

DRUMMOND DYNAMIC PLUS FUND (“FUND”)**SUBSCRIPTION AGREEMENT**

For all applications, please complete the Investor and Investment Details section (being these first 2 pages) and Section 1: Application Details of the Anti-Money Laundering Supplement (**AML Supplement**) in this Subscription Agreement. Please forward the completed sections and the required certified identification evidence from Section 3: Identification Documents of the AML Supplement to:

Apex Fund Services (Sydney) Pty Ltd
PO BOX A517
SYDNEY NSW 2000
Email: SSG.AUS@apexfs.com

Payments of subscription money should be made to:

Bank Name: ANZ Bank
Account Name: Drummond Dynamic Plus Fund Applications Account
SWIFT: ANZBAU3M
BSB Number: 013 006
Account Number: 838370291
Reference: Investor name

The Administrator reserves the right to collect more Anti-Money Laundering/Know Your Customer (AML/KYC) documents should they require it.

This Subscription Agreement forms part of the Information Memorandum for the Fund. You must read the Information Memorandum before completing this Subscription Agreement. All terms not defined in this Subscription Agreement but defined in the Information Memorandum will have the meaning in the Information Memorandum.

INVESTOR AND INVESTMENT DETAILS

Funds Transfer via: EFT/TT (circle)

Application Amount

\$

Investor Contact Details:

Contact Person:

First Name:

Last Name:

Phone Number:

Email:

Postal Address

Street

Suburb

State

Postcode

Country

Communication:

Mailing Address (if different to the contact person's address above)

Street

Suburb

State

Postcode

Country

Please list below the bank account from which the electronic transfer of funds will be made. The bank account must be in the name of the investor. Distribution payments will be paid into this bank account.

Distributions

I/we elect to receive distributions by:

- ☐ Distribution reinvestment
- ☐ Pay to bank account (below)

If no election is made, distributions will be automatically reinvested in additional units in the same series. If you wish to change your election, you must notify the Trustee in writing.

Bank account details (for distributions and redemptions):

BSB:

Account Number:

Account Name:

Name of Bank:

Branch Address

Street

Suburb

State

Postcode

Country

Banking Information: Please note that in cases where the name of the bank account is not in the same name as the investor as indicated above, documentary information must be provided detailing the reason for, and background to, such a "third party" payment request. Payments that do not originate from an account in the name of the investor, are subject to an approval process. Please note that supporting documentation on the relationship between the third party and investor will need to be provided. Should this not be to the satisfaction of the Administrator, the funds will be returned to the remitting party.

Additionally, as part of our compliance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), the Regulations and Applicable Rules (AML Law), we require detailed verification of the investor's identity and the source of the payment of the application money. If your bank is unable to wire the funds as per the specifications mentioned, we will request your bank to confirm to us in writing that the funds were wired from a bank account held with them in the name of the investor. We reserve the right to request such information as is necessary to verify the identity of any investor.

Purpose of Investment and Source of Funds

Please outline the purpose of investment (e.g. superannuation, portfolio investment, etc)

Please outline the source/s of initial funding and anticipated ongoing funding (e.g. salary, savings, business activity, financial investments, real estate, inheritance, gift, etc and expected level of funding activity or transactions)

Declaration

I/we request you to issue the units applied for and authorise you to register the applicant as the holder(s) of the units.

I/we declare that the execution of this Subscription Agreement by me/us constitutes a representation by each applicant that:

- I/we have read and understood the Information Memorandum for the Fund dated [];
- this Subscription Agreement was detached from the Information Memorandum for the Fund;
- Upon allotment of units in the Fund, I/we agree to be bound by the terms of the Information Memorandum and the Constitution of the Fund, as amended from time to time;
- I/we understand that neither the repayment of capital nor the performance of the Fund is guaranteed by any person, including the Investment Manager;
- I am/we are a Wholesale Client;
- the details given in this Subscription Agreement and in the AML Supplement are true and correct and that I/we have the legal power to invest in accordance with this application;
- I/we authorise Trustee and Administrator to apply the TFN or ABN provided in this Subscription Agreement and authorise it to be applied to all future applications and redemptions for units in the Fund, including reinvestments, unless I/we advise Administrator otherwise;
- I/we have read the section of the Information Memorandum titled "Privacy" and agree that Trustee and Administrator may collect, use disclose and handle personal information in the manner set out in that section;
- I/we agree to indemnify the Trustee of the Fund, Administrator and any of its related bodies corporate against any loss, liability, damage, claim, cost or expense incurred as a result, directly or indirectly, of any of these declarations proving to be untrue or incorrect;
- in the case of joint applications, the joint applicants agree that unless otherwise expressly indicated on this Subscription Agreement, the units will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions, including additional deposits and redemptions; and
- I/We agree to give further information or personal details to Trustee if required to meet its obligations under AML Laws or taxation legislation.

Signature by individual or joint applicant(s)

Signature

Signature

Print Name

Print Name

Date

Date

Signature of corporate applicants or corporate trustee applicants

Executed by:

Company Name

As Trustee For (if applicable)

By its directors / secretary:

Signature

Signature

Print Name

Print Name

Date

Date

ANTI-MONEY LAUNDERING SUPPLEMENT

SECTION 1: APPLICATION DETAILS

Please indicate who is making the investment.

Investor Type	Go to
<input type="checkbox"/> Individual/Joint Investors/Sole Trader/Individual Trustee	Section 1A
<input type="checkbox"/> Company/Corporate Trustee	Section 1B
<input type="checkbox"/> Trust/Superannuation fund	Section 1C
<input type="checkbox"/> Partnership	Section 1D
<input type="checkbox"/> Agent of Customer	Section 1E

If you do not fall into any of the above categories or would require any further information, please contact the Administrator on +61 3 9020 3000.

SECTION 1A - INDIVIDUAL / JOINT INVESTORS / SOLE TRADER / INDIVIDUAL TRUSTEE

INVESTOR A / INDIVIDUAL TRUSTEE

Full Name

Title (Mr/Mrs/Miss/Ms)

Date of Birth

 / /

TFN or Exemption Code

(not required for individual trustee or partner)

Country of residence for tax purposes

(not required for individual trustee or partner)

Full business name (if sole trader)

ABN

Residential address (not PO box)

Street

Suburb

State

Postcode

Country

Principal place of business (if sole trader)

Street

Suburb

State

Postcode

Country

INVESTOR B

Full Name

Title (Mr/Mrs/Miss/Ms)

Date of Birth

 / /

TFN or Exemption Code
(not required for individual trustee or partner)

Country of residence for tax purposes
(not required for individual trustee or partner)

Full business name (if sole trader)

ABN

Residential address (not PO box)

Street

Suburb

State

Postcode

Country

Principal place of business (if sole trader)

Street

Suburb

State

Postcode

Country

SECTION 1B - COMPANY / CORPORATE TRUSTEE

Full Company Name

ACN/ARBN (if any)

TFN, ABN or exemption code (if any)

Country of residence for tax purposes

Country of formation, incorporation or registration

Name of regulator (if licensed by an Australian commonwealth,
state or territory statutory regulator)

Licence details

If the company is registered as a proprietary company by ASIC or a private company by a foreign registration body, please provide the name of two directors of the company:

Director 1

Full Name

Director 2

Full Name

Registered office address in Australia

Street

Suburb

State

Postcode

Country

Principal place of business

Street

Suburb

State

Postcode

Country

If an Australian company, registration status with ASIC:

- ☐ Proprietary company
- ☐ Public company

If a foreign company, registration status with the relevant foreign registration body:

- ☐ Private/proprietary company
- ☐ Public company
- ☐ Other (please specify)

Name of the relevant foreign registration body

Foreign company identification number

Is the company listed?

- ☐ Yes

Name of the market/exchange

- ☐ No

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

- ☐ Yes

Name of Australian listed company

- ☐ No

Name of the market/exchange

If the company is an Australian proprietary company or a foreign private company which is not regulated, please provide the details below for each individual who owns through one or more shareholdings more than 25% of the company's issued capital:

Shareholder 1

Full Name

Address (not PO box)

Street

Suburb

State

Postcode

Country

Shareholder 2

Full Name

Address (not PO box)

Street

Suburb

State

Postcode

Country

Shareholder 3

Full Name

Address (not PO box)

Street

Suburb

State

Postcode

Country

If there are more shareholders, please provide the above details on a separate page and attach to this AML Supplement.

Please proceed to Section 2.

SECTION 1C - TRUST / SUPERANNUATION FUND**Trust Details**

Full Name of Trust/Superannuation Fund

Full business name of trustee (if any)

TFN, ABN or Exemption Code

Country of residence for tax purposes

Country in which the trust/superannuation fund was established

Type of Trust
☐
Category A: Registered managed investment scheme

ARSN

☐ **Category B: Regulated Trust (e.g. self-managed superannuation fund)**

Name of regulator (e.g. ASIC, APRA, ATO)

ABN of Trust

Registration/licensing details

☐ **Category C: Government superannuation fund**

Name of the legislation establishing the fund

☐ **Category D: Other trust type**

Trust description (e.g. family, unit, charitable)

Complete if the trust falls under Category D

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

☐ Yes - Please provide details of membership class(es) (e.g. unitholders, family members of named person, charitable purposes)

☐ No – Please provide full names of all company and individual beneficiaries below
Beneficiary Details**Beneficiary 1**

Full name

Beneficiary 2

Full name

Beneficiary 3

Full name

If there are more beneficiaries, please provide the above details on a separate page and attach to this AML Supplement.

Trustee details (all investors)

If individual trustees, please complete Section 1A in respect of one of the individual trustees.

If corporate trustees, please complete Section 1B in respect of one of the corporate trustees.

Please proceed to Section 2.

SECTION 1D - PARTNERSHIP**Partnership Details**

Full Name of partnership

Registered business name of partnership (if any)

TFN, ABN or Exemption Code

Country of residence for tax purposes

Country in which the Partnership was established

Type of Partnership

Is the partnership regulated by a professional association?

☐

Yes - Name of association

Membership details

☐

No - please provide details below with respect to all the partners

Number of partners

Partner 1

Full Name

Title (Mr/Mrs/Miss/Ms)

Residential address (not PO Box)

Street

Suburb

State

Postcode

Country

Partner 2

Full Name

Title (Mr/Mrs/Miss/Ms)

Residential address (not PO Box)

Street

Suburb

State

Postcode

Country

Partner 3

Full Name

Title (Mr/Mrs/Miss/Ms)

Residential address (not PO Box)

Street

Suburb

State

Postcode

Country

If there are more partners, please provide their details on a separate page and attach to this AML Supplement.

Partner Details (All Investors)

Please complete Section 1A in respect of one of the partners who is an individual.

Please proceed to Section 2.**SECTION 1E - AGENT OF CUSTOMER**

Please complete Part I if investment is made through an individual authorised agent (i.e. if investment instructions are made by the individual authorised agent on behalf of the investor).

For a non-individual investor, please complete Part II if a verifying officer has been appointed to liaise with the authorised agent in relation to this application.

Part I - Individual Authorised Agent appointed

I/We have appointed the person(s) named below as my/our authorised representatives. I/We confirm that the authorised representatives are required to authorise instructions.

Full name of agent

Agent's company name (if any)

Licence Number or Authorised Representative Number (if any)

Contact Details of Agent:

Phone

Facsimile

Email

Postal Address (not PO Box)

Street

Suburb

State

Postcode

Country

If there are two or more authorised representatives, you may attach a schedule of representatives. Please specify whether an authorised representative can act individually or jointly (circle). If you do not indicate, then two will be required.

Part II - Verifying Officer appointed

It is the agent's responsibility to notify the investor that the verifying officer has specific obligations under the AML/CTF Law. In completing and signing this application as authorised agent for the investor, you agree to notify the investor that the verifying officer is required to:

- a) Collect the following: full name of the agent; position title or role held by the agent in relation to the investor; a copy of the agent's signature; and evidence that the agent is authorised to act for the investor;
- (b) Make a record of the above information; and
- (c) Provide the full name of the agent and a copy of the agent's signature if requested to do so.

You also agree to inform the Investor that they must retain the records made by the verifying officer.

Full name of verifying officer

Title (Mr/Mrs/Miss/Ms)

Date of Birth

Residential address (not PO Box)

Street

Suburb

State

Postcode

Country

SECTION 2 – FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) & COMMON REPORTING STANDARD (CRS) SELF-CERTIFICATION FORM - AUSTRALIA ALL INVESTORS MUST COMPLETE

We are obliged under the Foreign Account Tax Compliance Act (FATCA), related intergovernmental agreements (“IGAs”) and regulations based on the OECD Common Reporting Standard (“CRS”) to collect certain information about each investor’s tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor’s interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by local law.

For further information on FATCA or CRS please refer to the US Department of the Treasury’s website at <http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA> or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If you have any questions about this form or defining the investor’s tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

If any of the information below about the investor’s tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.

2.1 INDIVIDUALS

Please fill this Section I only if you are an individual. If you are an entity, please fill Section 2.2.

1. Are you a US citizen or resident of the US for tax purposes?

- ☐ NO – Continue to question 2
- ☐ YES – Provide your Taxpayer Identification Number (TIN) below. Continue to question 2

Investor	Tax Identification Number (TIN)

2. Are you a tax resident of any other country outside of Australia?

- ☐ NO – Skip to question 7 (Declaration)
- ☐ YES – Provide the details below and skip to question 7. If resident in more than one jurisdiction please include details for all jurisdictions

Investor	Country of Residence	TIN	Reason Code if no TIN provided (see below)

If Reason B has been selected above, explain why you are not required to obtain a TIN

If TIN or equivalent is not provided, please provide reason from the following options:

Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents

Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)

Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

2.2 ENTITIES

Please fill this Section II only if you are an entity. If you are an individual, please fill Section I.

1. Are you an Australian Retirement Fund? You will be classified as *Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II)*

- ☐ YES – Skip to question 7
- ☐ NO – Continue to Part A – FATCA, Part B – CRS and Part C – Controlling Persons

A. FATCA

2. Is the Entity is a Specified U.S. Person?

- ☐ YES – Provide your Taxpayer Identification Number(TIN) below and skip to question 4
- TIN
-
- ☐ NO – (please also complete question 3,4 and 5)

3. Entity's FATCA Classification* (the information provided in this section is for FATCA, please note your classification may differ from your CRS classification in Section 5):

3.1 Financial Institutions under FATCA:

If the Entity is a Financial Institution, please tick one of the below categories

- ☐ i. Partner Jurisdiction Financial Institution – provide the Entity's GIIN at 3.2 or complete 3.3
- ☐ ii. Registered Deemed Compliant Foreign Financial Institution - provide the Entity's GIIN at 3.2 or complete 3.3
- ☐ iii. Participating Foreign Financial Institution - provide the Entity's GIIN at 3.2 or complete 3.3

3.2 Please provide the Entity's Global Intermediary Identification number (GIIN)

3.3 If the Entity is a *Financial Institution* but unable to provide a *GIIN*, please tick one of the below reasons:

- ☐ i. The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN. Please provide the sponsor's name and sponsor's GIIN and Continue to question 4
- Sponsor's Name: Sponsor's GIIN:
- ☐ ii. Exempt Beneficial Owner – Continue to question 4
- ☐ iii. *Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)*– Continue to question 4
- ☐ iv. Non-Participating Foreign Financial *Institution* – Continue to question 4
- ☐ v. *Excepted Foreign Financial Institution* – Continue to question 4

3.4 Non-Financial Institutions under FATCA:

If the Entity is not a Financial Institution, please tick one of the below categories

- ☐ i. Active Non-Financial Foreign Entity and Continue to question 4
- ☐ ii. Passive Non-Financial Foreign Entity (If this box is ticked, please include self-certification forms for each of your Controlling Persons in Section C) – Continue to question 4
- ☐ iii. Excepted Non-Financial Foreign Entity – Continue to question 4

B. CRS

4. CRS Declaration of Tax Residency (please note that you may choose more than one country)*

Please indicate the Entity's country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated Tax Identification Numbers ("TIN")).

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

Country of Residence	Tax Identification Number (TIN)	Reason Code if no TIN provided (see below)

If Reason B has been selected above, explain why you are not required to obtain a TIN

If TIN or equivalent is not provided, please provide reason from the following options:

Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents

Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)

Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

5. Entity's CRS Classification* - Please tick one option that applies in section 5.1 or 5.2 below (The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in question 3):

For more information please see the CRS Standard and associated commentary.

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

5.1 Financial Institutions under CRS:

If the Entity is a Financial Institution, please tick one of the below categories

- ☐ i. Financial Institution under CRS (other than (ii) below) – Skip to question 7
- ☐ ii. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution - Continue to question 6

5.2 Non Financial Institutions under CRS:

If the Entity is a Non Financial Institution, please tick one of the below categories

- ☐ i. Active Non-Financial Entity – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation – Skip to question 7
- ☐ ii. Active Non-Financial Entity – a Government Entity or Central Bank – Skip to question 7
- ☐ iii. Active Non-Financial Entity – an International Organisation – Skip to question 7
- ☐ iv. Active Non-Financial Entity – other than (i)-(iii) (for example a start-up NFE or a non-profit NFE) – Skip to question 7
- ☐ v. Passive Non-Financial Entity – Continue to question 6

C. CONTROLLING PERSONS

6. Passive Non-Financial Entities – please complete details of Controlling Persons, including:

- any natural person that exercises control over you (for corporations, this would include directors or beneficial owners who ultimately own 25% or more of the share capital)?
- If you are a trust, any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust?

Note: If there are more than 3 controlling persons, please list them on a separate piece of paper

Controlling Individual 1:

Full Name

Residential address (not PO Box)

Street

Suburb

State

Postcode

Country

Date of Birth

Place of Birth (City, Country)

Country(ies) of Tax Residence

TIN

Reason Code if no TIN provided

Controlling Individual 2:

Full Name

Residential address (not PO Box)

Street

Suburb

State

Postcode

Country

Date of Birth

Place of Birth (City, Country)

Country(ies) of Tax Residence

TIN

Reason Code if no TIN provided

Controlling Individual 3:

Full Name

Residential address (not PO Box)

Street

Suburb

State

Postcode

Country

Date of Birth

Place of Birth (City, Country)

Country(ies) of Tax Residence

TIN

Reason Code if no TIN provided

Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.

**Please
Tick**

Entity Name

Controlling Person of a legal person – control by ownership

☐

Controlling Person of a legal person – control by other means

☐

Controlling Person of a legal person – senior managing official

☐

Controlling Person of a trust - settlor

☐

Controlling Person of a trust – trustee

☐

Controlling Person of a trust – protector

☐

Controlling Person of a trust – beneficiary

☐

Controlling Person of a trust – other

☐
Controlling Person of a legal arrangement (non-trust)
– settlor-equivalent
☐
Controlling Person of a legal arrangement (non-trust)
– trustee-equivalent
☐
Controlling Person of a legal arrangement (non-trust)
– protector-equivalent
☐
Controlling Person of a legal arrangement (non-trust)
– beneficiary-equivalent
☐
Controlling Person of a legal arrangement (non-trust)
– other-equivalent
☐

D. DECLARATION**7. Signature**

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I/We undertake to advise the recipient promptly and provide an updated Self-Certification where any change in circumstance occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature(s)*:

--	--

Print Name(s)*:

--	--

Capacity in which declaration is made*:

--	--

Date: (dd/mm/yyyy)*:

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SECTION 3 - IDENTIFICATION DOCUMENTS - ALL INVESTORS

To comply with our obligations under AML Law, we must collect certain information, supported by original or certified copies¹ of relevant documents², about each investor. Documents written in a language other than English must be accompanied by an English translation prepared by an accredited translator.

In order to verify the signature(s) on the Subscription Agreement, as well as the authority for all future requests, please provide a list of authorised signatories (including sample signatures), or for individual investors, a certified copy of the passport or driver's licence.

Investor Type	Go to
<input type="checkbox"/> Individual/Joint Investors/Sole Trader/Individual Trustee	Section 3A
<input type="checkbox"/> Company/Corporate Trustee	Section 3B
<input type="checkbox"/> Trust/Superannuation fund	Section 3C
<input type="checkbox"/> Partnership	Section 3D
<input type="checkbox"/> Agent of Customer	Section 3E

SECTION 3A - INDIVIDUAL / JOINT INVESTORS / SOLE TRADER / INDIVIDUAL TRUSTEE* / PARTNERS* / AGENTS OF CUSTOMERS

Please provide us with an original or certified copy of a document from Part I, or if you do not own a document from Part I, original or certified copies of documents from Part II or III.

**You only need to provide the relevant documents set out in this Section 2A if you are required to complete Section 1A.*

PART I

Tick	Provide ONE document from this section
<input type="checkbox"/>	Current Australian driver's licence containing your photograph and date of birth
<input type="checkbox"/>	Australian passport
<input type="checkbox"/>	Foreign passport or similar travel document containing your photograph and signature
<input type="checkbox"/>	Current card issued by an Australian State or Territory for the purpose of proving your age containing your photograph and date of birth

PART II - Australian investor (should only be provided if you do not own a document from Part I)

Tick	Provide ONE document from this section
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Centrelink
<input type="checkbox"/>	Health card issued by Centrelink
Tick	AND ONE document from this section
<input type="checkbox"/>	An original or certified copy of a notice, showing your name and residential address, issued by the Commonwealth or a State or Territory within the past 12 months that records the provision of financial benefits to you
<input type="checkbox"/>	An original or certified copy of a notice, showing your name and residential address, issued by the Australian Taxation Office within the past 12 months that records a debt payable by you
<input type="checkbox"/>	An original or certified copy of a notice, showing your name and residential address, issued by a local government body or utilities provider (e.g. rates notice or electricity bill) within the past 3 months which records the provision of services to you
<input type="checkbox"/>	If you are under age 18: a notice, showing your name and your residential address, issued by a school principal within the past 3 months which records the period of time that you attended at that school

¹ Refer to Section 3 for details about obtaining certified copies.

² Original or certified documents will not be returned.

PART III - Foreign investor (Should only be provided if you do not own a document from Part 1)

Tick	Provide BOTH documents from this section
<input type="checkbox"/>	Foreign driver's licence containing your photograph and date of birth
<input type="checkbox"/>	National ID card issued by a foreign government containing your photograph and signature

SECTION 3B - COMPANY / CORPORATE TRUSTEE*

Please provide us with an original or certified copy of a document from the following:

Tick	Provide the documents from this section
<input type="checkbox"/>	Certificate of registration or incorporation issued by ASIC
<input type="checkbox"/>	Certificate of registration or incorporation issued by the relevant foreign registration body
<input type="checkbox"/>	Current company search from ASIC database/relevant foreign registration body
Tick	AND (if applicable) documents from this section
<input type="checkbox"/>	If a listed company: a search of the relevant financial market
<input type="checkbox"/>	If a regulated company: a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator

**You only need to provide the relevant documents set out in this Section 2B if you are required to complete Section 1B.*

SECTION 3C - TRUST / SUPERANNUATION FUND

Registered management investment scheme/self-managed superannuation fund/regulated trust/government superannuation fund

Tick	Provide the documents from this section
<input type="checkbox"/>	Screen print from the relevant regulator's website showing the full name of the Trust, and that the Trust is a registered scheme, self-managed superannuation fund, regulated trust or government superannuation fund

Other Trusts

Tick	Provide ONE document from this section
<input type="checkbox"/>	An original or certified copy or certified extract of the trust deed
<input type="checkbox"/>	A notice issued to the Trust by the Australian Taxation Office within the past 12 months
<input type="checkbox"/>	Letter from a solicitor or qualified accountant verifying the name of the trust
Tick	AND BOTH documents from this section
<input type="checkbox"/>	Full name and residential/registered office address of all individual and corporate trustees
<input type="checkbox"/>	The relevant documents set out in section 2A or 2B for the individual or corporate trustee who has completed section 1A or 1B respectively

SECTION 3D – PARTNERSHIP

Tick	Provide ONE document from this section
<input type="checkbox"/>	An original or certified copy or certified extract of the partnership agreement
<input type="checkbox"/>	A certified copy or certified extract of minutes of a partnership meeting
<input type="checkbox"/>	An original current membership certificate (or equivalent) of a professional association
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association
<input type="checkbox"/>	A notice issued to the Partnership by the Australian Taxation Office within the past 12 months
<input type="checkbox"/>	An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia
Tick	AND the documents from this section
<input type="checkbox"/>	The relevant documents set out in section 2A for the individual partner who has completed section 1A

Tick	AND (if regulated by a professional membership) ONE document from this section
<input type="checkbox"/>	An original current membership certificate (or equivalent) of a professional association
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association

SECTION 3E - AGENT OF CUSTOMER

Tick	Provide BOTH documents from this section
<input type="checkbox"/>	Evidence of the agent's authority to act on behalf of the Investor (e.g. signed letter, power of attorney)
<input type="checkbox"/>	The relevant documents set out in section 2A in respect of the Agent (if individual agent appointed) or in respect of the verifying officer (if verifying officer appointed)
Tick	AND document from this section if verifying officer appointed
<input type="checkbox"/>	Written evidence of the Investor's authorisation of the verifying officer to act as a verifying officer

SECTION 4 - CERTIFIED COPY OF AN ORIGINAL DOCUMENT

Certified copy means a document that has been certified as a true copy of an original document.

Certified extract means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described in the sub-paragraphs below.

The certifier should sign the copy (printing his/her name underneath) and clearly indicate his/her position or capacity, and include a contact address and phone number. The certifier must indicate that the document is a true copy of the original document.

People who can certify documents or extracts are:

- A person who, under a law in force in a State or Territory, is currently licensed or registered to practice the following occupations:
 - Chiropractor;
 - Dentist;
 - Legal practitioner;
 - Medical practitioner;
 - Nurse;
 - Optometrist;
 - Patent/Trademarks attorney;
 - Pharmacist;
 - Physiotherapist;
 - Psychologist; and
 - Veterinary surgeon.
- a **lawyer** - a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
- a **person** listed in Part 2 of Schedule 2 of the *Statutory Declarations Regulations 1993*, which includes but is not limited to:
 - a **judge** of a court;
 - a **magistrate**;
 - a **chief executive officer** of a Commonwealth court;
 - a **registrar** or **deputy registrar** of a court;
 - a **Justice of the Peace**;
 - a **notary public** (for the purposes of the Statutory Declaration Regulations 1993);
 - a **police officer**;
 - a **postal agent** - an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
 - the **post office** - a **permanent employee** of The Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
 - an **Australian consular officer** or an **Australian diplomatic officer** (within the meaning of the Consular Fees Act 1955);
 - an **officer** at a bank, building society, credit union or finance company with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
 - a **member** of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants; and
 - a **teacher** employed on a full-time basis at a school or tertiary education institution.
- an **officer** or **authorised representative** of a **holder of an Australian financial services licence**, having 2 or more continuous years of service with one or more licensees.

[On Accountants letterhead]

CERTIFICATE BY QUALIFIED ACCOUNTANT

(for the purposes of Section 761G(7))

[date]

Apex Fund Services (Sydney) Pty Limited
Level 18, 201 Elizabeth Street
SYDNEY SOUTH NSW 2000

Attention: Unit Registry - SSG.AUS@apexfs.com

Dear

RE: [NAME OF FUND] INVESTMENT BY [INSERT APPLICANTS NAME AS PER APPLICATION FORM]

I confirm that I am a qualified accountant as defined by section 9 of the Corporations Act 2001 (Cth), and certify that:

[insert applicants name as per application form]

- (i) has net assets of at least A\$2.5 million; or
- (ii) has had a gross income for each of the last two (2) financial years of at least A\$250,000 a year.
- (iii) is a professional investor for the purposes of Section 761G(7)

Yours faithfully

[Insert – Accountant's name]

[Insert – Accountant's name and phone number if not on firm letterhead]