

Jamieson Coote Bonds

APPLICATION BOOKLET

CC JCB Global Bond Fund CLASS A UNITS - HEDGED ARSN: 631 235 553 APIR CHN4711AU

1 MAY 2023

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JAMIESON COOTE BONDS

APPLICATION BOOKLET

Completing the Application Form

A completed application is an instruction to invest in the CC JCB Global Bond Fund. This application form relates to the Product Disclosure Statement dated 30 September 2022 ('PDS') issued by Channel Investment Management Limited ABN 163 234 240 AFSL 439007 ('CIML' or 'RE'). Please read the PDS in full before completing this Application Form.

Incomplete Applications

Application monies accompanying an incomplete application will be retained in a trust account pending receipt of the required information. Interest earned on these application monies will form part of the Fund. Units will not be issued as a result of the interest earned.

Tax File Number

Investors have the choice of whether or not to quote their Tax File Number (TFN) when opening a Fund account. The investor does not have to quote a TFN, but it is a requirement of relevant taxation laws that CIML will withhold tax (plus Medicare levy) from income distributions to the investor if they have not quoted their TFN or provided appropriate exemption information. Collection of TFN information is authorised, and its use and disclosure are strictly regulated by, taxation and privacy laws. If you are exempt from quoting a TFN, please quote the equivalent ATO code in the TFN space provided (e.g. Aged pension is 444 - 441).

Additional Applications

Additional investments can be made at any time by sending a completed additional unit application form, together with your electronic funds transfer (EFT) confirmation. It is not necessary for you to complete another Application Form. A copy of the additional unit application form is located at the back of this Application Booklet.

Submitting the Application Form

Apex Fund Services Attn: Unit Registry GPO Box 4968 Sydney, NSW, 2001

Need help completing the Application Form?

Contact Apex T: 1300 133 451

E: registry@apexgroup.com

Power of Attorney

If signing under a power of attorney, you are certifying that the power of attorney has not been revoked (a certified copy of power of attorney must be submitted with this application unless it has already been sighted). For the purposes of antimoney laundering and counter-terrorism laws, the attorney must complete the same identification requirements as an individual (see PART E - Section A).

Anti-Money Laundering/Counter-Terrorism Financing

Under anti-money laundering and counter-terrorism financing laws, we are required to collect and verify certain information about investors including, if appropriate, the beneficial owners of investors. Without this information, we may refuse to process the application until the requested information has been received or refuse to accept the application altogether. We may also refuse to process a transaction in relation to your investments, or delay or block or refuse a transaction, where we have reasonable grounds for believing that the transaction will breach relevant laws.

Politically Exposed Persons (PEP)

Under anti-money laundering and counter terrorism laws, we are required to ask you whether you are a PEP meaning an individual:

- 1. who holds a prominent public position or function in a government body or an international organisation, including:
 - a. Head of State or head of a country or government; or
 - b. government minister or equivalent senior politician; or
 - c. senior government official; or
 - d. Judge of the High Court of Australia, the Federal Court of Australia or a Supreme Court of a State or Territory, or a Judge of a court equivalent seniority in a foreign country or international organisation; or
 - e. governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia; or
 - f. senior foreign representative, ambassador, or high commissioner; or
 - g. high-ranking member of the armed forces; or
 - h. board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation; and
- 2. an immediate family member of a person referred to in paragraph (1), including:
 - a. a spouse; or
 - b. a de facto partner; or
 - c. a child and a child's spouse or de factor partner; or
 - d. a parent; and
- 3. a close associate of a person referred to in paragraph (1), which means any individual who is known (having regard to information that is public or readily available) to have:
 - a. joint beneficial ownership of a legal entity or legal arrangement with a person referred to in paragraph (1); or
 - b. sole benefit of a person described in paragraph (1).

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Jamieson Coote Bonds

PRIVACY

CIML has a Board approved privacy policy. We collect and manage your personal information in accordance with this policy, the Privacy Act 1998 (Cth) and the Australian Privacy Principles ('APP').

CIML may collect personal information from you in the application and any other relevant forms in order to process your application, administer your investment and for other purpose permitted under the Privacy Act 1988 (Cth). Tax, company and anti-money laundering law also require some of the information to be collected in connection with an application. In some cases, we collect personal information from third parties including public sources, our related companies, referrers, brokers, agents, your adviser(s) and our service providers.

If you do not provide us with your relevant personal information, we will not be able to provide you with products or services (such as issuing you units). Privacy laws apply to our handling of personal information and we will collect, use and disclose your personal information in accordance with our privacy policy, which includes details about the following matters:

- the kinds of personal information we collect and hold;
- · how we collect and hold personal information;
- · whether collection is required or authorised by law;
- the purposes for which we collect, hold, use and disclose personal information;
- the entities or persons to which personal information is usually disclosed;
- how you may access personal information that we hold about you and seek correction of such information (note that exceptions apply in some circumstances);
- how you may complain about a breach of the APPs, or a registered APP code (if any) that
- binds us, and how we will deal with such a complaint;
- whether we are likely to disclose personal information to overseas recipients and, if so,

the countries in which such recipients are likely to be located if it is practicable for us to specify those countries.

Personal information is unlikely to be disclosed to any third parties overseas.

CIML may also be allowed or obliged to disclose information by law. If an investor has concerns about the completeness or accuracy of the information CIML has about them or would like to access or amend personal information held by CIML, they can contact CIML's Privacy Officer at:

Attention: Privacy Officer Channel Investment Management Limited GPO Box 206 Brisbane QLD 4001 Phone: 1800 940 599

Our privacy policy is publicly available at www.channelcapital.com.au or you can obtain a copy free of charge by contacting us.

If you are investing indirectly through an IDPS, we do not collect or hold your personal information in connection with your investment in the Fund. Please contact your IDPS operator for more information about their privacy policy.



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CORRECT FORMS OF REGISTRABLE NAMES

An application must be signed in the name(s) of natural persons, companies or other legal entities. At leadt one name given in full and the surname is required for each natural person.

The name of the beneficiary or any other non-registrable name should be included by way of an account designation, completed as described in the examples of correct forms of registrable names below.

Type of investor	Correct form of Registrable Title
Individual or Joint Applicants Use given names in full Do not use initials	Mr John Alfred Smith and Mrs Mary Anne Smith
Partnerships Use partners' personal names Include the name of the partnership as account designation	Mr John Smith and Mr Michael Smith < John Smith and Son A/C >
Minor (a person under the age of 18) Use the name of the responsible adult Include the name of the minor as account designation	Mr John Smith >
Company Use company title Do not use abbreviations	ABC Pty Ltd
Trust Use trustee(s) personal name(s) or registered company name Include the name of the trust	Mrs Sue Smith < Sue Smith Family A/C >
Deceased Estates Use executor(s) personal name(s) Include the name of the deceased	Ms Jane Smith < Est John Smith A/C >
Association Use office bearer(s) personal name(s) Include the name of the club, etc.	Mr Michael Smith < ABC Tennis Association A/C >
Superannuation Funds Use name of trustees and fund Do not use the name of the fund only	Mr John Henry Smith and Mrs Susan Jane Smith < J & S Smith Super Fund A/C >
Co-operative Use name of co-operative Do not use abbreviations	ABC Co-operative Limited
Government Body Use name of government body	ABC Department or Department of ABC



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APPLICATION FORM CHECKLIST

Please complete the sections of the application form that apply to you and then return the signed form with the relevant document(s) to the address provided.

Type of investor	Sections to be Completed Application Form	Verification Documentation Required		
	PART A	PART B, C & D	PART E	
Individual / Joint Applicants	Section 1		Section A	
Regulated Trust (e.g. SMSF) – Individual Trustee/s	Sections 1 & 3		Section B	
Regulated Trust (e.g. SMSF) – Corporate Trustee	Sections 2a & 3		Section B	
All Other Trust Types – Individual Trustee/s	Sections 1 (trustee and beneficial owners) & 3		Section H	
All Other Trust Types – Corporate Trustee	Sections 1 (for beneficial owners), 2a & 3	Complete all Sections in Part B & C	Section H	
Private and Unlisted/ Unlicensed Public Australian Company	Sections 1 (for beneficial owners) & 2a	(as applicable)	Section C	
Listed / Licenced Australian Company	Section 2a	Ensure Part D – Investor Declaration is signed by all required applicants		
Foreign Listed/Licenced Company (Australian Registered)	applicants ections 2a & 2b		Section D	
Foreign Private and Unlisted/ Unlicensed Public Company (Australian registered)	Sections 1 (for trustees and beneficial owners), 2a & 2b		Section F	
Foreign Company (not registered in Australia)	Sections 1 (for trustees and beneficial owners), 2a & 2b		Section G	
Partnerships	Sections 1 & 4		Contact Apex	
Association / Registered Co- operative / Government Body	Sections 1 (as applicable) & 5		Contact Apex	
Minor / Deceased Estate	or / Deceased Estate Sections 1 (for trustees) & 6		Sections A and J or I (as applicable)	

CC JCB GLOBAL BOND FUND

Class A - Hedged (APIR: CHN4711AU)

APPLICATION FORM 1 May 2023

A completed application is an instruction to invest in the CC JCB Global Bond Fund. Please complete the sections of the form that apply to you and return the signed form with the relevant document/s to:

Apex Fund Services

Attn: Unit Registry GPO Box 4968, Sydney, NSW, 200

PART A

Please cross boxes where appropriate.

Section 1

Investor Details Individual/Joint/ Trustee/Director/ Partner/25% or more Shareholder or Beneficial Owner

If there are more than (2) two Individuals, Trustees, Directors, Partners, 25% or more shareholder or Beneficial Owners, please print additional pages.

Section 2 (a)Company Details
Private/Public

· · · · · · · · · · · · · · · · · · ·	
Investor 1	Investor 2
Mr Mrs Miss Ms Other (e.g. Dr)	Mr Mrs Miss Ms Other (e.g. Dr)
Given Name(s)	Given Name(s)
Surname	Surname
Date of Birth	Date of Birth
Residential Street Address	Residential Street Address
State Postcode	State Postcode
Country	Country
Are you an Australian resident for taxation purposes? Yes	Are you an Australian resident for taxation purposes? Yes
Tax File Number or Exemption Number	Other Identification Number
Australian Business Number Registered Address (PO Box NOT acceptable)	Principal Place of Management (if any)
State Postcode	State Postcode
Country	Country
A Private Company A Public Company	
Other type of Company (please state)	
For private companies, state the full name of each Director:	
Director 1:	Director 2:
Director 3:	Director 4:

Please also complete Section 1 of this form for any shareholders with ownership greater than 25%, or if no shareholder with greater than 25%, individuals who directly or indirectly control (includes exercising control through the capacity to determine decisions about financial or operational policies; or by means of arrangements, voting rights of 25% or more, or power of veto) the company, or if no such person exists, for each managing official or director of the Company.

If there are more directors, provide details on a separate sheet and attach to your application form.

Section 2 (b) Business Address in Australia (if applicable) Further Information for Foreign State Companies NOTE: Please also complete Section 1 of the form (attach additional page(s) if necessary) for all directors and/or shareholders who hold an interest of greater than 25%. Country where company was formed, incorporated or registered: If the company is registered by a foreign registration body, the name of the body and any registration number issued Relevant foreign body: Registration Number: Full name of Trust Section 3 Details Trust/ Superannuation Fund Full business name (if any) Country where Trust established Tax File Number or Exemption Number Type of Trust (Select one of the following trust types and provide the information requested): Registered management investment scheme Provide Australian Registered Scheme Number (ARSN) Regulated trust (e.g. SMSF) Provide name of regulator (e.g. ASIC, APRA, ATO) Provide the Trust's ABN or registration/licensing details Government superannuation fund Provide name of the legislation establishing the Fund Other trust type Trust description (e.g. Family, unit, charitable, estate) Name of trust beneficiaries or details of the class of beneficiaries: Number of Trustees**: Full Name of Settlor*: * Only required where initial contribution to the trust was greater than \$10,000 (unless settlor is deceased). **Note: Please complete Section 1 for each Individual Trustee and each beneficiary of the trust, or complete Section 2 for a Corporate Trustee. Please also complete Section 1 for individuals who directly or indirectly control (see section 2(a) for what constitutes "control") an unregulated trust. Section 4 Name of Partnership Partnership Details Full registered business name (if any) of Partnership Country where Partnership established NOTE: Please provide the full names and details for each of the Partners in Sections 1, 2 or 3 of the form as required

(attach extra page(s) if necessary).

Please cross type of Investor Section 5 Association Registered Co-Operative Government Body Association/ Registered Name of Association/Registered Co-operative/Government Body Co-operative/ Government Body Details Other Identification Number Tax File Number or Exemption Number Australian Business Number Registered Address Country State Postcode Principal place of business/operations address (if same as registered address, please write 'AS ABOVE'). Country State Postcode Full name of the association's President, Secretary and Treasurer (or other equivalent officers in each case). This section is only to be completed by Associations. Name of President Name of Secretary Name of Treasurer Please complete Section 1 with the full names and details of the President, Secretary or Treasurer (attach additional page(s) if necessary) and provide ID for one of the officers. The Government Body is an entity established under legislation of: Commonwealth of Australia State, Territory or foreign country (if so, name of state, Territory or foreign country) Section 6 Please cross type of Investor (if applicable) Minor/Deceased Account Designation: Deceased Estate Estate Designation Name (full name of relevant minor or deceased person) A/C> Please provide the full names and details of the relevant Trustee(s) by completing Section 1 of the form.

PART B

Section 7	Mailing Addres	SS				Contact	Phone			
Contact Details										
Do not enter your						Email				
financial adviser details here. If you	State		Postco	de						
wish for an adviser										
to receive copies of documentation,	Country									
please complete Section 9.										
Occurro.										
Section 8	If you would like provide us with			Contact or y	our Adv	iser to be	able to e	nquire abou	ıt this in	vestment, please
Additional Enquirer										
Eliquilei	Given Name(s))				Surnam				
	Date of Birth		,		\neg	Compan	y (if appli	cable)		
	/		/							
	By completing	this section y	ou consent t	o give your f	inancia	ıl adviser a	access to	your accou	unt info	rmation.
Section 9										
Adviser Details	Adviser Name					Adviser	Jompany	(if applicable	(*)	
	Dealer Group	Name				AFSL No).			
	Adviser Email					Adviser	Phone			
Section 10 Investment and Income Distribution Details	Please note th accepted. Min	nat application imum investm			d until	complete	ed and si	gned Applic	ation Fo	orm is received and
		BSB	Account	Number		ount Nan				ference
	EFT	082 401	313 763 51	9		ICB Globa Lications A		und		ease include your restor Name in the
	0011005.05.55								ref	erence field of your EFT
	SOURCE OF FO		option.							
	Retirem	nent Savings		Sale of As	ssets		F	nancial Inve	stment	S
				 	/ 20					
	Employ	ment Income		Inheritan	ce/gitt					
	Busines	ss Activities		Other (pr	ovide d	etail)				
	INCOME DISTI	RIBUTION								
	Please specify by the Respons				tions fro	om the Fu	ınd to be	paid. Incom	e is reir	nvested automatically
	Reinves	sted in the Fun	d Cr	redit to my/c	ur nom	ninated ac	count (er	isure Sectio	n 11 is co	ompleted)
Section 11	The following	account will b	e credited for	payment o	f distrik	outions ar	nd redem	ptions (if ap	plicabl	e).
Nominated Account Details	Account Name	e								
	Financial Instit	tution					Branch			
	BSB (Branch)				Ac	count Nui	mber			
		11 _ 11				[]				

Section 12	The Fu	AL FINANCIAL STATEMENTS und's Annual Financial Statements w.channelcapital.com.au.	s are accessible in a cost effective and	d environmentally friendly manner online	
Investor Communication	Please	e choose an option below if you wo	ould like to receive a copy of the Annua	Financial Statements:	
	I/We e	elect to receive Annual Financial St	atements via: Email or Printo	ed copy	
		option is not selected you will NOT e at www.channelcapital.com.au.	be sent Annual Financial Statements, h	nowever you may still view them	
		ill also receive additional marketing	ve market insights, performance updat g from the investment manager. If you		
DARTC					
PART C					
FATCA and CRS – Self-certification Declaration You do not need to complete this section if you are a Regulated Australian Super Fund.	accord Comm further www.a Tax Re always spends of citiz A TIN i Tax File	dance with international tax reportion Reporting Standard (CRS) and rinformation on Australia's obligation atongov. The sidency rules differ by country. We so based on their domicile, place of a country, the location of a perenship or residency.	I United States Foreign Account Tax Cotions under CRS or FATCA, please visit whether an individual is a tax resident of management, principal office or incerson's residence or place of work. For ountry for the purposes of administer Security Number in the US. If a TIN is	tralia is subject. These include the OECD ompliance Act (FATCA). If you require	
Section 13	Individ	ual1			
Individuals	Are you	u a tax resident of another country	?		
	No				
	Yes	Please provide your name	and Tax Identification Number (TIN) bel	ow:	
		Country of Tax Residence	Tax Identification Number (TIN)	Reason Code if no TIN provided	
	1	Country of Tax Nestaeriee	Tax racinimation (variable (Tity)	Treason code in the time provided	
	2				
	3				
	Reason A: The country of tax residency does not issue TINs to tax residents. Reason B: The individual has not been issued with a TIN. Reason C: The country of tax residency does not require the TIN to be disclosed.				
	Individual 2				
	Are you a tax resident of another country?				
	No.				
	Yes [Please provide your name	and Tax Identification Number (TIN) bel	ow:	
		Country of Tax Residence	Tax Identification Number (TIN)	Reason Code if no TIN provided	
	1	Country of Tax Nestueffice	rax identification Nulliber (TIN)	Neason code il no nin provided	
	-				
	2				

Reason A: The country of tax residency does not issue TINs to tax residents.

Reason B: The individual has not been issued with a TIN.

Reason C: The country of tax residency does not require the TIN to be disclosed.

Section 14a

Entities (Company, Trust, Partnership, Association, etc)

Select the ap	propriate entity type from one of the four options below and provide re	quested information.
	A Financial Institution (A custodial or depository institution, an investme insurance company for FATCA/CRS purposes)	ent entity or specified
Provide the er	ntity's Global Intermediary Identification Number (GIIN), if applicable	
If the entity is	s a Financial Institution but does not have a GIIN, provide its FATCA statu	us (select one)
Deer	med Compliant Financial Institution	
Exce	epted Financial Institution	
Exen	npt Beneficial Owner	
Non	Reporting IGA Financial Institution	
Nonp	participating Financial Institution	
Othe	er (describe the FATCA status in the box provided)	
	er the question below for all Financial Institutions ial Institution an Investment Entity located in a Non-Participating CRS Ju itution?	urisdiction and managed by another
	Yes – Please see section 14b (Country of Tax Residency for Entity)	
	No	
	Public Listed Company, Majority Owned Subsidiary of a Public Listed Co International Organisation, Central Bank, an Australian Registered Charit	
r k	A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs in previous reporting period, less than 50% of their gross income was pass and royalties) and less than 50% of assets held produced passive incon	sive income (e.g. dividends, interests
	For other types of Active NFEs, refer to section VIII in the Annexure of the Exchange of Financial Account Information' at www.oecd.org)	ne OECD 'Standard for Automatic
	If the entity is a Foreign Charity or Active NFE, please proceed to section (Country of Tax Residency for Entity).	14b
	Other (Entities that are not previously listed – Passive Non-Financial En Please see section 14b (Country of Tax Residency for Entity)	tities)

Section 14b	Is the entity a tax resident of a country o	other than Australia?	
Country of Tax	No		
Residency for Entity	multiple countries and T	y's country of tax residency and tax ident TINs, if applicable. If a TIN is not provided B or C) for not providing a TIN.	ification number (TIN). Please include , please list the reason (of the of the three
	Country of Tax Residence	Tax Identification Number (TIN)	Reason Code if no TIN provided
	1		
	2		
	3		
	Reason A: The country of tax residency Reason B: The individual has not been i Reason C: The country of tax residency		d.
	For Companies only - Are any of its bene	eficial owners tax residents of countries	other than Australia?
	Yes - Please complete section	13 for those individuals No	
		its controlling persons (an individual who des all trustees, settlors, protectors and b	
	Yes - Please complete section	13 for those individuals No	
	exercises control over the Trustee comp	the company's controlling persons (an ir pany, which includes beneficial owners or als) tax residents of countries other than	ontrolling more than 25% of the share in
	Yes - Please complete section	13 for those individuals No	

Investor Declaration

By completing and signing the Application Form, the investor:

- a. I/We have read and understood the PDS to which this application relates and agree to be bound by the provisions of the Fund constitution;
- b. I/We have received personally a complete and unaltered PDS prior to completing the Application Form and declare that all the details given in this Application Form are true and correct;
- c. I/We confirm that I/we are in compliance with all relevant laws and regulations (including, without limitation, the requirements of the Corporations Act) and will not cease to be in compliance if I/we are allocated Units;
- d. I/We authorise the use of the TFN information provided on the Application Form in respect to my/our investment:
- e. I/We acknowledge that neither CIML and its associates guarantees the capital invested by investors or the performance of the specific investments of the Fund;
- f. I/We acknowledge that the provision of the products available through the Fund should not be taken as the giving of investment advice by CIML, as CIML is not aware of the investor's investment objectives, financial position or particular needs;
- g. I/We acknowledge that I/we are responsible for ensuring that the information on the Application Form is complete and correct;
- h. I/We have such knowledge and experience in financial and business matters that I/we are capable of evaluating the merits and risks of a purchase of the Units and I/we acknowledge that an investment in the Fund involves a degree of risk;
- i. I/We have the financial ability to bear the economic risk of the investment in the Fund;
- j. I/We have had access to all information that I/we believe is necessary or appropriate in connection with this application for Units. I/We acknowledge and agree that the only information and representations provided by CIML are those contained in the PDS to which this Application Form relates;
- k. I/We have made and relied upon my/our own assessment of the Fund and have conducted my/our own investigation with respect to the Application and the Fund including, without limitation, the particular tax consequences of subscribing, owning or disposing of the Units in light of my/our particular situation as well as any consequences arising under the laws of any other taxing jurisdiction;
- l. Except to the extent that liability cannot by law be excluded, I/we acknowledge that none of the directors, officers, employees or advisers of CIML or the Fund, or any of their respective related bodies corporate, accept any responsibility in relation to the Application;
- m. I/We acknowledge that the Fund, CIML and its affiliates will rely upon the truth and accuracy of the foregoing acknowledgments, representations, warranties and agreements. I/We indemnify the Fund, CIML and their affiliates against any loss, damage or costs incurred and arising out of or in relation to any breach by me/us of the acknowledgments, representations, warranties and agreements; and
- n. I/We agree that CIML, may:
 - i) require me/us to provide any additional documentation or other information and perform any acts to enable compliance with any laws relating to anti-money laundering and counter terrorism financing ('AML') or any other law;
 - ii) at its absolute discretion and without notice to me/us, take any action it considers appropriate, including blocking or delaying transactions on my/our account or refuse to provide services to me/us to comply with any law relating to AML or any other law; and
 - iii) in its absolute discretion and without notice to me/us, report any or any proposed transaction or activity to anybody authorised to accept such reports relating to AML or any other law; and
- o. I/We certify that if we are signing under a power of attorney, the power of attorney has not been revoked.
 - · I/we have read and understood CIML's privacy collection statement in this Application Booklet and understand that a copy of the Privacy Policy is publicly available at www.channelcapital.com.au
 - I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the Privacy Policy.
 - I/we consent to CIML disclosing this information to my/our financial adviser (named in this form). Where the financial adviser no longer acts on my/our behalf, I/we will notify CIML of the change.

Name 1	
Capacity	Signature
(i.e. Individual/Trustee/Director/Secretary/Partner)	Date / / / / / / / / / / / / / / / / / / /
Name 2	
Capacity	Signature
(i.e. Individual/Trustee/Director/Secretary/Partner)	Date / / / / / / / / / / / / / / / / / / /

Section A

Individuals/Joint Applicants

Minimum Identification Required

For each Investor please provide:

- a) an original or certified copy of a valid Driver's Licence (Australian State or Territory, or Foreign Country equivalent) with photograph; or
- b) an original or certified copy of a passport issued by Australian Commonwealth or expired passport which has not been cancelled and was current within the preceding two years; or
- c) Passport or similar document issued for the purpose of international travel that contains a photograph and signature

	of the person and is issued by a foreign government, UN or UN Agency, with English translation provided by an accreditectranslator if not in English;
	Or
	d) Both:
	(i) an original or certified copy of a valid primary I.D. document
	National Identity Card with a photograph and signature issued by Australian Commonwealth, State or Territory; or
	Foreign National Identity Card with a photograph and signature issued by a foreign government, UN or UN Agency, with English translation provided by an accredited translator, if not in English; or
	Birth Certificate or birth extract issued by Australian State or Territory; or
	Birth Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or
	Citizenship Certificate issued by Commonwealth government; or
	Citizenship Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or
	Pension card issued by Centrelink;
	And (ii) an original or certified copy of a valid secondary I.D. document:
	notice issued to an individual by Centrelink within preceding 12 months which records the provision of financial benefits to an individual and the individual's name and residential address; or
	notice of a foreign welfare department equivalent within preceding 12 months which records the provision of financial benefits to an individual and the individual's name and residential address; or
	notice issued to an individual by the ATO or relevant foreign Taxation authority within the preceding 12 months which records the name and residential address of the individual; or
	notice issued to an individual by a local government body or utilities provider within preceding three
	months which records the provision of services to that residential address or that individual; or
	For persons under 18, a notice issued by a school principal within the preceding three months containing the name of the person and his or her residential address and recording the period of time that the person attended the school.
Section B	Registered managed investment schemes, regulated trusts and Government Superannuation Fund Original or certified copies of:
Regulated Trust	a search of the relevant regulator e.g.: ASIC, ATO, APRA etc;
	And For Self Managed Superannuation Fund Original or certified copies of:
	ATO database search or the trust/ superannuation deed;
	And
	In respect of one of the trustees:
	if the trustee is an individual, then ID required as per the individual requirements set out in section 'A'; or
	if the trustee is a company, then ID required as per the company requirements set out in section 'C'

Private and Unitisated/ Unitionsed Public Australian Companies a Certificate of Incorporation, recent registration certificate, search of the relevant. ASIC database, or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradatreet report), and where a beneficial coverer has 79% or more of issued capital, the inentification requirements set out in Section W must also be statisfied. Australian Registered Foreign Company Original or certified copies of: Is a Certificate of Incorporation, recent registration certificate, search of the relevant. ASIC database, search of the relevant and the reliable of the relevant registration certificate, search of the relevant ASIC database, search of the relevant and the relevant registration certificate or requirements. Section B	Section C	Minimum Identification Required Original or certified copies of:
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Original or certified copies of:	Section I	Identification as per Section 'A' for trustee; and
last Will and Testament of deceased; and	Deceased Estate	Original or certified copies of:
		last Will and Testament of deceased; and
death certificate; or		death certificate; or
Grant of Probate.		Grant of Probate.

Section J	Minimum Identification Required
Minor	Identification as per Section 'A' for trustee; and
	Identification as per Section 'A' for minor.

CATEGORY OF ACCEPTABLE REFEREES

Certified Copy means a document that has been certified as a true copy of an original document by one of the following persons:

- 1. A person who, under a law in force in a State or Territory, is currently licensed or registered to practice in an occupation listed in Part 1 of Schedule 2 of the Statutory Declarations Regulations 2018;
- 2. A 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);
- 3. A person listed in Part 2 of Schedule 2 of the Statutory Declarations Regulations 2018. For the purposes of these Rules, where Part 2 uses the term '5 or more years of continuous service', this should be read as '2 or more years of continuous service';
- 4. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees;
- 5. An officer with, or a credit representative of, a holder of an Australian credit licence, having 2 or more years of continuous service with one or more licensees; and
- 6. A person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents.

The Statutory Declaration Regulations 2018 are accessible through the following website: www.legislation.gov.au.

CC JCB GLOBAL BOND FUND Class A - Hedged (APIR: CHN4711AU)

ADDITIONAL UNIT APPLICATION FORM

Channel Investment Management Limited ACN: 163 234 240 AFSL:439007

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.

If you require any information regarding your investments, please contact Apex on 1300 133 451.

This additional unit application form is for existing Investors in the CC JCB Global Bond Fund (ARSN 631 235 553) Class A Units ('the Fund') who wish to apply for additional units in the Fund. The additional investment amount will be added to your existing investment in the Fund.

You should read the PDS to which this application relates issued by Channel Investment Management Limited ACN 163 234 240 AFSL 439007 before completing this additional unit application form.

Section 1. Investor Identification			
Investor Reference Number			
Full name(s) of Registered Unitholder(s)			
Registered Address			
Suburb	State	Postcode	
Section 2. Investment Amount			
Class A (HEDGED) \$			
SOURCE OF FUNDS - Please tick the most relevant option.			
Retirement Savings Sale of Assets	Financial Investments Employment In	come Inheritance/gift	
Business Activities Other (provide detail)			
Section 3. Declaration And Authorisation			
I/We have read and understood the PDS to which this application relates and the declarations, conditions and acknowledgements contained under			
Part D 'Investor Declaration' of the Application Form and agree that they are incorporated in this declaration. I/We agree, acknowledge and declare that all the details given in this application are true and correct.			
I/We have received personally a complete and unaltered PD	S prior to completing the Additional Unit Applica	ation Form.	
I/We certify that if we are signing under a power of attorney			
Investor 1 Signature	Investor 2 Signature		
Date /	Date		
Name	Name		
Canacity	Capacity		
Capacity	Capacity		
(i.e. Individual/Trustee/Director/Secretary/Partner)	(i.e. Individual/Tn	ustee/Director/Secretary/Partner)	
Section 4. Payment Details			
BSB Account Number	Account Name	Reference	
082 401 313 763 519	CC JCB Global Bond Fund Applications Account	Please include your Investor Name in the reference field of your EFT.	
Return form			
	@		