Conscious Investor® Fund ACN 092 462 881 AFS Licence 427 216



Application and Identification Form Trusts/super funds

Trustee name(s)	
Trust/super fund	name
Country where th	ne trust/super fund was established (if not Australia)
2. Investor	contact and communication
Name	
	Email address (all general communication will be by
Contact telephon	, e
Postal address	
1 Ostal dadiess	
3. How much	ch are you investing?
nounts.)	: \$500,000 (Special arrangements may be possible in certain circumstances for small
,	\$
-	ox, distributions are reinvested: Do not reinvest distributions
nds are to be paid ir	nto the following bank account no later than the fourth last business day of the mont
	e: Conscious Capital Limited atf The Conscious Investor Fund
BSB: Account No:	012 - 006 8361 - 88699
	ur name on the funds transfer.
•	neque, make cheques payable to: Conscious Capital Limited atf the Conscious Invest
Fund.	and the constitution of the constitution and the co
Please cross "Not ne	agotiable"

4. Your banking details

We are only permitted to pay redemption or distribution proceeds into a bank account in the name of the applicant. Also redemptions cannot be paid via cheque or in cash.

Account name	Financial Institution	
BSB	Account number	
5. Tax file number (TFN)		
•	people do since if you choose not to and do not have an	
	personal rate, plus the Medicare levy, before paying any	
Investor 1 TFN	Investor 2 TFN	
OR Exemption code	OR Exemption code	
	the regulator and any licence number: t APRA or the ATO Any licence number and Lookup option" and print out the results for your	
Government superannuation fund?		
No Yes — name the act which reg	gulates the trust:	
Provide an extract of the establishing legislation		
7. Non-regulated trusts		
Including family discretionary trusts, family and other	r unit trusts, deceased estates and charitable trusts	
(but not including self-managed super funds).		
Does the trust deed name the beneficiaries?		
□No		
☐ Yes If no, please tell us how the beneficiaries are describe named charities.	ed for example, family members, unit holders, un-	

If yes-	–please list the beneficiaries below:	
Who ar	e the trustees?	
No busi	ness names or PO boxes please.	
Not	t enough room? Simply write out the details and attach them.	
Full nan	ne or company name for companies	
Date of	birth or ACN for companies	
Residen	tial address or registered office for companies	
□ □ If the tr	an ATO notice less than 12 months old eg an assessment notice a letter from a solicitor or qualified accountant that confirms the trust name certified copy of a page of the trust deed showing the trust's name. ustees are individuals, complete section 8, then sign this form. ustee is a company, complete section 9 then sign this form.	
8.	Individual trustees	
Give us	details and documents as below for one individual trustee only.	
Full na	me Date of birth	
	on to that one trustee, please provide a certified copy of one document from Group 1 or if you can't, ed copy of two documents from Group 2.	
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 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	2			
	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 pr	ovide a certified copy of one of the following:			
	a Government issued notice one of 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.			
Certification: To verify your identity, these documents can be certified by a Justice of the Peace, Doctor, Dentist, Lawyer, Physiotherapist, Pharmacist, Police Officer, Teacher, Accountant, Financial Adviser or Australia Post Officer.				
You can	now go to Section 10: Signatures			
Details	Company trustees the company's full registered name, not a trading or business name			
	, , , , , , , , , , , , , , , , , , , ,			
Principa	of company: Public, private, other (please specify) al place of business ent from the address you gave earlier. Please don't write a PO box.			
Donand	ling on the type of company, please complete subsection 9a, 9b, 9c or 9d.			
9a. Reg i Australi	ulated companies an listed company? No Yes—name of exchange:			
Majority-owned subsidiary of an Australian listed company?				
	No Yes—name of the listed company and its exchange:			
Regulato regulato	ed company? One which is licensed by an Australian Commonwealth, State or Territory statutory or.			
	No Yes—name the regulator and your licence number:			

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 9d), for you this Application form is then complete:					
□ an ASIC search OR	Tis then complete.				
	records of the relevant regulator OR				
☐ a public document issued by the	-				
□ a search of the relevant market/exchange. 9b. Public companies Please provide us with certified copies of one of the following, sign the form at the end, and for you, th					
					Application form is then complete:
□ an ASIC search OR					
 your certificate of registration 	issued by the ASIC.				
9c. Private companies					
Please provide us with a certified copy o	f one of the following:				
an ASIC search ORyour certificate of registration					
-	9				
Please also complete the following detail Not enough room? Simply write out the					
Full names of directors	details and detach them.				
Beneficial owners: that is, individuals w	ho, through one or more shareholdings, own more than 25% of the				
company's issued capital.					
Full names and addresses					
Places sign the form at the end; for you	this application form is compate				
Please sign the form at the end: for you	this application form is compete.				
9d. Foreign companies	in and decay in the country of formation				
Country of formation and registered bus	siness address in the country of formation				
Registered in Australia?					
□ No					
□ Yes					
If yes, what is the ARBN					
Registered in that country?					
□ No					
□ Yes					
If yes, name of the regulator/excha-	-				
registration number issued by registration body:	the foreign				

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 or foreign regulator search OR

☐ an ASIC or foreign regulator certificate of registration

10 Signatures

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

- You have read and understood the current Information Memorandum,
- 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
- all details in this Application are true and correct;
- you are over 18 years of age;
- if this Application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power. An original certified copy of the Power of Attorney should be submitted with this Application;
- you acknowledge that no guarantee is made either as to the return of capital or the investment performance of the Conscious Investor Fund and understand that I may lose capital depending on movements in world financial markets;
- your information will be collected and used in accordance with Privacy Policy of the Conscious Investor Fund;
- you am not aware and have no reason to suspect that the moneys used to fund our investment have been or will be derived from or related to any money laundering, terrorism financing or similar illegal activities, that I will continue to comply with Australian anti-money laundering and counter-terrorism financing laws, and declare that I am not a 'politically exposed' person or organization under these laws;
- you will provide Conscious Capital Ltd with any additional information requested in order for this Application to comply with any laws and regulations of Australia;
- Conscious Capital Ltd may refuse any Application for investment in the Conscious Investor Fund

Signature of trustee or director	Signature of trustee or director
Name and title	Name and title
Date	Date

Post completed application to:

Conscious Investor Fund c/- Link Fund Solutions GPO Box 5482 SYDNEY NSW 2001

We usually need to have your completed application and cleared application monies by 5pm at least five clear business days before the end of each month.