

APPLICATION FORM

Australian Company/Trust/Superannuation Fund

Issued by Fidante Partners Limited (ABN 94 002 835 592, AFSL 234668) and Fidante Partners Services Limited (ABN 44 119 605 373, AFSL 320505), each referred to as 'Fidante Partners' in this form.

Dated 24 March 2017

Use this application form if you wish to invest in the fund(s) listed in Section 18.

This Application form can only be used by the following types of investors:

- Australian Company
- Trust
- Superannuation Fund

Before completing this Application Form, please ensure you have read the current PDS, any information incorporated into the PDS and any updates on the Fidante Partners website. Fidante Partners or your financial adviser will send you a paper copy of the current PDS, any information incorporated into the PDS and any updates and application form free of charge if you so request.

Information in a PDS may change from time to time. Where information that changes is not materially adverse to investors, we may update this information by updating the relevant document or by publishing an update at www.fidante.com.au.

CHECKLIST

Before sending us your application, please ensure you have:

- ✓ Completed this Application Form in full.
- ✓ Provided required Customer Identity Verification documents as outlined in Section 14.
- ✓ If relevant, attached supporting documentation that confirms your Wholesale Investor status, as outlined in Section 13.
- ✓ If paying by electronic funds transfer, ensure ALL bank account signatories have signed in Section 8.
- ✓ If paying by direct credit, ensure funds are transferred at the same time as lodging your Application Form and using your investor name as a reference.
- ✓ If paying via cheque, ensure cheque is made payable to 'Fidante Partners <name of investor(s)>' and attach it to this application form.
- ✓ Read the declaration and provided all relevant signatures.

Contact details

Mail your completed application form and identity verification documents to:

Fidante Partners
Reply Paid 86049
Sydney NSW 2001 (no stamp required)

If you have any questions regarding this form please contact our Investor Services Team on 13 51 53.



Application Form – Australian Company/Trust/Superannuation Fund



PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS APPLICATION FORM

1 Investment details

Please indicate (X) if this is a new investment or an additional investment?

New investment ► please proceed to section 2.

Additional investment

Existing account name

Existing account number

If any of your information has changed since your prior investment ► please complete sections 2-5 with your updated details.
If your details remain unchanged please ► proceed to section 6.

2 Entity type

Please indicate (X) the entity type.

Australian Company ► complete sections 3, 4, 6-17

Superannuation fund or other regulated trust with individual trustee ► complete sections 3, 5-17

Superannuation fund or other regulated trust with company trustee ► complete sections 3, 4a, 5-17

Unregulated trust with individual trustee ► complete sections 3, 5-17

Unregulated trust with company trustee ► complete sections 3, 4-17

For the purposes of this form a **regulated trust** will be one of the following:

- Self-managed Superannuation Fund;
- Registered managed investment scheme;
- Unregistered managed investment scheme (that has only wholesale clients and does not make small scale offerings with reference to section 1012E of the Corporations Act 2001);
- Government Superannuation Fund; or
- Other regulated trusts (subject to oversight of an Australian statutory regulator).

For the purposes of this form an **unregulated trust** will be a trust not subject to oversight of an Australian statutory regulator (e.g. family trust, discretionary trust, charitable trust).

3 Contact details

Please provide details of where you would like all correspondence mailed and your contact details.

C/- (if applicable)

Unit

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Phone (after hours)

Phone (business hours)

Mobile

Facsimile

Email address

4 Australian Company (including company trustee)

4A. Details of Australian company (including company trustee)

Full name of company or company trustee (as registered with ASIC)

Business name (if applicable)

ACN ABN

TFN Tax exemption

If you choose not to provide your TFN, ABN or specific exemption, then tax will be deducted from your distributions at the highest marginal tax rate (plus the Medicare levy, and any other levies we are required to deduct from time to time).

If you are an overseas investor, please indicate your country of residence for tax purposes.

Principal place of business (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

Registered address

Cross this box if registered address is same as principal place of business (above)

Street name and number

Suburb State Postcode

Country

4 Australian Company (including company trustee) (continued)

Company type – complete questions 1 and 2 below.

1. Select (X) whether the company is a proprietary or public company.

- Proprietary** (company whose name ends with Proprietary Ltd or Pty Ltd; also known as private company)
- Public** (company whose name does NOT include the word Pty or proprietary)

For proprietary companies provide names of all directors

Director 1

Director 2

Director 3

Director 4

If there are additional directors, please provide their full names on a separate piece of paper and attach to this application form.

2. Select (X) the applicable category of company and provide details if requested:

- licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to supervision beyond that provided by ASIC as a company registration body (e.g. Australian Financial Services Licensees (AFSL) or Australian Credit Licensees (ACL).

Name of regulator

License details (e.g. 7920, 033)

If the company is acting as a trustee for a trust ► proceed to section 5, otherwise proceed to section 6

- a listed company (e.g. ASX)

If the company is acting as a trustee for a trust ► proceed to section 5, otherwise proceed to section 6

- a majority owned subsidiary of an Australian listed company

Name of listed company

If the company is acting as a trustee for a trust ► proceed to section 5, otherwise proceed to section 6

- none of the above.

► go to section 4B

4B. Substantial Shareholder details You do not need to complete if the company is a trustee of a regulated trust.

For each 'Substantial Shareholder' (i.e. individuals with ultimate ownership, directly or indirectly, of 25% or more of the company's issued share capital) please provide details below. Ultimate ownership includes an individual's aggregated holdings through a chain of company ownership.

Substantial shareholder 1

Surname

Full given name(s)

Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb

State

Postcode

Country

4 Australian Company (including company trustee) (continued)

Substantial shareholder 2

Surname

Full given name(s)

Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb

State

Postcode

Country

If there are additional substantial shareholders, please provide their full details on a separate piece of paper and attach to this form.

4C. Directors authorising investment - You do not need to complete if the company is a trustee of a regulated trust.

Individuals below will be the signatories signing in section 17.

Sole or Primary Director

Cross this box if same as 'Substantial shareholder 1' in section 4B. If different, please complete below.

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms)

Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb

State

Postcode

Country

Second Director or Secretary

Cross this box if same as 'Substantial shareholder 2' in section 4B. If different, please complete below.

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms)

Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb

State

Postcode

Country

5 Superannuation Fund and other Trusts

5A. Details of Superannuation fund or other trust

Full name of trust/ superannuation fund	<input type="text"/>		
Full business name (if any) of the trustee in respect of the trust	<input type="text"/>		
Country of establishment	<input type="text"/>		
TFN	<input type="text"/>	Tax exemption	<input type="text"/>
ABN	<input type="text"/>		

If you choose not to provide your TFN, ABN or specific exemption, then tax will be deducted from your distributions at the highest marginal tax rate (plus the Medicare levy, and any other levies we are required to deduct from time to time).

Postal address

C/- (if applicable)	<input type="text"/>				
Street name and number	<input type="text"/>				
Suburb	<input type="text"/>				
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

Contact Details

Phone (after hours)	<input type="text"/>	Phone (business hours)	<input type="text"/>
Mobile	<input type="text"/>	Email	<input type="text"/>

Please select (X) type of trust and provide information requested:

<input type="checkbox"/> Self-Managed Superannuation Fund Provide the SMSF's ABN ▶ proceed to section 5C	<input type="text"/>
<input type="checkbox"/> Registered managed investment scheme Provide Australian Registered Scheme Number (ARSN) ▶ proceed to section 5C	<input type="text"/>
<input type="checkbox"/> Unregistered managed investment scheme (that has only wholesale clients and does not make small scale offerings with reference to section 1012E of the Corporations Act 2001 (Cth)) ▶ proceed to section 5C	
<input type="checkbox"/> Government superannuation fund Provide name of the legislation establishing the fund ▶ proceed to section 5C	<input type="text"/>
<input type="checkbox"/> Other regulated Trusts (a trust that is 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 name of the regulator (e.g. ASIC, APRA, ATO) Provide the Trust's ABN or registration/licensing details ▶ proceed to section 5C	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Unregulated Trust (e.g. family trust, discretionary trust, charitable trust) Please confirm type of trust	<input type="text"/>
Name of trust settlor (the individual who contributed the initial funding on trust establishment) ▶ proceed to section 5B	<input type="text"/>

5 Superannuation Fund and other Trusts (continued)

5B. Trust beneficiary details (this section is only required for unregulated trusts)

Provide details of all individuals who are 'substantial trust beneficiaries' (i.e. individuals specified in the trust deed with ultimate entitlement, directly or indirectly to 25% or more of trust income/assets). Where a trust beneficiary is a company you must consider an individual's ownership of any issued share capital of the company when disclosing whether they are a substantial trust beneficiary.

Substantial trust beneficiary 1

Surname

Full given name(s) Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb

State Postcode Country

Substantial trust beneficiary 2

Surname

Full given name(s) Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb

State Postcode Country

Other beneficiaries

Are there any other beneficiaries?

- Yes ► please provide their full details as shown above on a separate piece of paper and attach it to this application form.
- No ► please proceed to 'Beneficiary classes' below.

Beneficiary classes

Does the trust deed refer to beneficiaries in relation to membership of a class?

- Yes ► please list each class below.

Class 1

Class 2

If there are more than two (2) classes, please provide them on a separate piece of paper and attach it to this application form.

- No ► please proceed to 5C.

5 Superannuation Fund and other Trusts (continued)

5C. Details of Trustee

Please indicate (X) the trustee type:

- Individual Trustee(s) ► please complete below.
 Company Trustee ► please ensure you have completed section 4.

Complete the below sections for the indicated individual. Please note that all fields are mandatory.

Individual Trustee 1 (primary trustee)

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms) Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb State

Postcode Country

Individual Trustee 2 If the trust is unregulated, please provide details of second trustee below.

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms) Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb State

Postcode Country

For unregulated trusts are there other individual trustees?

- Yes ► provide their details on a separate piece of paper and attach to this form.
 No ► proceed to section 6

6 Source of funds

Please indicate (X) the origin and source of funds being invested.

- Income from employment - regular and/or bonus Investment income (e.g. rent, dividends, pension) Business income
 One-off payment (e.g. matured investment, court settlement, redundancy, inheritance) Sale of assets (e.g. shares, property)
 Windfall (e.g. gift, lottery winnings) Borrowed funds

7 Payment of initial investment amount

Please indicate (X) how you will make your payment of the initial investment amount by selecting one of the following:

- Direct debit ► please ensure you also complete section 8.
 Cheque ► make the cheque payable to 'Fidante Partners <name of investor(s)>' and attach it to this form.
 Electronic funds transfer ► The bank account to transfer funds is listed in section 18A and 18B. Transfer your funds, with your investor name as reference, at the same time as posting your application to ensure there are no delays in opening your account.

8 Nominated bank account (must be an Australian financial institution)

If you are making your investment via direct debit, please provide details of the bank account you wish us to debit. Please indicate (X) the nominated bank account.

- Please use existing bank account on file.
 Please use bank account provided below.

Unless requested otherwise, this will also be the bank account we credit any withdrawal proceeds and/or distributions if you requested these to be paid to you and not reinvested. Please note, if you make a withdrawal within the first three months of making your investment, we will only pay the withdrawal proceeds to the account that was debited when making the investment. You may nominate a third party bank account and all bank account holders must sign this section. By providing your nominated account details in this section you authorise Fidante Partners to use these details for all future transaction requests that you make until notice is provided otherwise. **For additional investments, a nomination in this section overrides any previous nominations.**

Financial institution	<input type="text"/>		
Branch	<input type="text"/>		
Account name	<input type="text"/>		
Branch number (BSB)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Account number	<input type="text"/>		

I/We request Fidante Partners Limited (ABN 94 002 835 592, AFSL 234668) (User ID No. 216559) and/or Fidante Partners Services Limited (ABN 44 119 605 373, AFSL 320505) (User ID No. 409056) (Fidante Partners), until further written notice is given to Fidante Partners from me/us, to debit my/our account described on the previous page, any amounts which Fidante Partners may direct debit or charge me/us through the Bulk Electronic Clearing System. I/We understand and acknowledge that:

1. the bank/financial institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate, and at any time by notice in writing to me/us, terminate this request as to future debits.
2. Fidante Partners may, by prior arrangement and notice to me/us, vary the amount or frequency of future debits;
3. the bank/financial institution will provide to me/us upon request general descriptive information of the kind referred to in sections 13.1 and 13.2 of the Code of Banking Practice, concerning the operation of accounts, banking facilities and cheques;
4. the information which I/we have provided on this form is accurate and not misleading and I am/we are aware that Fidante Partners is relying on it;
5. this direct debit arrangement is governed by the terms of the Bulk Electronic Clearing System Procedures and the Direct Debit Request Service Agreement (available on our website) which I/we have read and agreed to; and
6. should the bank/financial institution charge any fees/charges related to this direct debit authorisation (including a withdrawal or dishonour fee), I/we will be responsible for such fees/charges.

Bank account signatory 1

Signature	<input type="text"/>
Date	<input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>

Bank account signatory 2

Signature	<input type="text"/>
Date	<input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>

9 Investment and distribution method

Please write the full fund name, fund code, investment amount, regular savings plan (if applicable) and distribution options. Refer to section 18 for the listing of funds, fund codes and minimum initial investment amounts.

Fund Name	Fund Code	Investment amount (subject to the minimum initial investment) ¹	Regular savings plan ² (if applicable)	Distribution options (select (X) one option per fund) ³	
				Reinvest	Cash payment
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

¹The minimum initial investment is listed in section 18 or \$1,000 when a Regular Savings Plan is set up.

²The Regular Savings Plan enables you to invest in the Fund each month via direct debit from a nominated bank account. The minimum is \$100 per month.

³Nominate one distribution option per fund if applicable. If no nomination is made, distributions will be automatically re-invested.

Fidante Partners may, in its absolute discretion, refuse any application for units. Persons external to Fidante Partners or other entities who market Fidante Partners products are not agents of Fidante Partners but are independent investment advisers. Fidante Partners will not be bound by representations or statements which are not contained in information disseminated by Fidante Partners. 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 2001 (Cth).

10 Additional information

For charities, aid organisations, foundations or other not-for-profit organisations

You only need to complete this section if the company or trust is a charity, aid organisation, foundation or not-for-profit organisation.

Please provide details of the nature of the activities conducted by the trust

The date upon which the trust was formed

The state or territory in which the trust was established

Is financial or other support provided to recipients overseas? Yes No

If yes, list the relevant destination countries

11 FATCA information (US Foreign Account Tax Compliance Act)

Please nominate (X) what type of entity is investing and provide any requested information:

- Self-managed super fund or other regulated super fund. No further information is required
- Financial institution or trust with a trustee that is a financial institution (select this option if your company/trustee is an investment entity, a custodial or depository institution or a specified insurance company for FATCA purposes, OR your trust is primarily established for custodial or investment purposes)

Provide the company/
trustee Global Intermediary
Identification Number
(GIIN), if applicable

If the company/trustee
does not have a GIIN,
please provide its
FATCA status

- Listed public company that is NOT a financial institution (as defined under option 2). No further information is required.
- Other company or trust (NOT described above)
 - Does the company or trust generate the majority of its income from investments (e.g. interest, dividends, rent) rather than from operating a business?
 - No ► No further information is required.
 - Yes ► Proceed to (b) below.
 - Are any of the individuals listed in sections 4 or 5 of this application form, US citizens or US residents for tax purposes?
 - No
 - Yes ► Please provide their name, TIN and address (if not provided already on this form).

Surname

Full given name(s)

Street name and number

Suburb

State

Postcode

Country

TIN

(Tax Identification Number)

If there are any other individuals, please provide them on a separate piece of paper and attach it to this application form.

12 Annual Report

A copy of the annual report for the Fund(s) will be provided on the Fidante Partners website www.fidante.com.au.

- Please cross (X) this box if you wish to receive a paper copy of the annual report(s) for the Fund(s) in which you are invested. If you choose to have an annual report mailed to you, it will be mailed to the address provided in section 3 or your current address on file for existing investors.

13 Wholesale investor Status

- By crossing (X) the box, I/we confirm that I am a/we are Wholesale Investor(s) as defined under Chapter 7 of the Corporations Act 2001 (Cth) and I/we have attached a Wholesale Client Certificate to support this statement.

I/we confirm that:

- as a wholesale investor, I am investing at least \$500,000 or I am investing under \$500,000 and have a wholesale client certificate from an accountant confirming I meet the general wholesale test for assets and/or income.
- the Wholesale Client Certificate is not more than two years old;
- if the Wholesale Client Certificate is for a self-managed superannuation fund, it certifies the wholesale status of any individual controlling the fund.

14 Customer identity verification

If you do not have an existing investment with Fidante Partners, you must complete this section. If you are lodging this application through a financial adviser, they are required to provide us with copies of the identity verification documents. If you are not lodging this application through a financial adviser, you are required to provide us with certified copies of the identity verification documents. Please see below for a list of who can certify the documents.

Individuals

- Primary Individual Trustee 1 of unregulated trust
- Second Individual Trustee 2 of unregulated trust
- Each substantial trust beneficiary of the unregulated trust
- Each substantial shareholder (of company or company trustee) if you completed section 4B
- Primary/Sole Director and Second Director/Secretary (of company or company trustee) if you completed section 4C

Please provide either A or B.

Note: At least one document must show your date of birth.

A. A valid copy of one of the following documents:

- Australian driver's licence containing your photograph; or
- Australian passport containing your photograph and signature; or
- A card issued under an Australian State or Territory law containing your photograph and proof of age.

B. If one of the above cannot be provided, please provide one document from Group 1 and one document from Group 2 below:

Group 1	Group 2
<p>A copy of one of the following documents:</p> <ul style="list-style-type: none"><input type="checkbox"/> Australian birth certificate or birth extract; or<input type="checkbox"/> Australian citizenship certificate; or<input type="checkbox"/> Pension or Health care card issued by Centrelink or Department of Veterans' Affairs.	<p>(The document must contain your full name and current residential address as provided in sections 4 and 5 of the application form)</p> <p>A copy of one of the following documents issued to you:</p> <ul style="list-style-type: none"><input type="checkbox"/> a notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of services to you, e.g.:<ul style="list-style-type: none">• council rates notice• electricity bill• gas bill• water rates notice• telephone bill• internet services bill<input type="checkbox"/> a letter or notice issued within the preceding 12 months from a Commonwealth or State/Territory government department that records the provision of financial benefits to you, e.g.:<ul style="list-style-type: none">• pension statement• rent assistance statement• mobility allowance statement• utilities allowance statement<input type="checkbox"/> a letter or notice issued to you within the preceding 12 months from the ATO that records a debt or refund payable by or to you, e.g.:<ul style="list-style-type: none">• notice of assessment• payment reminder

If you are a non-Australian resident and cannot provide A or B, please provide a valid copy of ONE of the following:

- foreign passport, or similar travel document bearing your signature and photograph;
- national identity card issued by a foreign government bearing your signature and photograph; or
- foreign driver's license that contains your photograph.

Please note:

- documents are required to be certified copies of the original;
- documents such as passports, driver's licences and other cards that have an expiry date must not have expired (however, only Australian passports that have expired within the preceding two years may be accepted);
- if any document is in a language other than English, then it must be accompanied by an English translation prepared by an accredited translator; and
- if any document is in a previous name, then it must be accompanied by evidence of the change of name (e.g. a marriage certificate).

14 Customer identity verification (continued)

Company (including corporate trustees)

Information required to be verified	Verification options
Please ensure the document(s) you provide confirm(s) the following (A or B):	Please cross (X) which document(s) you have provided:
<p>A. whether the company is:</p> <ul style="list-style-type: none"> • listed; or • a majority owned subsidiary of a listed company; or • regulated. 	<input type="checkbox"/> up-to-date extract from the ASX database (if applicable); or <input type="checkbox"/> public document issued by the company; or <input type="checkbox"/> up-to-date extract from the relevant regulator's database (if regulated).
<p>B. if the company is none of these, the:</p> <ul style="list-style-type: none"> • full name of the company; and • whether the company is registered as a proprietary or a public company; and • ACN. 	<input type="checkbox"/> certificate of registration issued by ASIC; or <input type="checkbox"/> up-to-date extract from ASIC database.

Trust

Information required to be verified	Verification options
Please ensure the document(s) you provide confirm(s) the following.	Please cross (X) which document(s) you have provided.
<p>Self Managed Superannuation Funds, registered schemes, other regulated trusts or government superannuation funds</p> <ul style="list-style-type: none"> • full name of Superannuation Fund or Trust; and • type of Superannuation Fund or Trust. 	<p>Registered schemes, regulated trusts or government superannuation funds</p> <input type="checkbox"/> up-to-date extract from ATO other APRA (e.g. SMSF or other superannuation fund); or <input type="checkbox"/> up-to-date extract from ASIC (e.g. registered scheme); or <input type="checkbox"/> up-to-date extract of the legislation establishing the government superannuation fund sourced from a government website.
<p>Other unregulated trusts</p> <ul style="list-style-type: none"> • full name of Trust • name of Trust settlor. 	<p>Other unregulated trusts</p> <input type="checkbox"/> provide documentation confirming the existence of the Trust and the name of the settlor (e.g. trust deed or extract of the trust deed).

14 Customer identity verification (continued)

How to certify your documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (e.g. postal agent, Justice of the Peace).

Sample wording

I, **[full name]**, a **[category of persons listed below]**, certify that this **[name of document]** is a true and correct copy of the original.

[Signature and date]

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

Who can certify documents?

Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none"> • Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) • Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) • Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
Post office	<ul style="list-style-type: none"> • Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public • Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
JP	<ul style="list-style-type: none"> • Justice of the Peace
Legal	<ul style="list-style-type: none"> • Person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described) • Judge of a court • Magistrate • Chief executive officer of a Commonwealth court • Registrar or deputy registrar of a court • Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth))
Police	<ul style="list-style-type: none"> • Australian police officer
Diplomatic service	<ul style="list-style-type: none"> • Australian consular officer • Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))
Accountant	<ul style="list-style-type: none"> • Member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership

15 Adviser service fee nomination

For new investments, please indicate whether an adviser service fee will be paid to your financial adviser. If this section is not completed, no adviser service fee will be deducted. The adviser service fee is not available to New Zealand investors.

Please indicate (X) you negotiated an adviser service fee with your financial adviser?

No ► Please proceed to **section 16**.

Yes ► I/we authorise Fidante Partners to pay an adviser service fee of % p.a. (maximum of 1.1%) from my account in the Fund and to withdraw the applicable number of my/our units in the Fund(s) for this purpose to enable this payment. I/we understand that this adviser service fee will continue to be paid until I/we direct my/our financial adviser and/or inform Fidante Partners otherwise. I/we understand that this adviser service fee cannot be refunded by Fidante Partners once paid.

Where I/we have authorised the payment of an adviser service fee(s), I/we direct Fidante Partners to calculate and pay this fee on a monthly basis to the Australian Financial Services Licensee responsible for my financial adviser (or my financial adviser directly if they are the Licensee).

For additional investments, a nomination in this section overrides any previous nominations.

16 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 form.

I/We declare that:

- all details in this application (including all related documents provided) are true and correct and I/we indemnify the responsible entity of the fund(s) I/we am/are investing in 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 PDS and all information incorporated into the PDS 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 current PDS (including the incorporated information) and current constitution (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 offer in Australia;
- 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 (an original 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;
- unless alternative authority for signature is notified to and accepted by Fidante Partners, 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;
- if investing as trustee, on behalf of a superannuation fund or trust I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993;
- in the case of superannuation funds with two or more trustees, the trustees agree that unless otherwise expressly indicated on this application form, either investor is able to operate the account and bind the other investor/s for future transactions, including additional deposits and withdrawals (including withdrawals by fax);
- I/we have read and understood the terms and conditions for the use of telephone and fax and release and indemnify Fidante Partners from and against any liabilities whatsoever arising out of it acting on any communications received by telephone and fax under those terms; and
- I/we acknowledge that none of Fidante Partners, Challenger Limited, or any other member of the Challenger group of companies or any custodian or investment manager, guarantees the performance of the Fund(s) or the repayment of capital or any particular rate of return or any distribution.

In relation to my/our personal information:

- I/we acknowledge that I/we have read and understood the information relating to privacy and personal information contained in the relevant PDS. I am/We are aware that until I/we inform Fidante Partners otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) as described in the PDS and I/we have consented to my/our financial adviser providing such further personal information to Fidante Partners as is required or reasonably deemed necessary by Fidante Partners under applicable law. Any personal information provided about a third party (if any) in connection with this application has been provided with their knowledge and consent; and
- 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 uses or disclosures of my/our information as detailed in the PDS (except in relation to direct marketing), my/our application may not be accepted by Fidante Partners and we agree to release and indemnify Fidante Partners in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided.

17 Signature(s)

For individual trustees, at least the primary trustee must sign this section. For Australian companies and company trustees we require the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signature 1

Signature

Date

Surname

Given name(s)

Capacity Director Company Secretary
 Primary Trustee (Individual)

Signature 2

Signature

Date

Surname

Given name(s)

Capacity Director Company Secretary
 Secondary Trustee (Individual)

COMPANY SEAL

18 Fund listing

Below is a listing of the Funds available for investment. Refer to **section 9** to indicate your investment and distribution choices.

18A. Fidante Partners Limited

If making your payment via electronic funds transfer for the Funds listed below, please use the following bank account:

Account Name: FPL Application Clearing Account

BSB: 032-006

Account: 304845

Reference*: <Investor Name>

*This reference allows us to confirm receipt of payment on our bank statement

Fund Name	Fund Code	APIR code	Minimum initial investment ¹	PDS Date
Alphinity Global Equity Fund	567	HOW0164AU	\$10,000	1/03/2017
Alphinity Wholesale Australian Equity Fund	246	HOW0019AU	\$10,000	1/03/2017
Alphinity Wholesale Australian Share Fund	10	PAM0001AU	\$10,000	1/03/2017
Alphinity Wholesale Concentrated Australian Share Fund	17	HOW0026AU	\$10,000	1/03/2017
Alphinity Wholesale Socially Responsible Share Fund	22	HOW0121AU	\$10,000	1/03/2017
Ardea Wholesale Australian Inflation Linked Bond Fund	335	HOW0062AU	\$10,000	1/03/2017
Ardea Real Outcome Fund	428	HOW0098AU	\$10,000	1/03/2017
Ardea Real Outcome Plus Fund	559	HOW0162AU	\$10,000	1/03/2017
Greencape Wholesale Broadcap Fund	177	HOW0034AU	\$10,000	1/03/2017
Greencape Wholesale High Conviction Fund	178	HOW0035AU	\$10,000	1/03/2017
Kapstream Wholesale Absolute Return Income Fund	204	HOW0052AU	\$10,000	1/03/2017
Kinetic Wholesale Emerging Companies Fund	184	HOW0036AU	\$10,000	1/03/2017
Lennox Australian Small Companies Fund	665	HOW3590AU	\$10,000	3/05/2017
Merlon Concentrated Australian Share Fund	660	HOW3926AU	\$10,000	31/03/2017
Merlon Wholesale Australian Share Income Fund	105	HBC0011AU	\$10,000	1/03/2017
NovaPort Wholesale Microcap Fund	51	HOW0027AU	\$10,000	1/03/2017
NovaPort Wholesale Smaller Companies Fund	19	HOW0016AU	\$10,000	1/03/2017
SG Hiscock Wholesale Property Securities Fund	106	HBC0008AU	\$10,000	1/03/2017
Tempo Global Currency Fund	594	HOW8072AU	\$10,000	31/03/2017
Tempo Global Equity Fund	495	HOW0156AU	\$10,000	1/03/2017
WaveStone Dynamic Australian Equity Fund	290	HOW0053AU	\$10,000	1/03/2017
WaveStone Wholesale Australian Share Fund	7	HOW0020AU	\$10,000	1/03/2017

¹ The minimum initial investment is \$1,000 when a Regular Savings Plan is set up.

18B. Fidante Partners Services Limited

If making your payment via electronic funds transfer for the funds listed below, please use the following bank account:

Account Name: FPSL Application Clearing Account

BSB: 032-006

Account: 454747

Reference*: <Investor Name>

*This reference allows us to confirm receipt of payment on our bank statement

Fund Name	Fund Code	APIR code	Minimum initial investment ¹	PDS Date
Bentham Wholesale Global Income Fund	359	CSA0038AU	\$10,000	1/03/2017
Bentham Wholesale High Yield Fund	361	CSA0102AU	\$10,000	1/03/2017
Bentham Wholesale Syndicated Loan Fund	360	CSA0046AU	\$10,000	1/03/2017
SG Hiscock Professional Property Fund	352	CSA0115AU	\$5,000	1/03/2017
SG Hiscock Wholesale Property Fund	357	CRS0007AU	\$10,000	1/03/2017

¹ The minimum initial investment is \$1,000 when a Regular Savings Plan is set up.

19 Adviser use only

By signing this section, I declare that the attached document(s) are true copies of the document(s) used to satisfy the identity verification requirements and I have complied with my obligations under the Anti-Money and Counter-Terrorism Financing Act 2006.

Adviser number	<input type="text"/>	
Office name	<input type="text"/>	
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Title (Mr/Mrs/Miss/Ms)	<input type="text"/>	Phone (business hours) <input type="text"/>
Adviser group	<input type="text"/>	
Adviser group AFSL	<input type="text"/>	
Adviser signature	<input type="text"/>	
Date	<input type="text"/>	
Investment Link information		
IL GN (Group)	<input type="text"/>	

Important notes

This application must not be handed to any person unless the relevant PDS and access to the information incorporated into the PDS is also being provided. Fidante Partners may in its absolute discretion refuse any application for units. Persons external to Fidante Partners or other entities who market Fidante Partners products are not agents of Fidante Partners but are independent investment advisers. Fidante Partners will not be bound by representations or statements which are not contained in information disseminated by Fidante Partners. 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 2001 (Cth). Personal information collected on this form will be handled in accordance with our privacy policy available at www.fidante.com.au