

Application form

TIP Financial Services Opportunities Fund

TIP Wealth

All applications into the TIP Financial Services Opportunities Fund are to be accompanied with a current copy of the Information Memorandum.

- 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).

Prior to its completion and signing, this application form must not be handed to any person unless accompanied by the current copy of the Information Memorandum. **⚠️ If you do not have the Information Memorandum do not complete this form;** contact us and you will be sent the current Information Memorandum.

Once this form is complete, please return the form in its entirety to:

- applications@tipgroup.com.au OR
- TIP Financial Services Opportunities Fund
C/- TIP Trustees Ltd
GPO Box 639
Adelaide SA 5001

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

Investor type	Complete
<input type="checkbox"/> Individual/Joint Investors/Sole Traders	Part 1 and Parts 4 through to 9
<input type="checkbox"/> Company	Part 2 and Parts 3C through to 9
<input type="checkbox"/> Trust/Superannuation Fund (including SMSF)	Part 3 through to 9

Your details

⚠️ Completion of the below and the Accountant's Certificate (located at the end of this application) is mandatory for all investors (new and existing)

I/we acknowledge the following circumstances apply (please indicate):

- (a) I am/we are applying for units at a price, or for the value of at least AUD \$250,000 and;



At least one of the following also applies:

- (b) I have/we have net assets of at least AUD \$2.5 million, and I am/we are applying for units in the fund for a purpose other than for use in connection with a business OR;
- (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

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):

- E** 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.
-  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 account correspondence; however we also require your residential address.

Phone () Mobile

E-mail

Tax File Number or reason for exemption or Exemption Code

What is your occupation? Retired Other - please specify

Are you investing as a sole trader?: NO / YES If "Yes", then please provide

ABN/ARBN

Full business name

Business street address

Suburb State Postcode Country

Investor 2 (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


E-mail

Tax File Number or reason for exemption or Exemption Code

What is your occupation?

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')
- 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.

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

Investor 3 (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

E-mail

Tax File Number or reason for exemption or Exemption Code

What is your occupation?

Investor 4 (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

E-mail

Tax File Number or reason for exemption or Exemption Code



What is your occupation?

[Go to Part 4](#)

Part 2 - Company (Including Corporate Trustees)

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

Type of company

Public (Limited)
 Private (Pty Limited)

 Other - please specify

Company Details

Full company name

Country of Formation, Incorporation or Registration

ACN/ABN (if registered in Australia) ARBN (if registered with ASIC)

Tax File Number or Exemption Code (Australian residents)


AFS Licence Number (if applicable)

Name or Regulator

(if licenced by an Australian Commonwealth, State or Territory statutory regulator)

Registered business address in country or formation

Suburb State Postcode Country

Principal place of business ( **NOT** a PO Box)

Suburb State Postcode Country

Directors Name/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

Primary Contact Person

Contact name

Phone (business hours) () Mobile


E-mail

[Go to Part 3C](#)

Part 3 - Trust/Superannuation Fund (includes SMSF)

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')
- 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.

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

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

 Please Provide the TFN of the Trust or Superannuation Fund. TFN's for trustees cannot be accepted.

ACN/ABN (if registered in Australia) Is this Superannuation Fund a SMSF? Yes No

Trustee Details

Individual Trustees - **go to Part 3A**

Corporate Trustees - **go to Part 3B and 3C**

Part 3A – Individual Trustees

Trustee #1

Title

Given name(s)

Surname

Date of birth

Usual occupation

Phone number (business hours)
 ()

Phone number (after hours)
 ()

Mobile

Fax
 ()

Email

Street Address

Town or suburb State

Postcode Country (if not Australia)

Postal Street Address (if different)

Town or suburb State

Postcode Country (if not Australia)

Trustee #2

Title

Given name(s)

Surname

Date of birth

Usual occupation

Phone number (business hours)
 ()

Phone number (after hours)
 ()

Mobile

Fax
 ()

Email

Street Address

Town or suburb State

Postcode Country (if not Australia)

Postal Street Address (if different)

Town or suburb State

Postcode Country (if not Australia)

Trustee #3

Title
[]

Given name(s)
[]

Surname
[]

Date of birth
[]

Usual occupation
[]

Phone number (business hours)
[]

Phone number (after hours)
[]

Mobile
[]

Fax
[]

Email
[]

Street Address
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

Postal Street Address (if different)
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

Trustee #4

Title
[]

Given name(s)
[]

Surname
[]

Date of birth
[]

Usual occupation
[]

Phone number (business hours)
[]

Phone number (after hours)
[]

Mobile
[]

Fax
[]

Email
[]

Street Address
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

Postal Street Address (if different)
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

[Go to Part 4](#)

Part 3B – Corporate Trustees

Corporate Trustee Details

Full (Entity) Name

Country of Formation, Incorporation or Registration

ACN/ABN (if registered in Australia) ARBN (if registered with ASIC)


AFS Licence Number (if applicable)

Name of Regulator

(if licenced by an Australian Commonwealth, State or Territory statutory regulator)

Registered business address in country or formation

Suburb State Postcode Country

Principal place of business ( **NOT** a PO Box)

Suburb State Postcode Country

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

Contact Person

Contact name

Phone (business hours) () Phone (after hours) ()

Mobile E-mail

Part 3C – Beneficial Owner/s

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

Beneficial owner #1

Full Name

Street Address

Town or suburb State

Postcode Country (if not Australia)

Beneficial owner #2

Full Name

Street Address

Town or suburb State

Postcode Country (if not Australia)

Beneficial owner #3

Full name

Street Address

Town or suburb State

Postcode Country (if not Australia)

Beneficial owner #4

Full name

Street Address

Town or suburb State

Postcode Country (if not Australia)

Beneficial owner #5

Full name

Street Address

Town or suburb State

Postcode Country (if not Australia)

Beneficial owner #6

Full name

Street Address

Town or suburb State

Postcode Country (if not Australia)

Go to Part 4

⚠ Parts 4 to 9 are mandatory parts to be completed

Part 4. How much are you investing?

⚠ Minimum investment: Provided you qualify to invest in the Fund, you must make a minimum investment of \$250,000 to participate in the Fund (or such lower amount as we accept at our discretion).

TIP Financial Services Opportunities Fund

Capital Commitment

I/We would like to commit \$, , .

If your subscription is accepted, we will notify you of the first instalment amount. Please indicate your chosen payment method.

I/we are making my/our investment via:

Direct Credit/EFT (see below.) OR Bank Cheque

Direct Credit / EFT Instructions

You can direct credit your funds to:
TIP Trustees Limited - TIPW FS Fund Custody

Cheque Instructions:

Bank cheques or drafts must be made payable to
TIP Trustees Limited - TIP FSOE Custody

Commonwealth Bank

BSB: 065 000
Account Number: 12719371
Swift Code: CTBAU2S

Only cheques or drafts in Australian currency and drawn on an Australian bank will be accepted. Your cheque(s) should be crossed NOT NEGOTIABLE.
Mail or deliver your completed Application Form with your cheque(s) to

Please note the applicants' name when transferring the funds.
Please ensure all funds transferred are net of all bank charges.

TIP Financial Services Opportunities Fund
c/- TIP Trustees Ltd
GPO Box 639
Adelaide SA 5001

Part 5. Your banking details [Distributions and Withdrawals]

We prefer that the name of the applicant is the same as the name of the person who writes the cheque or the account name from where the monies come. We may not be able to accept the application or there may be delays in processing if there is not what we consider to be a reasonable association between the two.

Account name	Institution
<input type="text"/>	<input type="text"/>
Branch	BSB
<input type="text"/>	<input type="text"/> - <input type="text"/>
Account number	
<input type="text"/>	

Calls and Financial Capacity

- (a). I/we acknowledge and understand that I/we may be required to contribute the full Capital Commitment set out in this Application Form as determined at the absolute discretion of the Issuer and required under the constituent documents of the Fund (Constituent Documents).
- (b). I/we acknowledge that if I/we fail to pay calls when determined and requested by the Issuer, interest on the unpaid instalment will be charged to us and our Units may be forfeited in which event monies paid up previously by us may be entirely forfeited in accordance with the Constituent Documents.
- (c). For the avoidance of doubt, I/we confirm and acknowledge that I/we have the financial capacity to hold the Units, bear associated risks and obligations and otherwise meet all further calls on unpaid Capital Commitments.

Sophisticated investor with understanding

I/we are a sophisticated investor and acknowledge that:

- (a). an investment in the Fund is speculative and subject to material risk including loss of all invested capital and an obligation to pay uncalled Capital Commitment;
- (b). an investment in the Fund is illiquid; and
- (c). there can be no expectation of returns other than through the distribution of proceeds from the realisation of portfolio investments, and I/we have taken this into account in deciding to invest.

Source of Investment Funds

Please identify the source of your investable assets or wealth:

- | | | |
|-------------------------------------------------|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Gainful employment | <input type="checkbox"/> Inheritance/gift | <input type="checkbox"/> Business activity |
| <input type="checkbox"/> Superannuation savings | <input type="checkbox"/> Financial Investments | |
| <input type="checkbox"/> Other – please specify | | |

What is the purpose of this investment?

- | | | |
|-------------------------------------|-------------------------------------------|---------------------------------|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Growth | <input type="checkbox"/> Income |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Business account | |

Part 6. Foreign Tax [FATCA & CRS] - Completion of this section is mandatory

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](#)

⚠ 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 Full Name

Do any individual applicants have any tax obligations outside Australia?

Yes No **If yes** - please complete section below

Country / Jurisdiction of Tax residence

Tax Identification Number (TIN) or equivalent

If no TIN, please list Reason A, B or C

Applicant 2 Full Name

Do any individual applicants have any tax obligations outside Australia?

Yes No **If yes** - please complete section below

Country/ Jurisdiction of Tax residence

Tax Identification Number (TIN) or equivalent

If no TIN, please list Reason A, B or C

Applicant 3 Full Name

Do any individual applicants have any tax obligations outside Australia?

Yes No **If yes** - please complete section below

Country / Jurisdiction of Tax residence

Tax Identification Number (TIN) or equivalent

If no TIN, please list Reason A, B or C

Applicant 4 Full Name

Do any individual applicants have any tax obligations outside Australia?

Yes No **If yes** - please complete section below

Country/ Jurisdiction of Tax residence

Tax Identification Number (TIN) or equivalent

If no TIN, please list Reason A, B or C

Please tick box and attach separate sheet if there are more countries to be advised

Part 7. Account operating authority

Please indicate how you wish to operate your account

- one to sign (individual investors only)
- two or more to sign (for joint investors/companies/trusts)
- all to sign (for joint investors/companies/trusts)

If you select 'one to sign', each of you (including the person you appoint as a Nominated Representative) will be able to transact on or otherwise operate your account independently of the others. Joint applications must be signed by all parties, but withdrawals shall be permitted as authorised and indicated above. You can change the account operating authority at any time with written request signed by all account holders.

Nominated Representative (if applicable) (non-titled member/additional authorised signatory)

You may wish to appoint an alternate person/s as your Nominated Representative. To do so, the nominated person or party must complete this section. A Nominated Representative is able to act on behalf of an investor in all matters relating to the Fund except closing an account unless there is power of attorney. Each Nominated Representative (non-titled member) must provide 'individual ID documents'.

See Investor 'Declaration and Signature' under the heading 'Nominated Representatives (authorised signatories)' on pages 14-15 of this Application Form for information about the terms on which you are appointing the Nominated Representative.

If a Nominated Representative is your financial adviser, they must also complete the Adviser use only box on page 3 on the Identification Form Trusts/Superannuation Funds (including SMSF's).

Name of Nominated Representative 1

Surname		Given name(s)	
<input type="text"/>		<input type="text"/>	
Residential address (PO Box is NOT acceptable)			
<input type="text"/>			
Suburb			
<input type="text"/>			
State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Identified under customer number		
<input type="text"/>	<input type="text"/>		
Occupation	ANZCO Code		
<input type="text"/>	<input type="text"/>		
Signature of Nominated Representative 1			
<input type="text"/>			

Name of Nominated Representative 2

Surname		Given name(s)	
<input type="text"/>		<input type="text"/>	
Residential address (PO Box is NOT acceptable)			
<input type="text"/>			
Suburb			
<input type="text"/>			
State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Identified under customer number		
<input type="text"/>	<input type="text"/>		
Occupation	ANZCO Code		
<input type="text"/>	<input type="text"/>		
Signature of Nominated Representative 2			
<input type="text"/>			

Part 8. Privacy and Email Consent

Privacy

Please tick the box if you consent to your personal information being used and disclosed for marketing purposes

- I/we wish to receive information regarding future investment opportunities from TIP Group.
- I/we wish consent to my/our personal information being used and disclosed for marketing purposes
- I/we wish to receive all communication in respect to my/our investment within the Fund via email
- I/we wish to receive all communication in respect to my/our investment within the Fund via post.

NB: all information relevant to the Fund will be available to you on the TIP website as appropriate and/or 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 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 withdrawals, including withdrawals by telephone;
- 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 constitution 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 Memorandum are available from your financial adviser or at www.tipgroup.com.au.

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

Companies [including corporate trustees. Sole director companies need only have the one signature.]

Signature of director

Signature of individual

Name (please print)

Name (please print)

Signature of director

Signature of individual

Name (please print)

Name (please print)

Go to Appendix 2 for Identification Requirements

Trust / Superannuation Fund (incl SMSF)

[including corporate trustees. Sole director companies need only have the one signature.]

Signature of trustee

Signature of trustee

Name (please print)

Name (please print)

Signature of trustee

Signature of trustee

Name (please print)

Name (please print)

Signature of trustee

Signature of trustee

Name (please print)

Name (please print)

Go to Appendix 3 for Identification Requirements

Completed form

Please return the completed form to:

- Complete digital form or print, complete and scan before emailing this request to applications@tipgroup.com.au or
- Please **post** this completed form to:

TIP Financial Services Opportunity Fund
C/- TIP Trustees Ltd
GPO Box 639
Adelaide SA 5001

If you have any questions about this form please contact TIP Wealth on 1300 160 803 or FSFund@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 Financial Services Opportunity Fund clients.

Are there any exceptions?

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

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 **for each 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 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 passport**
showing your signature and photo, and please copy the pages which identify you **OR**
- Australian State or Territory Government issued ID card**
showing your date of birth, signature and photo **OR**
- 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:

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

Signatures

Investor - Full name

Signature

Date

Investor - Full name

Signature

Date

Investor - Full name

Signature

Date

Investor - Full name

Signature

Date

Identification Form

Companies [including Company Trustees]

Details

Name  The company's full registered name, not a trading or business name.

Country of formation

Registered in Australia?

NO YES

if YES - what is your ARBN:

Registered business address in the country of formation

Street Address

City, Town or suburb

State

Postcode

Regulated companies

Is your company an Australian listed company?

No Yes - name of market/exchange

Market/Exchange Name

Is your company a majority-owned subsidiary of an Australian listed company?

No Yes - name that listed company and its exchange

Company Name

Market/Exchange Name

Is your company a regulated company in Australia?

 One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.

No Yes - name that listed company and its exchange

Regulator

License number

Is your company a foreign owned company? Is it registered in that country?

No Yes - name that listed company and its exchange

Regulator/Exchange Name

Registration number issued by foreign registration body

 If you answered yes to any of these questions, then please provide us with a certified copy of one of the following.

- an ASIC search
- your certificate of registration issued by the ASIC.
- a search of the licence or other records of the relevant regulator
- a public document issued by the company
- a search of the relevant market/exchange
- a foreign regulator search
- a foreign regulator certificate of registration

Your Documents

Please provide certified copies of the following for **each Director**:

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 passport**
showing your signature and photo, and please copy the pages which identify you **OR**
- Australian State or Territory Government issued ID card**
showing your date of birth, signature and photo **OR**
- Foreign Government issued ID card**
showing your date of birth, signature and photo.

Group 2

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**
 - 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/Trustee's Full name

Signature

Date

Director's/Trustee's Full name

Signature

Date

Director's/Trustee's Full name

Signature

Date

Director's/Secretary's/Trustee's Full name

Signature

Date

Director's/Secretary's/Trustee's Full name

Signature

Date

Director's/Secretary's/Trustee's Full name

Signature

Date

Identification Form

Trusts / Superannuation Fund (including SMSF)

Details

Trust/superannuation fund name

Is this a Regulated Trust?

 Yes - complete **Section A - Regulated Trusts** No - go to **Section B - Trusts & SMSF**

Section A - Regulated trusts & Superannuation Fund (not including SMSF)

The Trust's ABN

Name of Regulator

Registration / Licensing Details

The Regulated Trust is a;

 Superannuation Fund (not including SMSF)**!** Please go to www.abn.business.gov.au, select the "Super Fund Lookup" option, print out the results for your super fund and send with this form Government Superannuation Fund. Please name the Act regulating this trust**!** Please provide an ASIC search of the scheme with this form Registered Managed Investment Scheme. The ARSN is**!** Please provide an extract of the establishing legislation with this form

Section B - Trust & SMSF

Please provide us with a certified copy of the trust deed including:

 the cover page the page which documents the name of the trust and the trustee the page with the date of the Trust Deed the signed pages of the Trust Deed the page that lists the name and/or class of the beneficiaries of the trust AND the page which documents the name of the settlor

Section C - Individual trustees

! Please give us details and documents as below for each individual trustee.

Director/Trustee #1 Full Name

Date of birth

/ /

Director/Trustee #3 Full Name

Date of birth

/ /

Director/Trustee #5 Full Name

Date of birth

/ /

Director/Trustee/Secretary #2 Full Name

Date of birth

/ /

Director/Trustee #4 Full Name

Date of birth

/ /

Director/Trustee #6 Full Name

Date of birth

/ /

Documents

Please provide 1 certified copy of the following for each Director and/or individual trustee.

 You don't need to provide these documents if you are a regulated trust such as a self-managed super fund

Group 1

Provide a certified copy of one of these:

- Australian driver's licence**
showing your photo, and please copy the front and back
- Foreign driver's licence**
showing your date of birth, signature and photo
- Australian passport**
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you
- Foreign passport**
showing your signature and photo, and please copy the pages which identify you
- Australian State or Territory Government issued ID card** showing your date of birth, signature and photo
- Foreign Government issued ID card** showing your date of birth, signature and photo.

Group 2

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**
- Australian or foreign government issued citizenship certificate**
- 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
- a rates or utilities notice**
one which shows your name and residential address, not more than 3 months old
- 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/Trustee #1 Full Name

Signature

Date signed

 / /

Director/Trustee/Secretary #2 Full Name

Signature

Date signed

 / /

Director/Trustee #3 Full Name

Signature

Date signed

 / /

Director/Trustee #4 Full Name

Signature

Date signed

 / /

Director/Trustee #5 Full Name

Signature

Date signed

 / /

Director/Trustee #6 Full Name

Signature

Date signed

 / /

Adviser use only

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					
Advisor group AFSL					
Advisor Signature			ADVISER STAMP		
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)
<input type="text"/>	<input type="text"/>

Full Name of Company/Trust	ABN/ACN/ARBN (if any)
<input type="text"/>	<input type="text"/>

Full Name of Company/Trust	ABN/ACN/ARBN (if any)
<input type="text"/>	<input type="text"/>

I confirm that I am a member of one or more of the following professional bodies (tick appropriate 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
<input type="text"/>	<input type="text"/>
	Street Address
	<input type="text"/>
Name of Accountant	Town or suburb
<input type="text"/>	<input type="text"/>
	State
	<input type="text"/>
Date	Postcode
<input type="text"/> / <input type="text"/> / <input type="text"/>	Country (if not Australia)
	<input type="text"/>

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>