

Application form

Private Equity Fund

TiP Wealth

1. Your details

Are you an existing investor in the Private Equity Fund?

☐ Yes - my investor number is

If any of your details have changed, you can use part 1 to let us know, otherwise go straight to part 2.

☐ No - please complete your details below.

Investor type

☐ Individual ☐ Joint ☐ Company ☐ Partnership

☐ Other (please specify)

Are you a trustee? ☐ Yes ☐ No

Individuals

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

Investor 1

Title

Given name(s)

Surname

Date of birth

Usual occupation

Phone number (business hours) []

Phone number (after hours) []

Mobile

Fax []


Email

Sole trader ☐ Yes ☐ No

If a sole trader, what is your business name and ABN?

ABN

Trust or partnership name (if you are a trustee or partnership)

 This is for joint applicants: you do not need to complete this section if you are a trustee or partner.

Investor 2

Title

Given name(s)

Surname

Date of birth

Usual occupation

Phone number (business hours) []

Phone number (after hours) []

Mobile

Fax []

Email

Companies

 Including corporate trustees and other investor types

Name of company

ABN, ARBN or ACN Number

What is your business?

Trust name (if you are a trustee)

ARSN (if you have one)

Contact name

Phone number (business hours)

[]

Phone number (after hours)

[]

Mobile

Fax

[]

Email

Address investor 1

 Do not write a PO Box. **Companies** write your registered office¹.

 **Individuals / Sole Traders** write your residential address².

Street Address

Town or suburb

State

Postcode

Country

Registered Agent (foreign companies only)

Postal (if different)

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

Address Investor 2

This is for joint applicants: you do not need to complete this section if you are a second trustee or partner.

 **Individuals** write your residential address.

 Do not write a PO Box.

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

¹ If you are a foreign company write either your principal place of Australian business or your registered agent's name and address.

² If you are a sole trader with a business address different to your residential address, please write your business address in the Address Investor 2 box.

- \$ 100.00

3. Your banking details

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

Applicant 1

Applicant 2

Note: TIP Trustees 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

5. Tax File Number (TFN)

- OR exemption code

6. Account operating authority

Please indicate how you wish to operate your account

☐

one to sign

☐

two or more to sign

☐

all to sign

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/s 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 5-6 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 5 on the **Identification Form Trusts/super funds and their trustees**.

Name of Nominated Representative 1

Surname

Given name[s]

Residential address (PO Box is NOT acceptable)

Suburb

State

Postcode

Country

Date of birth

Identified under customer number

Occupation

ANZCO Code

Signature of Nominated Representative 1

Name of Nominated Representative 2

Surname

Given name[s]

Residential address (PO Box is NOT acceptable)

Suburb

State

Postcode

Country

Date of Birth

Identified under customer number

Occupation

ANZCO Code

Signature of Nominated Representative 2

7. Investment allocation and payment options

Please indicate how you will be making your new or additional investment and the amount you wish to invest.

I/we are making my/our investment via:

☐

Direct Credit/EFT (see below.)

☐

Bank Cheque (make cheque payable to 'Name of Trust'.)T

Private Equity Fund

TIP Trustees LTD Applications

The minimum initial investment is \$50,000.00

Initial investment

\$, , .

Cheque Instructions: Bank Cheques or drafts must be made payable to TIP Wealth Investment Management ATF Private Equity Fund. Please cross "Not negotiable".

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

TIP Trustees
G.01 and G.02, 23 Ryde Rd
Pymble, NSW, 2073
P +61 9955 9540 E info@tipgroup.com

Direct Credit / EFT Instructions

Alternatively you can direct credit your application funds to:
TIP Wealth Investment Management ATF Private Equity Fund
ANZ Bank BSB 012 003
Account number 838431963
Swift Code - ANZBAU3M
Please note the applicants' name when transferring the funds.
Please ensure all funds transferred are net of all bank charges

8. 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 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 current 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 that I/We are permitted to invest in the Fund without TIP Trustees obtaining any further authorisation, registration or certification in any country other than Australia and agree to indemnify TIP Trustees for any loss suffered if this warranty is untrue;
- 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 reasonably believes an email or facsimile communication it receives is from me/us TIP Trustees 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 or facsimile communication was fraudulent.
- unless alternative authority for signature is notified to and accepted by TIP Trustees, 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 under the headings 'Privacy' in the relevant IM. I am/We are aware that until I/we inform TIP Trustees otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) contained under that heading and I/we have consented to my/our financial adviser providing such further personal information to TIP Trustees as is required or reasonably deemed necessary by TIP Trustees 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 and we agree to release and indemnify TIP Trustees 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, or any other member of TIP Trustees 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 with such additional information or documentation as TIP Trustees 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 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 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;
- 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)

Companies

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

Signature of director

Signature of director or secretary

Name (please print)

Name (please print)

If you are an agent, attorney, appointed guardian or appointed representative, by signing you are confirming your authority to act. Please attach a copy of the power of attorney or authority to act.

Missing 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). 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 Private Equity Fund clients.

Are there any exceptions?

Already a Private Equity 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 Private Equity 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

[use the trusts identification form if you are a trustee].

1. Details

Investor 1 - Full name

Investor 2 - Full name

2. 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 indi- vidual 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

3. Signatures

Investor 1 - Full name

Signature

Date

Investor 2 - Full name

Signature

Date

Identification Form Companies

1. Details

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

Principal place of business  If different from the address you gave in the application form.

 Please don't write a PO box.

Address

Suburb

State

Postcode

Country (if not Australia)

Type of Company

☐

Public [Limited]

☐

Private [Pty Limited]

☐

Other - please specify:

2. Regulated companies

Australian listed company?

☐

No

☐

Yes - name of market/exchange

Market/exchange

Majority-owned subsidiary of an Australian listed company?

☐

No

☐

Yes - name that listed company and its exchange

Company

Exchange

Regulated company?

 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

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 **public document issued by the company OR**

☐

a **search of the relevant market/exchange.**

3a. 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 **certificate of registration** issued by the ASIC.

3b. 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.

Directors

Full name

Full name

Directors

Full name

Full name

Beneficial owners

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

Full Name

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

Full Name

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

Full name

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

Full name

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

3c. Foreign companies

Country of formation

Registered in Australia

- ☐ No
☐ Yes - what is your ARBN:

Registered in that country?

- ☐ No
☐ Yes - name of regulator/exchange:

Registration number issued by foreign registration body:

Registered business address in the country of formation:

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

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: No

- ☐ an **ASIC or foreign regulator search OR**
☐ an **ASIC or foreign regulator certificate of registration.**

4. Signatures

 Sole directors companies need only have the one signature.

Director's

Full name

Signature

Date

Director's / Secretary's

Full name

Signature

Date

Identification Form

Trusts/super funds and their trustees

1. Details

Trustee name[s]

Trust/super fund name

Trust/super fund's business name (if any)

Country where the trust/super fund was established (if not Australia)

2. Regulated trusts

This includes super funds and SMSFs

Super fund? - or another type of trust regulated by an Australian Commonwealth, State or Territory statutory regulator

☐ No ☐ Yes - please provide the following;

The trust's ABN

The regulator if not APRA or the ATO

Any license number

Registered managed investment scheme?

☐ No ☐ Yes - please provide the ARSN;

Government superannuation fund?

☐ No ☐ Yes - please name the Act regulating this trust;

If you answered yes to any of these questions, then 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:

☐ **super 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.

3. Non regulated trusts

Including family discretionary trusts, family and other unit trusts, deceased estates and charitable trusts

Does the trust deed name the **beneficiaries**?

Super fund? - or another type of trust regulated by an Australian Commonwealth, State or Territory statutory regulator

☐ No - please tell us how the beneficiaries are described for example, family members, unit holders, unnamed charities.

☐ Yes - please list them below.

Beneficiary name



Beneficiary name

Beneficiary name

Beneficiary name

If there are more beneficiaries, attach the details.

Who are the trustees?

-  No business names or PO boxes please
-  Not enough room? Simply write out the details and attach them.

Full name or company name for companies

ACN Date of birth

Registered office or residential address

Street Address

Town or suburb State

Postcode Country (if not Australia)

Full name or company name for companies

ACN Date of birth

Registered office or residential address

Street Address

Town or suburb State

Postcode Country (if not Australia)

Full name or company name for companies

ACN Date of birth




Registered office or residential address

Street Address

Town or suburb State

Postcode Country (if not Australia)

Please provide us with certified copies of one of the following::

-  an **ATO notice**
less than 12 months old eg an assessment notice OR
-  a **letter from a solicitor or qualified accountant**
that confirms the trust name OR
-  a **certified copy of a page of the trust deed**
showing the trust's name.

If the trustees are individuals, complete section 4 then sign this form.

If the trustee is a company, complete section 5 then sign this form.

4. Individual trustees

-  Give us details and documents as below for one individual trustee only.

Full name

Date of birth

In relation to that one trustee, 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 (but 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 **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

5. Company trustees

5a.Details

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

Principal place of business  If different from the address you gave in the application form.

 Please don't write a PO box.

| | | |
|----------------------|----------------------|----------------------------|
| Address | | Suburb |
| <input type="text"/> | | <input type="text"/> |
| State | Postcode | Country (if not Australia) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Type of Company

☐ Public (Limited)

☐ Private (Pty Limited)

☐ Other - please specify:

5b. Regulated companies

Australian listed company?

☐ No ☐ Yes - name of market/exchange

Market/exchange

Majority-owned subsidiary of an Australian listed company?

☐ No ☐ Yes - name that listed company and its exchange

Company

Exchange

Regulated company?

 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

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 **public document issued by the company OR**

☐ a **search of the relevant market/exchange.**

5c. 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 **certificate of registration** issued by the ASIC.

5d. 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.

Directors

Full name

Full name

Directors

Full name

Full name

Beneficial owners

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

Full Name

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

Full Name

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

Full name

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

Full name

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

5e. Foreign companies

Country of formation

Registered business address in the country of formation:

Street Address

Registered in Australia

☐ No☐ Yes - what is your ARBN:

Town or suburb

State

Postcode

Country (if not Australia)

Registered in that country?

☐ No☐ Yes - name of regulator/exchange:

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.**

Registration number issued by foreign registration body:

6. Signatures

 Sole directors companies need only have the one signature.

Trustee's / Director's

Full name

Signature

Date

Trustee's /Director's / Secretary's

Full name

Signature

Date

7. 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 Adviser

group AFSL

Adviser Signature

Date

ADVISER STAMP

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 Limited may in its absolute discretion refuse any application for Units. Persons external to TIP Trustees Limited or other entities who market TIP Trustees Limited products are not agents of TIP Trustees Limited but are independent investment advisers. TIP Trustees Limited will not be bound by representations or statements which are not contained in information disseminated by TIP Trustees Limited. 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.

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 \$500,000. 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 professional bodies (tick appropriate box):

- ☐ CPA Australia ["CPA" or "FCPA"]; or
- ☐ Institute of Chartered Accountants in Australia ["CA", "ACA" or "FCA"]; or
- ☐ The National Institute of Accountants in Australia ["PNA", "FPNA", "FINA" or "MNIA"]; 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>