

Application Form

Longwave Investment Funds

This application form relates to the Longwave Australian Small Companies Fund – Class A and Longwave Australian Midcap Fund – Class A ('Fund') issued by Pinnacle Fund services Limited (ABN 29 082 494 362, AFSL 238371) as the Responsible Entity ('RE'). The general information of the Fund can be found in each Offer Document.

Fund	ARSN
Longwave Australian Small Companies Fund – Class A	630 979 449

APPLICATION FORM

IMPORTANT INFORMATION

Defined terms in this Application Form have the definition given to them in the Offer Document.

THE OFFER DOCUMENT FOR EACH OF THE FUNDS MUST BE READ PRIOR TO COMPLETING THIS APPLICATION FORM.

The Registry service provider is Citigroup Pty Limited ("Registry").

REGISTRY MAILING INFORMATION

Initial Investments - post original in the mail

to:

Longwave Capital Partners c/- Citi Unit Registry Australia GPO Box 764 Melbourne VIC 3001

Additional Investments - please fax to:

[Fund Name] [Investor Name] c/- Citi Unit Registry Australia +61 1300 102 151

APPLICATION PAYMENT INFORMATION

Electronic Funds Transfer (EFT):

Payee: Pinnacle Application

BSB: 242 000 Account Number: 208 953 028

APPLICATION FORM CHECKLIST

IMPORTANT INFORMATION

If you are not able to provide the *Anti-Money Laundering/Counter-Terrorism Financing (AML/CTF)* information requested in the Application Form, please refer to the FAQ or contact us for a list of alternative information you may supply.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

	Section 1 - Investment Details	
Ш	Nominate to open a new account or invest additional funds to an existing account	
_	Section 2 – Investor Details	
	Provide your details depending on the type of customer you are. Please complete only the pages that are relevant to you.	
	(A) Individual (including a sole trader, or an adult acting as a trustee for a minor) or Joint Account	p. 3-4
	(B) □ Partnership	p. 5-8
	(C) 🗆 Australian Company	p. 9 -12
	(D) ☐ Foreign Company	p. 13-17
	(E) Self Managed Superannuation Fund (SMSF)	p. 18-19
	(F) Australian Regulated Trust (other than a SMSF)	p. 20-21
	(G) Unregulated Trust (including foreign trusts)	p. 22-26
	(H) ☐ Association or Registered Co-operative	p. 27-28
	(I) Government Body	p. 29-30
	Note 1: If you believe the above investor categories do not adequately represent your legal structure please contact us on 1300 010 311 or by e-mail at: invest@pinnacleinvestment.com.	or disposition,
	Section 3 – Application Amount and Payment Details	Fired
	Indicate the amount you wish to invest in the Fund and the payment details for your investment for the	e Funa
	Section 4 – Distribution Election	
	Select your distribution payment method	
	Section 5 – Fund Information	
	The information you may receive from us	
	Section 6 – Adviser Access	
	Provide your adviser's details, if applicable, for access to your statements	
	Section 7 – Tax File Number Notification or Exemption Provide tax file number(s)	
	Section 8 – Consumer Attributes	
	Indicate your consumer attributes to assist the RE in meeting its obligations under the Treasury Laws (Design and Distribution Obligations and Product Intervention Powers) Act 2019 (the Design and Dis Obligations)	
_	Section 9 – Declaration and Application Signatures	
Ш	Read the declaration, elect the account operating authority, and provide the appropriate signatures	
Section	on 1 – Do you have an existing account within a Longwave investment fund?	
Yes	The investment in this application will be in a <i>different</i> Longwave investment fund but it will hav name and capacity as my existing account, and there are no changes to any of my other details.	e the same
	My current account number is Please go to Section 3.	
	If there are any changes to your other details, please to go Section 2.	
No	☐ Go to Section 2	

Section 2 –	Section 2 – Investor Details					
A. INDIVIDU	JAL OR JOINT APPLIC	CANTS				
Investor 1	Title	Given name/s				
	Surname			Date of birth		
	Residential address (st	reet address only)				
	Suburb	State	Postcode	Country		
	Postal address (if differ	,			_	
	Suburb	State	Postcode	Country		
	Note: This address wil	be used for all account corresponde	ence; however we als	so require your residentia	al address.	
	Phone no. ()		Mobile no			
	Facsimile no. ()					
	E-mail address:					
	What is your occupation	n? □Retired □Other - please desc	cribe:			
	Are you a sole trader	?: NO \square / YES \square then, please p	rovide ABN/ARBN _			
	Full business name:					
	Principal place of busin	ness (if any)(street address only)				
	Suburb	State	Postcode	Country		
TAX CERTIF						
•	Scitizen? NO 🗆 / YES	S \square than Australia for tax purposes? NC	N□ / VES□			
-		a dual resident in Australia and anot				
	•	elow for the countries outside of Aust		e a tax resident:		
Country of tax residency			Tax Identification	Number (TIN) or equiv	/alent number	
lf amplicable			-t:f:t:			
іт арріісавіе,	please specify the reason	on for the non-availability of a tax ide	ntilication number:			
Are you oper	ning an account on beha	R OR JOINT ACCOUNT If of a minor (i.e. acting as trustee for provide details of the minor in the sec	•	ge of 18)?		
	ning a joint account?	steville detaile of the film of in the eet	alon bolow.			
		provide details of Investor 2 in the se	ction below.			
□ ATTACH	: Certified copy of th	e current Australian driver's licen	ce or passport of Ir	nvestor 1.		
Note: Docum Translators a Each docur certifiers inc permanent e	ents that are not written and Interpreters (NAATI) nent supplied must be lude registered legal pre employees of Common	in English must be accompanied by accredited translator, lawyer or leg a certified as a true copy of the of actitioners, dentists and medical privalith, State or Territory, or local grant by holder, with 2+ years continuou	an English translational translator. riginal by an accepactitioners; Justice covernment authority	n prepared by a National prepared by a Nation	Australia, acceptable icers; notary public; ous service; officers with, or	
acceptable of	certifiers.					

If this is joint application, please complete details for Investor 2. Otherwise, please proceed to Section 3.

Minor	Given name/s:				
	Surname:			Date of birth:/_	
	Residential Address (Stre	et Address only):			
	Suburb:	State:	Postcode:	Country:	
Is the mind Is the mind (Note: ple	ase select "Yes" if the minor i	'ES □ or than Australia for tax purposons a dual resident in Australia a w for the countries outside of A	nd another country).	ninor is a tax resident:	
Count	ry of tax residency		Tax Identification N	lumber (TIN) or equivalent nu	mber
If applicable	le, please specify the reason	for the non-availability of a tax	identification number:		
□ ATTAC	CH: Certified copy of the o	current Australian driver's lid	cence or passport of	the Minor.	
Translators Each documents include regemployees representations	s and Interpreters (NAATI) ac ument supplied must be co gistered legal practitioners, do s of Commonwealth, State of	credited translator, lawyer or ertified as a true copy of the entists and medical practition r Territory, or local governme	legal translator. coriginal by an accentration of the Pennis Justice of the Pennis authority with 2+ years.	ceptable certifier. Within Austra eace; police officers; notary pubers continuous service; officer to the FAQ for the complete list	lia, acceptable certifiers blic; permanent s with, or authorised
Investor 2	Title Giv	en name/s			
	Surname			Date of birth/	
Residentia	address (street address only)			
Suburb		State	Postcode	Country	
	, ,	Mobile no		Facsimile no. ()	
E-mail add What is you		Other - please describe:			_
TAX CERT Are you a l Are you a (Note: ple	TIFICATIONS JS citizen? NO □ / YES □ resident of a country other that ase select "Yes" if the minor it	·	NO \Box / YES \Box nd another country).		
Count	ry of tax residency		Tax Identification N	lumber (TIN) or equivalent nu	mber
If applicable	le, please specify the reason	for the non-availability of a tax	identification number:		
					Continued over page

□ ATTACH: Certified copy of the current Australian driver's licence or passport of Investor 2

Note: Documents that are not written in English must be accompanied by an English translation prepared by a.National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator, lawyer or legal translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.

B. PARTNERSHIP			
B.1 PARTNERSHIP DETAILS			
Full name of partnership:			
Registered business name of partnership (if any):			
ABN/ACN:			
Country where partnership is established: Australia YES	☐ / NO ☐ If 'No', then p	olease name country:	
Describe the partnership's principal business activity:			
Registered address (street address only):			
Suburb State	Postcode	Country	
Postal address (if different from above):			
SuburbState	Postcode	Country	
Note: This address will be used for all account corresponde	ence; however we also re	quire your registered address.	
Phone no. () Mobile	e no	Facsimile Phone no.()
E-mail address:			
Is the partnership regulated by a professional association?			
YES □ - Provide name of association:			_
Provide membership details:below.		Please provide the details r	equested for Partner 1 in B.2
NO □ - How many partners are there?	Please provide details	s of ALL partners in B.2 below.	
			Continued over page

B.2 PARTNER DETAILS						
Partner 1:						
Given name/s:		Surname:		Date of birth:	/	/
Residential address (street add	ress only)					
Suburb	State	Postcode	Country			
Partner 2:						
Given name/s		Sı	urname			
Residential address (street add	ress only)					
Suburb	State	Postcode	Country			
Partner 3:						
Given name/s		Sı	urname			
Residential address (street add	• ,					
Suburb		Postcode				
(If there are more partners, pro	vide details on a sepa	arate sheet and tick this box \Box)				
B.3 BENEFICIAL OWNER DE	TAILS					
person can be identified then the owner(s) of the partnership. *Control includes exercising coagreements, arrangements, un	eficial Owners, then page most senior manage most senior manage metrol through the capa	provide details of each individual viging official(s) of the partnership (stacity to determine decisions abouttices.	such as the Managir	ng Partner) is/are ta	aken to b	e the beneficia
Beneficial Owner 1: Given name/s:		Surname:		Date of hirth:	,	1
Residential address (street add		Guiriaine.		_ Date of birth	/	/
Suburb:	State:	Postcode:	Country: _			
For a Category B Beneficial Ov	vner, please describe	role (e.g. Managing Partner):				
Beneficial Owner 2:						
Given name/s:		Surname:		_ Date of birth:	/	_/
Residential address (street add	lress only)					
Suburb:	State:	Postcode:	Country: _			
For a Category B Beneficial Ov	vner, please describe	role (e.g. Managing Partner):				
Beneficial Owner 3:						
Given name/s:		Surname:		_ Date of birth:	/	_/
Residential address (street add	Iress only)					
Suburb:	State:	Postcode:	Country: _			
For a Category B Beneficial Ov	vner, please describe	role (e.g. Managing Partner):				
					.Continu	ed over page

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	ficial Owner 4:	Surr	name:	Date of b	oirth:/_	
Resid	ential address (street address only	<i>'</i>)				
Subur	b: S	tate:	Postcode:	Country:	_	
	Category B Beneficial Owner, plea					
(If the	ere are more beneficial owners, pr	ovide details on a sepai	rate sheet and tick this	box □)		
B.4 T	AX CERTIFICATIONS					
1. Is t	he partnership's place of effective	management situated	outside of Australia? N	NO □ / YES □ If 'Yes, please	complete table belo	w.
•	Country of tax residency		Tax Identification	n Number (TIN) or equivalen	t	
If appli	icable, please specify the reason t	or the non-availability o	of a tax identification nu	mber:		
	ease select ONE of the following c United States Partnership (The partnership was created in the state of the partnership an exempt payon).	ne U.S., established und	der the laws of the U.S.	or is a U.S. tax payer)		
	YES □ - please provide t	ne exemption code:				
	Proceed to B.5 of Section 2.					
	Financial Institution – Deposito	ry Institution, Custodi	ial Institution or Speci	ified Insurance Company		
	Provide the partnership's Global I	•	•			
	If the partnership does not have a	GIIN, please advise of	FATCA status:			
	Proceed to B.5 of Section 2.					
	Financial Institution – Investme	nt Entity				
	Provide the partnership's Global I	ntermediary Identification	on Number (GIIN), if ap	plicable:		
	If the partnership does not have a	GIIN, please advise of	FATCA status:			
	Is the partnership located outside YES □ - please also tick NO □ - <i>Proceed to B</i> .	'Other' below and provi				
	Active Non-Financial Entity (During the previous reporting per royalties) and less than 50% of as seek assistance from your tax ad	sets held produced pas				
	Proceed to B.5 of Section 2.					
	Other (None of the above applies to the	partnership)				
	Is any one of the Beneficial Owne	rs or partners of the pa	rtnership, a US citizen?	NO □ / YES □		
	Is any one of the Beneficial Owner YES \square	rs or partners of the par	rtnership, a resident of	a country other than Australia	for tax purposes? N	0 🗆 /
	(Note: please select "Yes" if they	are a dual resident in A	ustralia and another co	ountry).		

				Continued over page
lf " Yes "	', please complete the	e table below for the countries outside	e of Australia in which they are a tax	resident:
Name of	person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.
(If more	e space is required, p	lease use a separate sheet and tick t	his box □)Proceed to B.5 of Secti	ion 2.
B.5 DOCUME	NTS TO PROVIDE			
☐ ATTACH:	Certified copy of P	artnership Agreement; and		
	• •	ne current Australian driver's licen	•	
			• •	I Owners listed in B.3 of Section 2; and
□ ATTACH:		egulated by a professional associa s independently sourced from the		membership certificate OR
		en in English must be accompanied l NAATI) accredited translator, lawyer		by a National Accreditation Authority
certifiers incl permanent e	ude registered legal mployees of Commo epresentative of, an A	be certified as a true copy of the practitioners, dentists and medical purchasels, State or Territory, or local AFSL holder, with 2+ years continuous	practitioners; Justice of the Peace; government authority with 2+ yea	; police officers; notary public; rs continuous service; officers with, or
Please proce	ed to Section 3.			
C. AUSTRAI	LIAN COMPANY			
C.1 COMPA	NY DETAILS			
Full company	name as registered b	y ASIC:		
Full business	name (if any):			
Country where	e registered / incorpor	rated: Australia YES / NO - If	'No', please go to D. Foreign Com	npany of section 2.
Describe the	company's principal	business activity:		
Registered off	fice address (street ad	ddress only):		
Suburb:		State:	Postcode:	Country:
Postal addres	s (if different from abo	ove):		
		State: all account correspondence; however		Country:ddress.
Suburb:		State:	Postcode:	Country:
Phone no. ()	Mobile no	Facsimile Phone	no. ()
E-mail addres	s:			
C.2 COMP	ANY TYPE			
☐ Public com	company (companie	nose name does not include Pty or		Section 2 rivate company) – provide the director
Number of dir	ectors of the company	/:		

Direc	tor 1:	Given name/s:		Surnan	ne:
					Continued over page
Direc	tor 2:	Given name/s:		Surnan	ne:
Direc	tor 3:	Given name/s:		Surnan	ne:
Direc	tor 4:	Given name/s:		Surnan	ne:
•		•	provide details on a	separate sheet and tick this box \Box	1)
Proce	eed to	C.3 of Section 2			
C.3	REGU	LATORY/LISTING DI	ETAILS		
		ct any of the following C.4 of Section 2.	category that applie	s to the company, and provide th	ne information requested. <i>If none applies, please</i>
		lian public listed cor			
				cial market such as the ASX)	Dragged to C.E. of
	Section Section				Proceed to C.5 of
		y-owned subsidiary nies that are majority			Australian Financial market such as the ASX)
1	Name (of market/exchange: _			Proceed to C.5 of Section 2.
		lian regulated compa	•		
Š	supervi	sion is beyond that pro ian Financial Services	ovided by ASIC for t	he company's registration. Exam	tralian statutory regulator. In particular, its nples of regulated companies in Australia include L), or Registrable Superannuation Entity (RSE)
F	Regula	tor's Name:			
L	Licence	e details (e.g. AFSL No	o. , ACL No., RSE N	lo.):	
	Procee	d to C.5 of Section 2			
C.4	BENE	FICIAL OWNER DET	AILS		
		to be completed for all n public listed company			panies, listed public company, or majority owned by
Pleas	se prov	Beneficial Owners de details for each indi ownership of 25% or n			ny's issued share capital. This includes individuals
If the	re are r		nost senior managing		directly or indirectly controls* the company. If no such s the managing director or other directors) is/are taken
				y to determine decisions about finals; voting rights of 25% or more inc	ancial or operating policies; or by means of trusts, cluding power to veto.
		Owner 1:			
Giver	n name	/s:		Surname:	Date of birth:/
Resid	dential	address (street address	,,		
Subu	ırb:		State:	Postcode:	Country:
For C	Categor	y B Beneficial Owner, p	olease describe role	(e.g. Managing Director):	
		Owner 2:			
Giver	n name	/s:		Surname:	Date of birth:/
Resid	dential	address (street address	s only)		
Subu	ırb:		State:	Postcode:	Country:
For C	Categor	y B Beneficial Owner, p	olease describe role	(e.g. Managing Director):	
					Continued over page

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ver	eficial Owner 3: n name/s:		Surname:	[Date of birth://
	dential address (street addres				
ıbu	ırb:	State:	Postcode:	Country:	
			e.g. Managing Director): separate sheet and tick this b		
ос	eed to C.5 of Section 2.				
5	TAX CERTIFICATIONS				
	Is the company also a tax	resident of a country o	utside of Australia? NO 🗆 /	YES ☐ If 'Yes, please c	complete table below.
	Country of tax residency		Tax Identification number	n Number (TIN) or equi	ivalent
l a	pplicable, please specify the i	reason for the non-ava	uilability of a tax identification n	umber:	
_					
Ρ	Please select only ONE of the	following categories th	nat apply to the company and	provide the information i	requested:
]	Financial Institution (The company is a custodial	or depository institution	on, an investment entity or a sp	pecified insurance comp	pany)
	` '			•	
	If the company does not have	ve a GIIN, please advis	se of FATCA status:		
	Proceed to C.6 of Section	2.			
7	Public Listed Company M	laiority Owned Subsi	diary of an Australian Listed	l Company or an Austr	ralian Registered Charity
			diary of all Adstralian Listee	2 Company of all Austr	ranan Registered Orlanty
7	Proceed to C.6 of Section Active Non-Financial Entit				
(During the previous reporting period, less than 50% of the company's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.					
	Proceed to C.6 of Section	2			
	Other				
	(None of the above applies to ls any one of the company's		IS citizen? NO □ / YES □		
	, ,		resident of a country other tha	ın Australia for tax purpo	oses? NO □ / YES □
	•	•	ent in Australia and another co	• /	
			ountries outside of Australia in	which they are a tax res	sident:
	Name of person	Country of tax res		tification Number equivalent number	If no TIN available, please describe reason.

C.6 DOCUMENTS TO PROVIDE

Australian regulated company, Australian listed public company, or majority owned by an Australian public listed company as per C.3 of Section 2.

□ NO ATTACHMENT REQUIRED

Please proceed to Section 3.

For all other companies

☐ ATTACH: Certified copy of the current Australian driver's licence or passport of each of Beneficial Owner listed in C.4 of Section 2.

Note: Documents that are not written in English must be accompanied by an English translation prepared by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator, lawyer or legal translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.

D. FOREIC	SN COMPANY			
D.1 COMP	ANY DETAILS			
Full name o	f foreign company :			
Full busines	s name (if any):			
Country wh	ere formed/ registered / incorporated:			_
Describe th	e company's principal business activ	rity:		
Registered	by a foreign body? NO ☐ / YES ☐ If "	Yes', provide name of reg	gistration body:	
Is the forei □ Yes	gn company registered with ASIC Provide the Australian Registered E Provide EITHER: ☐ principal place Address (street address only):	Body Number (ARBN): _ of business address in	Australia, OR □ local a	agent's name and address details
	Suburb	State	Postcode	Country
	Full name of local agent in Australia:			
□ No				dy:
	Date of company registration or inc			
	Provide principal place of business			
	Address (street address only):			
	Suburb	State	Postcode	Country
formation, in			-	c, provide the registered address in the country of
				Country
	ess (if different from above)			•
Suburb Note: This a	address will be used for all account co	State rrespondence; however w	Postcode ve also require your regis	Countrytered address.
Phone no. ()	_ Facsimile Phone no. (_)	
E-mail addr	ess:			
Proceed to	D.2 of Section 2			

D.2	COMPANY TYPE						
Sele	ct only ONE of the following categories:						
□ Pı	ublic company (companies whose name does not include Pty or proprietary) - proceed to D.3 of Section 2						
	☐ Proprietary company (companies whose name ends with Proprietary Ltd or Pty Ltd, also known as private company) – provide the details of						
	rectors below:						
	the number of directors for the company:						
	ctor 1: Given name/s: Surname: Surname: Surname:						
	ctor 3: Given name/s: Surname:						
	ctor 4: Given name/s: Surname:						
Direct	Stor 4. Givernations.						
(If th	ere are more directors, please provide details on a separate sheet and tick this box \Box)						
Prod	ceed to D.3 of Section 2						
D.3	REGULATORY/LISTING DETAILS						
	se select any of the following category that applies to the company and provide the information requested. If none applies, please seed to D.4 of Section 2.						
П	Dublic listed commons						
ш	Public listed company (The company is a listed company on a financial market that is subject to disclosure requirements to ensure transparency of beneficial						
	ownership comparable to similar public listing requirements in Australia)						
	Name of market/exchange/ disclosure regime:						
	Country: Proceed to D.5 of Section 2.						
	Majority-owned subsidiary of an Australian public listed company (The company that is majority owned by an Australian company that is listed on an Australian financial market, such as the ASX)						
	Australian listed company name:						
	Name of market/exchange: Proceed to D.5 of Section 2.						
П	Regulated in Australia						
	(The company is <i>licensed</i> and its activities are subject to the oversight of an Australian statutory regulator. In particular, its supervision is beyond that provided by ASIC for the company's registration. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees.)						
	Regulator Name:						
	Licence details (e.g. AFSL No. , ACL No., RSE No.): Proceed to D.5 of Section 2.						
D.4	BENEFICIAL OWNER DETAILS						
	section is to be completed by a companies that is NOT public listed companies, majority owned by an Australian public listed company or apany regulated in Australia as per D.3 of section 2.						
	egory A Beneficial Owners						
	ase provide details for each individual who ultimately owns 25% or more of the company's issued share capital. This includes individuals with rect ownership of 25% or more of the company.						
Cate	egory B Beneficial Owners						
can	ere are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly control* the company. If no such person be identified then the most senior managing official(s) of the company (such as the managing director or other directors) is/are taken to be the eficial owner(s) of the company.						
	ntrol includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, elements, arrangements, understanding and practices; voting rights of 25% or more including power to veto.						
Ben	eficial Owner 1:						
Give	en name/s: Date of birth:/						
	idential address (street address only)						
Sub	ourb: State: Postcode: Country:						
	eficial Owner Category: A □ or B □						
ror	Category B beneficial Owner, please describe role (e.g. Managing Director):						

...Continued over page

Beneficial Owners 2						
Given name/s:		Surname:		Date of birth: _	//	
Residential address (s	street address only)					
Suburb:	State:	Postcode:	Country: _			
Beneficial Owner Cate	egory: A □ or B □					
For Category B benef	icial Owner, please describe	e role (e.g. Managing Director):				
Beneficial Owner 3:		_				
		Surname:		Date of birth:	//	
Residential address (s	street address only)					
Suburb:	State:	Postcode:	Country: _			
Beneficial Owner Cate	egory: A □ or B □					
For Category B benef	icial Owner, please describe	e role (e.g. Managing Director):				
Beneficial Owner 4:						
		Surname:		Date of birth:	//	
5 11 (11 11 /	street address only)					
Residential address (s	* *					
	State:	Postcode:	Country:			
Suburb:		Postcode:	Country: _			
Suburb:Beneficial Owner Cate	egory: A □ or B □					
Suburb:Beneficial Owner Cate For Category B benef	egory: A □ or B □ icial Owner, please describe	e role (e.g. Managing Director):				
Suburb:	egory: A □ or B □ icial Owner, please describe neficial owners, provide deta					
Suburb:	egory: A or B icial Owner, please describe neficial owners, provide deta	e role (e.g. Managing Director):				
Suburb:	egory: A or B icial Owner, please describe neficial owners, provide deta	e role (e.g. Managing Director): hils on a separate sheet and tick th	is box □)			
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	Financial Institution – Inves	stment Entity						
	Provide the company's Global Intermediary Identification Number (GIIN), if applicable:							
	Is the company located outside of Australia and managed by another Financial Institution? YES □ - please also tick 'Non-US Passive NFE' below and provide the information requested. NO □ - <i>Proceed to D.6 of Section 2.</i>							
	Public Listed Company, Majority Owned Subsidiary of a Public Listed Company or International Organisation							
	Proceed to D.6 of Sect	ion 2.						
	passive income (e.g. dividend	-Financial Entity torganisation; or during the previous reds, interests and royalties) and less that nancial Entities or seek assistance from	an 50% of assets held produced pas					
	Proceed to D.6 of Section 2	2.						
	Passive Non-Financial Enti (None of the above applies to							
	Is any one of the company's	Beneficial Owners a US citizen? NO	□ /YES □					
		Beneficial Owners, a resident of a cou they are a dual resident in Australia ar		oses? NO □ / YES □				
	•	e table below for the countries outside	• •	esident:				
N	ame of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.				
If more space is required, please use a separate sheet and tick this box □)								
	e space is required, please use							
D.6	DOCUMENTS TO PROVIDE TACH: Certified copy of th	e current Australian driver's licence	or passport of each Beneficial O					
D.6 □ AT	DOCUMENTS TO PROVIDE TACH: Certified copy of th TACH: For a company that	e current Australian driver's licence t is not registered with ASIC, provid	e or passport of each Beneficial O e a certified copy of the registration	on certificate				
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E.2 BENEFICIARY (MEMBER)	DETAILS				
Please provide details of all me	embers of the SMSF				
Beneficiary 1:					
Given name/s:		Surname:		Date of birth:	/
Residential address (street addre	ess only)				
O. b. orb.	01-1	De de de	0		
Suburb:			-		
Occupation: □Retired □Other	- piease describe:				 -
Beneficiary 2:		0		Data af blade	, , ,
Given name/s:		Surname:	······································	Date of birth:	/
Residential address (street addre	ess only)				
Suburb:	State:	Postcode:	Country:		
Occupation: □Retired □Other	- please describe:				
Beneficiary 3:					
Given name/s:		Surname:		Date of birth:	//
Residential address (street addre	ess only)				
Culturate		Doctor do.			
Suburb:					
Occupation: Retired Other	- please describe:				
Beneficiary 4:		0		Data af blade	, ,
Given name/s:		Surname:	· · · · · · · · · · · · · · · · · · ·	Date of birth:	/
Residential address (street addre	ess only)				
Suburb:	State:	Postcode:	Country:		
Occupation: □Retired □Other	- please describe:				
E.3 TRUSTEE TYPE					
L.S TROOTEL TITE					
SELECT THE TRUSTEE TYPE		-			
☐ INDIVIDUAL TRUSTEES -☐ CORPORATE TRUSTEE -	•				
E.4 INDIVIDUAL TRUSTEES	<u>, </u>				
	(-) lists dis 5 0 -4 0	and an Oladama along the towards	(-) -(-(01405		
☐ I/we confirm that the member	• •		` '		
If there is only ONE member in the				5 (114	, ,
Given name/s:		Surname:		_ Date of birth: _	/
Residential address (street addre	ess only)				
Suburb:	_ State:	Postcode:	Country:		
Occupation: □Retired □Other	- please describe:				
TAX CERTIFICATIONS					
1. Are you a US citizen? NO		_	_		
	-	a for tax purposes? NO/			
(Note: please select "Yes"	ıт you are a dual reside	nt in Australia and another cou	untry).		Continued over page

	/	Tax Identification	Number (TIN) or equivalent number	
If applicable, please spe-	cify the reason for the non-availa	bility of a tax identification n	umber:	
document supplied must reters (NAATI) accredited oners, dentists and medica or Territory, or local govern	translator, lawyer or legal trail practitioners; Justice of the Pe	the original by a Nationa anslator. Within Australia, eace; police officers; notary ntinuous service; officers w	Accreditation Authority for Translat acceptable certifiers include registered public; permanent employees of Comr ith, or authorised representative of, an	legal nonwe
CORPORATE TRUSTEE				
	Iby ASIC:			
. ,	Toy Acic.			
V				
cribe the company's principa	al business activity (not applical	ole if the company only act	s as a corporate trustee):	
istered office address (street	address only):			
urh:	State:	Postcode:	Country:	
tal address (if different from a		1 Ostcode	Country.	
			Country:	
e: This address will be used for	or all account correspondence; h	owever we also require you		
e: This address will be used for		owever we also require you		
e: This address will be used for cipal place of business (if different	or all account correspondence; herent from Registered address)(s	owever we also require you street address only): 		
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e: This address will be used for cipal place of business (if different cipal place of business (if different cipal place) I we confirm that the member ere is only ONE member in the cipal part of the cipal place.	or all account correspondence; herent from Registered address)(s State: State: Fr(s) listed in E.2 of Section 2 is the SMSF and there is an addition Surnam	owever we also require you street address only): Postcode: Sare also the director(s) or all director of the corporate to	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details below	:
e: This address will be used for cipal place of business (if different cipal place of business (if different cipal place) we confirm that the member ere is only ONE member in the name/s:	or all account correspondence; herent from Registered address)(s State: State: Gr(s) listed in E.2 of Section 2 is the SMSF and there is an addition Surnamess only)	owever we also require you street address only): Postcode: s/are also the director(s) or all director of the corporate the: e:	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details below	:
e: This address will be used for cipal place of business (if different place) burb: //we confirm that the member ere is only ONE member in the en name/s: // cidential address (street addresourb	or all account correspondence; herent from Registered address)(s State: State: Gr(s) listed in E.2 of Section 2 is the SMSF and there is an addition Surnamess only)	owever we also require you street address only): Postcode: s/are also the director(s) or all director of the corporate the: Postcode	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details belowDate of birth/	:
e: This address will be used for cipal place of business (if different place) burb: //we confirm that the member ere is only ONE member in the en name/s: // cidential address (street addresourb	or all account correspondence; herent from Registered address)(s State: State: Fr(s) listed in E.2 of Section 2 is the SMSF and there is an addition Surnamess only) State State	owever we also require you street address only): Postcode: s/are also the director(s) or all director of the corporate the: Postcode	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details belowDate of birth/	:
e: This address will be used for cipal place of business (if differential place) burb: five confirm that the member ere is only ONE member in the en name/s: cidential address (street addrest burb cupation: Retired Other that the member in the en name/s: Cupation: Retired Other that the member in the en name/s: Cupation: Retired Other that the member in the en name/s: Cupation: Retired Other that the member in the en name/s: Cupation: Retired Other that the member in the en name/s:	or all account correspondence; herent from Registered address)(s State: or(s) listed in E.2 of Section 2 is the SMSF and there is an addition Surnamess only) State please describe:	owever we also require you street address only): Postcode: s/are also the director(s) or all director of the corporate the: Postcode	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details belowDate of birth/ Country	:
e: This address will be used for cipal place of business (if differential place) or business (if differential place) or business (if differential place) or business (street address) and control place plac	or all account correspondence; herent from Registered address)(s State: State: State: State: State in E.2 of Section 2 is an addition Surnam Surnam Surnam State - please describe: / YES ntry other than Australia for tax p	owever we also require you street address only): Postcode: s/are also the director(s) or all director of the corporate the: Postcode urposes? NO / YES	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details belowDate of birth/ Country	:
e: This address will be used forcipal place of business (if differential place) or business (if differential place) or business (if differential place) or business (street address) and business (street address) and business (street address) are you a US citizen? NO [Are you a resident of a cour (Note: please select "Yes" if	or all account correspondence; herent from Registered address)(s State: State: Fr(s) listed in E.2 of Section 2 is the SMSF and there is an addition Surnamess only) State please describe: I YES Intry other than Australia for tax purifyou are a dual resident in Australia.	owever we also require you street address only): Postcode: s/are also the director(s) or all director of the corporate the: Postcode Postcode urposes? NO / YES and and another country).	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details belowDate of birth/Country	:
e: This address will be used for cipal place of business (if differential place) burb: we confirm that the member ere is only ONE member in the en name/s: cupation: Retired Other cupation: Retired	or all account correspondence; herent from Registered address)(s State: State: State: State: State in E.2 of Section 2 is an addition Surnam Surnam Surnam State - please describe: / YES ntry other than Australia for tax p	owever we also require you street address only): Postcode: s/are also the director(s) or all director of the corporate the: Postcode Postcode urposes? NO / YES and and another country).	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details belowDate of birth/Country	:
e: This address will be used for cipal place of business (if differential place) burb: we confirm that the member ere is only ONE member in the en name/s: cidential address (street addrest address	or all account correspondence; herent from Registered address)(s State:	owever we also require you street address only): Postcode: s/are also the director(s) or all director of the corporate to e: Postcode urposes? NO / YES ralia and another country). utside of Australia in which yellow the street in the country of the country	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details belowDate of birth/Country	:
e: This address will be used forcipal place of business (if differential place) or business (if differential place) or business (if differential place) or business (street address) and business (street address) and business (street address) are you a US citizen? NO [Are you a resident of a cour (Note: please select "Yes" if	or all account correspondence; herent from Registered address)(s State:	owever we also require you street address only): Postcode: s/are also the director(s) or all director of the corporate to e: Postcode urposes? NO / YES ralia and another country). utside of Australia in which yellow the street in the country of the country	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details below Date of birth/ Country	:
e: This address will be used for cipal place of business (if differential place) burb: we confirm that the member ere is only ONE member in the en name/s: cidential address (street addrest address	or all account correspondence; herent from Registered address)(s State:	owever we also require you street address only): Postcode: s/are also the director(s) or all director of the corporate to e: Postcode urposes? NO / YES ralia and another country). utside of Australia in which yellow the street in the country of the country	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details below Date of birth/ Country	:
e: This address will be used for cipal place of business (if differential place) burb: we confirm that the member ere is only ONE member in the en name/s: cidential address (street addrest address	or all account correspondence; herent from Registered address)(s State:	owever we also require you street address only): Postcode: s/are also the director(s) or all director of the corporate to e: Postcode urposes? NO / YES ralia and another country). utside of Australia in which yellow the street in the country of the country	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details below Date of birth/ Country	:
e: This address will be used forcipal place of business (if differential place) burb: we confirm that the member ere is only ONE member in the en name/s: cupation: □Retired □Other cupation: □Retired □Other cupation: □Retired □Other examples are you a US citizen? NO [Are you a resident of a coure (Note: please select "Yes", please complete the Country of tax residency	or all account correspondence; herent from Registered address)(s State:	owever we also require you street address only): Postcode:	r registered address. Country: f the corporate trustee of the SMSF. rustee, please provide their details below Date of birth/ Country ou are a tax resident: Number (TIN) or equivalent number	: '

£ ATTACH: Certified copy of the current Australian driver's licence or passport of each director of the corporate trustee

Note: Documents that are not written in English must be accompanied by an English translation prepared by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator, lawyer or legal translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.

F. AUSTRALIAN REGULATED TRUST (Excluding SMSF)	
F.1 TRUST DETAILS	
Full Name of the trust:	
Registered office address (street address only)	
Suburb State Postcode Country	_
Postal address (if different from above)	
Suburb State Postcode Country	_
Note: This address will be used for all account correspondence; however we also require your registered address.	
Phone no. () Facsimile no. ()	
E-mail address:	
F.2 TYPE OF REGULATED TRUST	
Select ONE of the following categories that apply to the trust and provide the information required. If none applies, then please go to G. Unreg Trust (Including Foreign Trust) of Section 2. Registered managed investment scheme – provide Australian Registered Scheme Number (ARSN): Unregistered managed investment scheme (where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies): Provide the unregistered managed investment scheme's ABN: Please attach a copy of an offer document or trust deed of the unregistered managed investment scheme Government superannuation fund – provide name of the legislation establishing the fund: Other regulated Trust (i.e. a trust that is registered and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund): Provide the trust's registration/licensing details (e.g. RSE No.): Provide the trust's registration/licensing details (e.g. RSE No.):	÷
F.3 TAX CERTIFICATIONS	
Select ONE of the following categories that apply to the trust and provide the information required:	
□ Australian regulated superannuation fund: Include government super funds, APRA regulated super funds and pooled superannuation trusts - please proceed to F.4 of Section 2.	
□ Other Australian regulated trust: Please provide the trust's Global Intermediary Identification Number (GIIN), if applicable:	
If the trust does not have a GIIN, please advise of FATCA status:	
Please proceed to F.4 of Section 2.	_

F.4 TRUSTEE TYPE				
		40 DIDECTED		
SELECT THE TRUSTEE TYPE				
☐ INDIVIDUAL TRUSTEES —	•		tion 2 if the corporate tr	ustee is an Australian Company or D.
Foreign Company of Section 2 i				uotoo lo un riuotiuliun compuny e. 2.
F.5 INDIVIDUAL TRUSTEE				
How many individual trustees do	es the trust have?	Pleas	e provide details of ALL ir	ndividual trustees below:
Trustee 1:				
Given name/s:		Surname:		
Residential address (street addre	ess only)			
Suburb	State	Postcode _	Country	
What is your occupation? □Reti	red □Other - plea	se describe:		
TAX CERTIFICATIONS				
1. Are you a US citizen? No	o□ / YES□			
· ·	•	Australia for tax purposes?		
(Note: please select "Yes" if you			• /	
If "Yes", please complete the table	le below for the col	untries outside of Australia	a in which you are a tax re	sident:
Country of tax residen	су		Tax Identification Numb	er (TIN) or equivalent number
If applicable, please specify the re	eason for the non-	availability of a tax identific	cation number:	
Trustee 2:				
Given name/s:		Surname:		Date of birth/
Residential address (street addre	ess only)			
Suburb	State	Postcode _	Country	
What is your occupation? □Reti	red □Other - plea	ase describe:		
TAX CERTIFICATIONS	,			
1. Are you a US citizen? No	o∏ / YES∏			
		Australia for tax purposes?	P NO □ / YES □	
(Note: please select "Yes" if you	are a dual resident	t in Australia and another	country).	
If "Yes", please complete the table	le below for the co	untries outside of Australia	a in which you are a tax re	sident:
Country of tax residen	CV.		Tax Identification Numb	per (TIN) or equivalent number
Country of tax residen	Су		Tax Identification Numb	er (TIN) or equivalent number
If applicable, please specify the re	eason for the non-	availability of a tax identific	cation number:	
Trustee 3:				
				Date of birth/
Residential address (street addre	ess only)			
Suburb	State	Postcode _	Country	
What is your occupation? □Reti	red □Other - plea	se describe:		

		continued over page
TAX CERTIFICATIONS	_	
1. Are you a US citizen? NO . /		C
2. Are you a resident of a country of		
(Note: please select "Yes" if you are a duli "Yes", please complete the table below		
ii 100 , ploade complete the table below	Tor the ocumence outside or ridou	and in Whori you are a tax resident.
Country of tax residency		Tax Identification Number (TIN) or equivalent number
If applicable, please specify the reason fo	r the non-availability of a tax ider	ntification number:
Trustee 4:		
Given name/s:	Surname:	Date of birth/
Residential address (street address only)		
Suburb Sta	itePostco	deCountry
What is your occupation? □Retired □C	other - please describe:	
TAX CERTIFICATIONS		
3. Are you a US citizen? NO /	YES 🗆	
4. Are you a resident of a country of		
(Note: please select "Yes" if you are a du		
If "Yes", please complete the table below	for the countries outside of Austi	ralia in which you are a tax resident:
Country of tax residency		Tax Identification Number (TIN) or equivalent number
If applicable, please specify the reason fo	r the non-availability of a tax ider	ntification number:
Please proceed to Section 3.		

G. UNREGULATED TRUST (INCLUDING FO	REIGN TRUST)			
G.1 TRUST DETAILS				
Full name of the trust:ABN:Country where trust was established: Australia Describe the trust's principal business activity:				
Registered office address (street address only)				
Suburb	State	Postcode _	Country	
Postal address (if different from above)				
Suburb	correspondence; however	Postcode er we also requ	Country lire your registered address.	
Phone no. ()		SS:		
G.2 TYPE OF UNREGULATED TRUST				
Please select only ONE of the following catego Family Trust Charitable Tr Other type, please provide description Full name of trust settlor*: (*settlor is the person who settles the initial sum	ust □ Tes	stamentary Tru	st Unit Trust	-
G.3 BENEFICIARY DETAILS				
Does the the trust identifies its beneficiaries by □ NO / □ YES - If 'Yes, then details of the □ NO / □ YES - If 'Yes, then provide details How many beneficiaries are in the trust? □	class(es) of beneficiari	es:	s of named person, charitabl	e organisations/causes?
Beneficiary 1: Given name(s)/Entity Name(s):			Surname:	
Beneficiary 2:				
Given name(s)/Entity Name(s):			Surname:	
Beneficiary 3:			Cumana	
Given name(s)/Entity Name(s): Beneficiary 4:				
Given name(s)/Entity Name(s):((If there are more beneficiaries, provide details				

...continued over page

G.4 BENEFICIAL OWNER	DETAILS					
Beneficial Owners Are there any individuals who	are entitled (directly o	r indirectly) to 25% or more of th	e trust income or as	sets?.		
□ NO / □ YES - if 'Yes', the	en provide details of	those individuals below:				
Beneficial Owner 1:						
Given name/s:		Surname:		Date of birth:	/	/
Residential address (street ad	dress only)					
Suburb:	State:	Postcode:	Country:			
Beneficial Owner 2:						
Given name/s:		Surname:		Date of birth:	/_	/
Residential address (street ad	dress only)					
Suburb:	State:	Postcode:	Country:			
Beneficial Owner 3:						
Given name/s:		Surname:		Date of birth:	/	
Residential address (street ad	dress only)					
Suburb:	State:	Postcode:	Country:			
Beneficial Owner 4:						
Given name/s:		Surname:		Date of birth:	/	/
Residential address (street ad	dress only)					
Suburb:	State:	Postcode:	Country:			
(If there are more beneficial o	owners, provide detail	s on a separate sheet and tick th	is box \square)			
Appointer of the Trust						
Does the trust have an appoin trust; may also be called the 'c		vho has been granted specific po)?	wers by the trust de	ed to appoint or rer	move the	trustees of the
□ NO / □ YES - if 'Yes', the	en provide details of	the appointer (or equivalent) be	low:			
Given name/s:		Surname:		Date of birth: _	/_	/
Residential address (street ad	dress only)					
		Postcode:				
		separate sheet and tick this box [□)			
Please proceed to G.5 of Se	ection 2.					

G.5	TAX CERTIFICATIONS				
	se select only ONE of the for s the trust a tax resident out				elow.
	Country of tax resider	псу	Tax Identification Number		f no TIN available, please describe eason.
2. F	Please select only ONE of th	ne following categories a	nd provide the information	requested:	
Ц	United States Trust (The trust was created in t	he U.S., established und	ler the laws of the U.S. or is	s a U.S. taxpayer)	
	Is the trust an exempt pay	ee for U.S. tax purposes	? YES □ - please provide NO □	the exemption code	·
_	Please proceed to G.6 or	f Section 2.			
Ц	(The trust was primarily es	stablished for custodial o	t is a Financial Institutior r investment purposes; or i ntification Number (GIIN), if	f the trustee of the tru	ust is a Financial Institution)
	If the trust does not have a	a GIIN, please advise of	FATCA status:		
_	Please proceed to G.6 or	f Section 2.			
Ц	Australian Registered Cl Please proceed to G.6 or		ate		
	income (e.g. dividends, int of Active Non-Financial Er <i>Please proceed to G.6 o</i> Other (None of the above applie:	ian non-profit trust; or du terests and royalties) and titities or seek assistance f Section 2. s to the trust)	ring the previous reporting dless than 50% of assets h from your tax adviser.	eld produced passiv	% of the entity's gross income was passive re income.) Refer to the FAQ for other types
	•		tlors or beneficial owners, a tlors or beneficial owners, a		y other than Australia for tax purposes? NO
	` '	•	nt in Australia and another	• /	
	<u> </u>		ountries outside of Australia	·	
	Name of person	Country of tax reside		tification Number equivalent number	If no TIN available, please describe reason.
	If more space is required, particles of Section 11 of Section 12 of Sect		eet and tick this box □)		
G.6	DOCUMENTS TO PRO	VIDE			
□ A ⁻			llian driver's licence or p	passport of each B	eneficial Owner and Appointer listed
П л -	in G.4 of Secti	•	on outroot of the Truct D		t a minimum the contilied convert the
	following page 1. The cover page; 2. The page which to 3. The page with the 4. The signed pages 5. The page that list 6. The page which to	es must be included: documents who the na e date of the Trust Dee s of the Trust Deed; ts the name and/or cla documents the name o	ame of the trust and the ed; ss of the beneficiaries of the settlor.	trustee; of the trust; and	t a minimum, the certified copy of the
ransla	ntors and Interpreters (NAA	ATI) accredited translato	r, lawyer or legal translato	or.	by a National Accreditation Authority for
nclude	e registered legal practition rees of Commonwealth, St	ers, dentists and medicate or Territory, or local	al practitioners; Justice of government authority wit	the Peace; police o h 2+ years continuo	fier. Within Australia, acceptable certifiers fficers; notary public; permanent aus service; officers with, or authorised the complete list of acceptable certifiers.

Please proceed to G.7 of Section 2.

G.7	TYPE OF TRUSTEE	
	LECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED INDIVIDUAL TRUSTEES – complete G.8 of Section 2. CORPORATE TRUSTEE – complete C. Australian Company of foreign corporate trustee.	Section 2 for Australian corporate trustee or D. Foreign Company for
G.8	INDIVIDUAL TRUSTEE	
How	many individual trustees are there? Please prov	ride details of ALL individual trustees below:
Trus	stee 1:	
Give	en name/s:Surname:	Date of birth/
Resi	idential address (street address only)	
Subu	urb	codeCountry
Wha	at is your occupation? □Retired □Other - please describe:	
TAX	X CERTIFICATIONS	
1. 2.	Are you a US citizen? NO / YES Are you a resident of a country other than Australia for tax purpose: (Note: please select "Yes" if you are a dual resident in Australia and If " Yes ", please complete the table below for the countries outside of	d another country).
	Country of tax residency	Tax Identification Number (TIN) or equivalent number
	If applicable, please specify the reason for the non-availability of a ta	x identification number:
Trus	stee 2:	
Give	en name/s: Surname:	Date of birth/
	idential address (street address only)	
		code Country
	at is your occupation? Retired Other - please describe:	
3. 4.	X CERTIFICATIONS Are you a US citizen? NO / YES Are you a resident of a country other than Australia for tax purpose (Note: please select "Yes" if you are a dual resident in Australia and If "Yes", please complete the table below for the countries outside of	d another country).
	Country of tax residency	Tax Identification Number (TIN) or equivalent number
	If applicable, please specify the reason for the non-availability of a ta	ıx identification number:
		continued over page

Trustee 3:				
Given name/s:		Surname:	Date of birth	_/
Residential address (stree	et address only)			
Suburb	State	Postcode	Country	
What is your occupation?	□Retired □Other - please	describe:		
TAX CERTIFICATION	<u>IS</u>			
	n? NO □ / YES □			
		ilia for tax purposes? NO . /		
		<i>lent in Australia and another co</i> countries outside of Australia ir		
	protect and table below 161 and			
Country of tax res	sidency	Tax Iden	tification Number (TIN) or equivaler	nt number
If applicable please	specify the reason for the no	 n-availability of a tax identificati	on number:	
ii applicable, please s	specify the reason for the no	r-avaliability of a tax identificati	on namber.	
rustee 4:				
Given name/s:		Surname:	Date of birth	
Residential address (stree	et address only)			
Suburb	State	Postcode	Country	
Vhat is your occupation?	□Retired □Other - please	describe:		
TAX CERTIFICATION				
	n? NO 🗆 / YES 🗆	_	_	
		ilia for tax purposes? NO 🗆 /		
	•	<i>lent in Australia and another co</i> countries outside of Australia ir	* /	
ii i es , piease com	piete trie table below for trie	countiles outside of Australia II	I WINCIT you are a tax resident.	
Country of tax res	sidency	Tax Ident	tification Number (TIN) or equivaler	nt number
If applicable, please s	specify the reason for the no	n-availability of a tax identificati	on number:	
ATTACH: Certified	copy of current Australian	driver's licence or passport	of each individual trustee	
			ational Accreditation Authority for ustralia, acceptable certifiers include	
actitioners, dentists and	medical practitioners; Justie	ce of the Peace; police officers	s; notary public; permanent employe	es of Commonwealth,
			officers with, or authorised representation plete list of acceptable certifiers.	ative of, an AFSL
lease proceed to Section	on 3.			

H. ASSOCIATION / REGISTE	RED CO-OPERATIVE			
H.1 ASSOCIATION / REGIST	TERED CO-OPERATIV	E DETAILS		
The investor is a: □ incorporate	ed association / 🗆 uni	ncorporated association $\ \ /\ \Box$ r	registered co-operative	
Full name of association/registe	red co-operative:			
Provide the ID number (if any)	issued upon incorporat	ion/registration:		
Describe the objects/purpose/r	main activity of the asso	ciation or co-operative:		
Principal place of administration	operations (street addre	ss only):		·
Suburb	State _	Postcode	Country	
Registered office address (if diff	erent to the principal plac	e of administration/operations) (street address only):	
Suburb	State _	Postcode	Country	
Postal address:				
Suburb Note: This postal address will be			Country	
Phone no. ()	Fac	simile no. ()		
E-mail address:				
H.2 OFFICER DETAILS				
operative): Chairman /President (or equi	valent):		nittee, howsoever described by th	
		Surname:	Date of birth: _	
Residential address (street address	ress only)			
Suburb:	State:	Postcode:	Country:	
Secretary (or equivalent):				
• , , ,		Surname:	Date of birth:	/
Residential address (street address	ress only)			
Suburb:	State:	Postcode:	Country:	
Treasurer (or equivalent):		Surname:	Date of birth:	1 1
Residential address (street address		Cumamo.	Date of bildii	
Suburb:	State:	Postcode:	Country:	
Public Officer of the Incorpo				
		Surname:	Date of birth:	//
Residential address (street address	ress only)			
Suburb:	State:	Postcode:	Country:	
•	` , ,	oplicable if this Application Form	,	
		Surname:	Date of birth:	
Residential address (street address	ress only)			
Suburb:	State:	Postcode:	Country:	

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H.3 BENEFICIAL OWNER DETAILS				
Are there any beneficial owners (i.e. individuals who directly or indirectly control the association or registered co-operative) who are different to the officers listed in H.2?				
□ No / □ Yes – if 'Yes', please provide the details of the beneficial owners:				
Given name/s: Surname:				
Date of birth:/ Role:				
Residential address (street address only)				
Suburb: State: Postcode: Country:				
(If there are more beneficial owners, provide details on a separate sheet and tick this box \Box)				
H.4 TAX CERTIFICATION				
Is the association or registered co-operative a tax resident of a country outside of Australia? NO □ / YES □ If 'Yes, please complete table below.				
Country of tax residency Tax Identification Number (TIN) or equivalent number				
If applicable, please specify the reason for the non-availability of a tax identification number:				
H.5 DOCUMENTS TO PROVIDE				
Associations (incorporated and unincorporated)				
☐ ATTACH: Certified copy of the constitution/rules of the association; and				
☐ ATTACH: Certified copy of the current Australian driver's licence or passport of each officer listed in H.2 of Section 2; and				
☐ ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in H.3 of Section 2.				
Registered Co-operatives ☐ ATTACH: Certified copy of the				
register maintained by the co-operative; and				
☐ ATTACH: Certified copy of the current Australian driver's licence or passport of each officer listed in H.2 of Section 2; and				
☐ ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in H.3 of Section 2.				
Note: Documents that are not written in English must be accompanied by an English translation prepared by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator, lawyer or legal translator. Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.				
Please proceed to Section 3.				

I.1 GOVERNMENT BODY DETA	AILS					
Full name of government body:						
Principal place of operations (street	address only):					-
Suburb	State	Postcode	Country			
Postal address:						
Suburb			Country			
Phone no. ()		Facsimile no. ()				
E-mail address:						
Legislation establishing the governm	nent body:					
1.2 GOVERNMENT INFORMATION	ON					
Select ONE of the following categori	es that apply to the	government body.				
Commonwealth of Australia	Government Body	y - Please proceed to I.4	of Section 2.			
Australian State or Territory						
		Please pro	oceed to I.4 of Sec	tion 2.		
Foreign (non-Australian) Gov	vernment Body – I	Please specify foreign cou	ntry:			
		Please proceed	to I.3 of Section 2	2.		
1.3 BENEFICIAL OWNER DETAI	LS					
This coefficients to be accompleted by						
This section is to be completed by a	a foreign governm	ent body only.				
Please provide details of all individu Secretary of the government body.			nment body, such a	as the Chairman, F	President,	Treasurer or
Please provide details of all individu Secretary of the government body. Beneficial Owner 1:	als that directly or i	ndirectly control the gover			President,	Treasurer or
Please provide details of all individu Secretary of the government body.	als that directly or i	ndirectly control the gover				
Please provide details of all individu Secretary of the government body. Beneficial Owner 1:	als that directly or i	ndirectly control the gover				
Please provide details of all individu Secretary of the government body. Beneficial Owner 1: Given name/s: Residential address (street address	als that directly or i	ndirectly control the gover		_ Date of birth: _	/	_/
Please provide details of all individu Secretary of the government body. Beneficial Owner 1: Given name/s:	als that directly or i	ndirectly control the gover	Country: _	_ Date of birth: _	/	_/
Please provide details of all individu Secretary of the government body. Beneficial Owner 1: Given name/s:	als that directly or i	ndirectly control the gover	Country: _	_ Date of birth: _	/	_/
Please provide details of all individu Secretary of the government body. Beneficial Owner 1: Given name/s:	als that directly or i	ndirectly control the gover	Country: _	_ Date of birth: _	<i></i>	_/
Please provide details of all individu Secretary of the government body. Beneficial Owner 1: Given name/s: Residential address (street address Suburb: Sta Please describe role: Beneficial Owner 2:	als that directly or i	ndirectly control the gover	Country: _	_ Date of birth: _	<i></i>	_/
Please provide details of all individu Secretary of the government body. Beneficial Owner 1: Given name/s: Residential address (street address Suburb: Sta Please describe role: Beneficial Owner 2: Given name/s: Residential address (street address	als that directly or i	ndirectly control the gover	Country:	_ Date of birth: _	/	
Please provide details of all individu Secretary of the government body. Beneficial Owner 1: Given name/s:	als that directly or i	ndirectly control the gover Surname: Postcode: Surname: Postcode:	Country:	_ Date of birth: _	/	
Please provide details of all individu Secretary of the government body. Beneficial Owner 1: Given name/s:	als that directly or i	ndirectly control the gover	Country:	_ Date of birth: _	/	
Please provide details of all individu Secretary of the government body. Beneficial Owner 1: Given name/s:	als that directly or i	ndirectly control the gover	Country:	_ Date of birth: _	/	
Please provide details of all individu Secretary of the government body. Beneficial Owner 1: Given name/s:	als that directly or i	ndirectly control the gover	Country:	_ Date of birth: _	/	
Please provide details of all individus Secretary of the government body. Beneficial Owner 1: Given name/s: Residential address (street address Suburb: State Please describe role: Beneficial Owner 2: Given name/s: Residential address (street address Suburb: State Please describe role: Beneficial Owner 3: Given name/s: Beneficial Owner 3: Given name/s:	als that directly or i	ndirectly control the gover Surname: Postcode: Postcode:	Country: Country:	_ Date of birth: _	/	

Beneficial Owner 4:						
Given name/s:		Surname:		_ Date of birth:	/	_/
Residential address (street address	ress only)					
Suburb:	State:	Postcode:	Country:			
Please describe role:						
(If there are more beneficial ow	ners, provide details on	a separate sheet and tick	this box \square)			
I.4 DOCUMENTS TO PROVIDE	≣					
Australian Government Bodies NO ATTACHMENT REQUIRED						
Please proceed to Section 3.						
Foreign Government Bodies						
□ ATTACH:					Cert	ified copy of the
extract of the legislation estab	• •	• '				-50410
☐ ATTACH: Certified copy of	of the current Australia	in driver's licence or pas	sport of each Be	neficial Owner liste	ea in 1.3 (or Section 2.
Note: Documents that are not written in English must be accompanied by an English translation prepared by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator, lawyer or legal translator. Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.						
Please proceed to Section 3.						

Section 3 – Application Amount	nd Payment Details			
Fund Name	Initial investment amount (\$)			
Longwave Australian Small C	mpanies Fund – Class A			
Minimum initial investment for the F	nds is \$25,000 or as agreed with the Responsible Entity.			
3.A Source of Investment				
Please identify the source of your in	estment:			
Investor 1:				
☐ Gainful employment/savings☐ Superannuation savings	☐ Inheritance/gift ☐ Financial investments ☐ Business activity ☐ Other – please specify:			
Investor 2 (for joint account):				
☐ Gainful employment/savings☐ Superannuation savings	☐ Inheritance/gift ☐ Financial investments ☐ Business activity ☐ Other – please specify:			
3.B Payment Details				
Payment Method:				
☐ Electronic Funds Transfer, c☐ Cheque				
Payment is to be made in Australian	ollars by cheques or through the following accounts by Electronic Funds Transfer ('EFT'):			
EFT:				
Currency	AUD			
Country	Australia			
Payee	Pinnacle Application			
BSB:	242 000			
Account Number:	208 953 028			
Deposit reference for EFT: Please quote your investor name				
Please note:				
For new applications				
Ensure that the original application	s <u>posted</u> in the mail to Registry.			
For applications from existing cl	nts*			
Ensure that the application is poste	or <u>faxed</u> to Registry.			
Post GPO Box 764 Melbourne VIC 3001				
Fax: 00611300102151				
You must ensure that instructions Registry.	o the Registry are signed off by mandated signatories that have been previously provic			
	AML requirements, an existing client is one that <code>currently</code> has an <code>account</code> in leir details as currently held by Registry have not changed. Please complete Section			

Section 4 -	Distribu	tion E	lection
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DISTRIBUTION

Please specify how you would like any distributions from the Fund to be paid. I/we wish to have my distributions*

- ☐ Reinvested as additional units in the Fund*, or
- ☐ Paid in cash (Australian dollars only) into my/our account below**
- * Unless otherwise instructed, distributions will be reinvested in additional units.
- ** Where distributions are paid directly to a bank account, they will only be paid in Australian (AUD) dollars.
- **Distribution reinvestment is only available to investors who are residents in Australia or New Zealand. Investors who are not residents in Australia or New Zealand will have their distributions paid as cash.
- ***Bank account details stated on the Application Form should be for an account that will receive and accept AUD payments.

4.A Nominated Bank Account

Note: We cannot transfer proceeds to third party bank accounts. Nominated bank account name must be in the same name as the investor(s).

For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.

Bank account details for	distributions:	
Bank _		
Account Name		
BSB No	Account No	
Bank account details for	r withdrawals if different from above:	
Bank _		
Account Name		
BSB No	Account No	

Section 5 - Information you may receive

Account information

We are required by law to send information including transaction advices and holding statements in relation to your account.

Annual Financial Reports

The Annual Financial Reports of the Fund will be available in a timely, cost effective and environmentally friendly manner via our website at www.longwavecapital.com.au by 30 September each year.

Section 6 – Adviser Access of your Account Information		
By filling in this section, you authorise the provision of Innamed below, and any other person authorised by that		count to the financial adviser
Name of Advisory Firm and / or Dealer Group		
AFSL Number A	dviser Number	
Address		
Suburb	State	Postcode
Phone no. () Mobile no		
Facsimile no. ()		
E-mail address:		
Section 7 – Tax File Number (TFN) Notification or Exemption		
You may choose to quote your Australian TFN or claim an exempsection. Collection of your TFN is authorised, and its use and disc an offence if you do not quote your Tax File Number or a valid exe exemption information, we are required to withhold tax at the high-	closure are strictly regulated by the temption. However, if you do not, an	tax laws and Privacy Act. It is not ad you do not provide appropriate
Note: For Trusts and Superannuation Funds – provide the accepted.	TFN of the Trust or Super Fund. 1	TFNs for trustees cannot be
For adults/guardians acting on behalf of a minor – p indicated.	rovide the TFN of the adult/guard	lian AND the minor where
Investor 1 Full Name:		
Tax File Number :		
Basis for Tax File Number exemption (if applicable):		
Investor 2 (if joint account) Full Name:		
Tax File Number :		
Basis for Tax File Number exemption (if applicable):		
Minor (if applicable)		
Full Name:		
Tax File Number :		
Basis for Tax File Number exemption (if applicable):		

Section 8 - Purpose of your investment

Io assist the RE in meeting the Design and Distribution Obligations, you are required to indicate the purpose of your investment by responding to each of the questions set out below. Your responses should reflect your objectives and needs for this Investment. Please tick only 1 box for each question below.
Further information in relation to these questions can be found in the Target Market Determination (TMD) for the relevant Fund you are investing in, which can be accessed at https://longwavecapital.com/
What is your primary investment objective in relation to this investment?
☐ Capital growth ☐ Capital preservation ☐ Income Distribution
Are you seeking a source of supplemental income in addition to the above objective?
☐ Yes ☐ No
What percentage of your investment portfolio will be allocated to this investment?
☐ Solution/ Standalone (up to 100%) ☐ Major allocation(up to 75%) ☐ Core component (up to 50%) ☐ Satellite allocation (up to 10%)
What is your intended investment timeframe?
☐ Less than 5 years ☐ 5 years ☐ Greater than 5 years
What risk / return profile do you expect from this investment?
☐ Low ☐ Medium ☐ High ☐ Very High ☐ Extremely High
What do you anticipate your withdrawal needs may be?
☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly
What do you anticipate your need to withdraw capital from this investment will be?
☐ Within one week of request ☐ Within one month of request ☐ Within three months of request
☐ Within one year of request
Have you received personal financial advice regarding this Investment? If yes, please ensure section 6 has been completed.
☐ Yes ☐ No
Please note: 1. Failure to complete the above questions may result in your application not being accepted. 2. Acceptance of your application should not be taken as a representation or confirmation that an investment in the relevant Fund you are investing in is, or is likely to be, consistent with your intentions, objectives and needs as indicated in your responses to these questions.

3. For further information on the suitability of this product, please refer to your financial adviser and/or the TMD.

Section 9 - Declaration and Application Signature

I/We declare that I/we:

- acknowledge, accept and declare that all the details given in this application are true and correct, and I/we will undertake to inform you of any changes to the information supplied as and when they occur and that neither the Responsible Entity nor its agents are responsible where a loss may be suffered as a result of the investor providing incorrect or incomplete information;
- have received, read, and personally understood a complete and unaltered copy of the latest PDS and Additional Information to
 the PDS (if applicable) prior to completing the Application Form, and agree to be bound by the provisions of the Fund's
 constitution;
- acknowledges that the provision of the product available through the PDS should not be taken as the giving of investment advice by the Investment Manager or the Responsible Entity, as they are not aware of the investor's investment objectives, financial position or particular needs;
- acknowledges that neither the Responsible Entity, its respective holding companies and officers, nor the Investment Manager and its respective officers and holding companies, guarantees the capital invested by investors or the performance of the specific investments of the Fund;
- have received and accepted this offer in Australia or New Zealand;
- certify that if we are signing under a Power of Attorney, the Power of Attorney has not been revoked; and
- authorises the use of the TFN information provided on the Application Form in respect of the investor's Fund account;
- acknowledges that the Responsible Entity is required to collect the investor's personal information under the Corporations Act and the AML/CTF Law and agrees that information provided may be used as detailed in the PDS and the Responsible Entity's Privacy Policy which is available here. And acknowledge that in its absolute discretion and without notice to the you report any, or any proposed, transaction or activity to anybody authorised to accept such reports relating to actual or suspected contraventions of the AML/CTF Law or any other law, and that the Responsible Entity may require us to provide any additional documentation or other information to enable compliance with any laws relating to anti-money laundering and counter terrorism financing ('AML/CTF') or any other law, including the Foreign Account Tax Compliance Act ('FATCA') and OECD Common Reporting Standard ('CRS');

Section 9A - Account Operating Authority

i icas	se indicate now you wish to operate your Account.
	Any one of us to sign, or
	All of us to sign, or
	Any two of us to sign
,	a select 'any one of us to sign', each of you (including any person you appoint as an authorised representative) will be able to transact

on, or otherwise operate your account independently of the others.

If you do not select an option, we will assume that 'any one of us to sign' option will apply.

Section 9.B - Signatory

Signatory Requirements

- Individual Investor the individual investor must sign (if adult is acting as trustee for minor, the adult/guardian must sign)
- Joint Applicants all investors must sign
- Company at least two directors; or a director and company secretary; or by sole director (where applicable), must sign. If signing as authorised signatories of the company, a certified copy of the authorised signatory list must be provided.
- SMSF all individual trustees or directors of the corporate trustee must sign
- Trusts all individual trustees must sign; if a corporate trustee, then sign as for a company
- Partnership each partner must sign
- Association or registered co-operative each office bearer must sign
- Government Body relevant principal officer/authorised signatory must sign
- Power of Attorney If signing under a Power of Attorney, please attach an original certified copy of the Power of Attorney. The front page
 and the signature pages of the document must be certified at a minimum. Provide an original certified copy of identification documents for
 the Attorney(s) as required for individuals (i.e. Australian Driver's Licence or photo page of current Passport) or company (refer to C.6 or D.6
 of section 2). All Attorneys must be identified.
- Authorised representatives to appoint an individual or company as your authorised representative to: apply for units in the Fund(s) and sign all documents necessary for this purpose; and make requests to redeem all or some of your units, please complete the Authorised Representative Form (Individual or Company) and attach it to this Application Form.

Signatory 1			
Signature Surname Given Name/s Capacity	□ Sole Director □ Director □ Partner	☐ Individual ☐ Office Holder ☐ Trustee	Date//
Signatory 2			
Signature Surname Given Name/s Capacity	□ Director □ Office Holder		Date/t
Signatory 3	□ Partner		
Signatory 3			
Signature Surname Given Name/s Capacity	□ Director □ Partner		Date
Signatory 4			
Signature Surname Given Name/s Capacity			Date
	□ Director □ Partner	☐ Office Holder ☐ Trustee	
Post completed	Application Form and accompanying documents to	:	
[Fund Name]	tal Partinara		

[Fund Name]
Longwave Capital Partners
c/- Citi Unit Registry Australia
GPO Box 764
Melbourne VIC 3001