</b> issued by the ASIC.		
Private companies		
Please provide us with a certified copy of one of the following:		
an ASIC search OR		
your <b>certificate of registration</b> issued by the ASIC.		

#### Please also complete the following details:

Λ

Not enough room? Simply write out the details and attach them.

#### **Foreign companies**



<b>3 4</b>	
Country of formation	Registered business address in the country of formation:  Street Address
Registered in Australia	
No	Town or suburb State
Yes - what is your ARBN:	Postcode Country (if not Australia)
Registered in that country?	
No	Please provide us with certified copies of one of the following, sign the form at the end, and for you, this form is then complete:
Yes - name of regulator/exchange:	an ASIC or foreign regulator search OR
Registration number issued by foreign registration body:	an ASIC or foreign regulator certificate of registration.
Documents  Description of the following for each Director	
Please provide 1 certified copy of the following for each Director  Group 1  Provide a certified copy of one of these:  Australian driver's licence	<b>Group2</b> If you can't provide anything from Group 1, then provide a certified copy of one of the following:
showing your photo, and please copy the front and back <b>OR</b>	Australian or foreign government issued birth certificat
Foreign driver's licence showing your date of birth, signature and photo OR	Australian or foreign government issued citizenship certificate OR
Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify	Centrelink pension or health card please copy the front and back.
you <b>OR</b>	<b>PLUS</b> provide a certified copy of one of the following:
Foreign passport showing your signature and photo, and please copy the pages which identify you <b>OR</b>	a Government issued notice one which shows your name and residential address, not more than 12 months old <b>OR</b>
Australian State or Territory Government issued ID card showing your date of birth, signature and photo OR	a rates or utilities notice one which shows your name and residential address, not
Foreign Government issued ID card	more than 3 months old <b>OR</b>

showing your date of birth, signature and photo.

**ATO notice** 

one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old

#### **Signatures**

Sole director companies need only have the one signature.			
Trustee's / Director's	Trustee's / Director's / Secretary's  Full name		
ruii name	ruililaille		
Signature	Signature		
Date	Date		
<b>Trustee's / Director's</b> Full name	<b>Trustee's / Director's</b> Full name		
Signature	Signature		
Date	Date		
Trustee's / Director's Full name	Trustee's / Director's Full name		

### **Adviser use only**

Signature

Date

By submitting this form with this section completed by your advisor you consent to your advisor receiving information about your investment in the Fund.

Office name / Surname	
Given name(s)	
Title (Mr/Mrs/Miss/Ms	Phone (business hours)
Advisor group email	
Advisor group name	
Adviser group AFSL	
Adviser Signature	
Date	

Signature

Date

#### **Important notes**

This application must not be handed to any person unless the relevant IM and access to the information incorporated into the IM is also being provided. TIP Trustees Ltd may in its absolute discretion refuse any application for Units. Persons external to TIP Trustees Ltd or other entities who market TIP Trustees Ltd products are not agents of TIP Trustees Ltd but are independent investment advisers. TIP Trustees Ltd will not be bound by representations or statements which are not contained in information disseminated by TIP Trustees Ltd. Application monies paid by cheques from investment advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act.

# Accountant's Certificate

#### That Client Is Wholesale Under Section 761g(7) Of The Corporations Act

The following section is for the use of Australian Applicants only who are investing less than AUD \$250,000. I certify that:

Full Legal Name of Person (Individual or Company)

- has net assets of at least A\$2.5 million; or
- a gross income for each of the last 2 financial years of at least \$A250,000 per year.

#### Controlled companies/and or trusts

It is also confirmed for the purposes of the Corporations Act the above named person controls the following companies and trusts:

Full Name of Company/Trust		ABN/ACN/ARBN [if any]		
Full Name of Company/Trust		ABN/ACN/ARBN (if any)		
Full Name of Company/Trust		ABN/ACN/ARBN (if any)		
I confirm that I am a member of one or more of the following profession	nal bodies (tick app	propriate box):		
CPA Australia ("CPA" or "FCPA"); or				
Institute of Chartered Accountants in Australia ("CA", "ACA" or "FCA"); or				
The Institute of Public Accountants in Australia ("AIPA", "MIPA", or "FIPA"); or				
Other foreign eligible professional body for the purposes of the Corporations Act (please specify)				
and I have at least 3 years practical experience as an accountant or auditor and I am giving this certificate in respect of my country of qualification, not being Australia				
I am subject to and in compliance with the professional body's continuing education requirements.				
I am aware that the Issuer, and any subsidiary of the Issuer may rely on this certificate for such period of time as is permitted by the Corporations Act.				
I confirm that I am independent of the above-named person and/or entities.				
Signature of Accountant	Name of firm			
	Street Address			
Name of Accountant	Town or suburb	State		
Date	Postcode	Country (if not Australia)		
		, (,		

#### **Guidance Notes of completing the Wholesale Client Certificate:**

In determining the net assets of the person, the net assets of a company or trust controlled by the person may be included in the calculations. In determining the gross income of the person, the gross income of a company or trust controlled by the person may be included in the calculations.

Refer section 708[8][d] and section 761G[7]. For this purpose "control" has the meaning given to it in section 50AA of the Corporations Act 2001 and, in general, means having the capacity to determine the outcome of decisions about the relevant company's or trust's financial and operating policies.

A list of approved foreign eligible professional bodies is listed by ASIC at: http://www.asic.gov.au/asic/asic.nsf/byheadline/Certificates+issued+by+a+qualified+accountant?openDocument