

COOPER INVESTORS RETAIL FUNDS APPLICATION FORM

December 2023



This application form accompanies the Product Disclosure Statement ('PDS') relating to units in the following product/s issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975). The PDS contains information about investing in the Fund. You should read the PDS in its entirety before applying.

- Cooper Investors Global Equities Fund (Unhedged) CIP0003AU
- Cooper Investors Global Equities Fund (Hedged) CIP0001AU

The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS.

- If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS, if you make a mistake, cross it out and initial. DO NOT use correction fluid
- The investor(s) must complete and sign this form
- Keep a photocopy of your completed Application Form for your records

U.S. Persons: This offer is not open to any U.S. Person. Please refer to the PDS for further information.

Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standard ("CRS")

We are required to collect certain information to comply with FATCA and CRS, please ensure you complete Section 7.

If investing with an authorised representative, agent or financial adviser

Please ensure you, your authorised representative, agent and/or financial adviser also complete Section 6.

Provide certified copies of your identification documents

Please refer to relevant section within the application form for the AML/CTF Identity Verification Requirements.

Send your documents & make your payment

See Section 2 for payment options and where to send your application form.

Send your completed Application Form to:

Cooper Investors Pty Limited
GPO Box 804
Melbourne VIC 3001

Contacting the Fund Manager

Cooper Investors Pty Limited
Phone: +61 3 9660 2600
Website: www.cooperinvestors.com
Email: ClientRelations@cooperinvestors.com

Your Consumer Attributes

To assist the RE in meeting the Design and Distribution Obligations, you are required to indicate the purpose of your investment by responding to each of the questions set out below. Your responses should reflect your objectives and needs for this Investment. Please tick **only 1 box** for each question below.

The below only needs to be answered where you are a **direct retail investor** (i.e., does not apply to Indirect or intermediated investments such as those made by platforms, custodians, etc.). **If you are not a retail investor you may be required to provide a wholesale certificate to support your application.**

Further information in relation to these questions can be found in the Target Market Determination (TMD) for the Fund. If you wish to access the TMD, please visit <https://www.eqt.com.au/insto/>

1. Have you received advice prior to applying to invest in the Fund?

- ☐ I/We have received personal advice in relation to my investment in this Fund
- ☐ I/We have not received any advice in relation to my investment in this Fund

2. What is your primary investment objective(s)?

- ☐ Capital growth ☐ Capital preservation ☐ Income Distribution

3. What percentage of your total investable assets are you directing to this fund?

- ☐ Solution/Standalone (up to 100%) ☐ Major allocation (up to 75%)
- ☐ Core component (up to 50%) ☐ Minor allocation (up to 25%)
- ☐ Satellite allocation (up to 10%)

4. Please select your Intended investment timeframe

- ☐ Short term (up to and including 2 years) ☐ Medium term (More than 2 years but less than 5 years)
- ☐ Medium to long term (equal to 5 years but less than 7 years) ☐ Long term (7 years or more)

5. What is your tolerance for risk?

- ☐ Low risk and return- I/we can tolerate up to 1 period of underperformance over 20 years and a low target return from this investment.
- ☐ Medium risk and return - I/we can tolerate up to 4 periods of underperformance over 20 years and a moderate target return from this investment.
- ☐ High risk and return- I/we can tolerate up to 6 periods of underperformance over 20 years in order to achieve higher returns this investment.
- ☐ Very High risk and return - I/we can tolerate more than 6 periods of underperformance over 20 years (high volatility and potential losses) in order to achieve accelerated returns from this investment.
- ☐ Extremely high – I/We can tolerate significant volatility and losses as I/we are seeking to obtain accelerated returns

6. Under normal circumstances, within what period do you expect to be able to access your funds for this investment?

- ☐ Within one week ☐ Within one month
- ☐ Within three months ☐ Within one year
- ☐ Within five years ☐ Within ten years
- ☐ More than 10 years ☐ At the Issuer's discretion

Please note:

1. Failure to complete the above questions may result in your application not being accepted;
2. Acceptance of your application should not be taken as a representation or confirmation that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs as indicated in your responses to these questions; and
3. For further information on the suitability of this product, please refer to your financial adviser and/or the TMD

Section 1 – Are you an existing investor in the Fund and wish to add to your investment?

Do you have an existing investment in the Fund and the information provided remains current and correct?

- ☐ **Yes**, if you can tick both of the boxes below, complete Sections 2.1 and 8
- ☐ I/We confirm there are no changes to our identification documents previously provided and that these remain current and valid.
- ☐ I/We confirm there have been no changes to our FATCA or CRS status

Existing investor number: _____

If there have been changes in your identification documents since your last application, please complete the full Application Form as indicated below

If there have been changes in FATCA/CRS status since your last application, please complete Section 7 ONLY (FATCA/CRS Certification).

- ☐ **No**, please complete sections relevant to you as indicated below:

Investor Type:

- ☐ **Individuals/Joint/ Sole trader:** complete section 2, 2.1, 3, 6 (if applicable), 7, 8
- ☐ **Companies:** complete section 2, 2.1, 4, 6 (if applicable), 7.1, 8
- ☐ **Custodians/Nominees on behalf of underlying clients:** complete section 2, 2.1, 4, 5, 5.1 (custodians only), 6 (if applicable), 7.1, 8
- ☐ **Trusts/superannuation funds:**
- with an Individual Trustee – complete sections 2, 2.1, 3, 5, 6 (if applicable), 7.1, 8
 - with a Corporate Trustee – complete sections 2, 2.1, 4, 5, 6 (if applicable), 7.1, 8
 - without either an Individual or Corporate Trustee – complete sections 2, 2.1, 5, 6 (if applicable), 7.1 & 8
- ☐ **Margin Lender:** complete section 2, 2.1, 7.1, 8

If you are an Association, Co-operative, Partnership, Government Body or other type of entity not listed above, please contact the Fund.

Section 2 – Investment details

Are you investing using funds borrowed under a Margin Loan?

☐ **YES**

Full Legal Name of Margin Lender in which Units will be held

Full Legal Name of Borrower

Borrower's TFN

Loan Number

Note: Instructions will only be accepted from the Margin Lender.

☐ **NO**

Full Legal Name of Investor(s) in which Investments are to be held

Note: For a SMSF with a Corporate Trustee setup, the investments are to be held in the name of the Corporate Trustee as Trustee for the SMSF.

For a Trust with a Corporate Trustee setup, the investments are to be held in the name of the Corporate Trustee as Trustee for the Trust.

For custodian/ nominee setup, the investments are to be held in the name of the Custodian/Nominee.

Full name of account designation

Note: For a SMSE with Corporate Trustee setup, the account designation will be the Trustee of the SMSF (e.g. ABC Pty Ltd <ABC SMSF>).

For a Trust with Corporate Trustee setup, the account designation will be the Trustee of the Trust (e.g. ABC Pty Ltd <ABC Trust>).

For a Custodian/Nominee setup, the account designation will be the Nominee ANF the Trustee of the Trust (e.g. XYZ Nominees ANF XYZ Trustee ATF <ABC Trust>).

Postal address**Suburb****State****Postcode****Country****Email address****Contact no.****Section 2.1 – Investment amount**

Fund name	APIR code	Application amount (AUD)	Distribution Election (please tick)	
			Cash	Re-invest
Cooper Investors Global Equities Fund (Unhedged)	CIP0003AU		<input type="checkbox"/>	<input type="checkbox"/>
Cooper Investors Global Equities Fund (Hedged)	CIP0001AU		<input type="checkbox"/>	<input type="checkbox"/>

The minimum initial investment is AUD20,000. Minimum additional investment amount is AUD10,000.

Distribution Instructions

☐ **Reinvest distributions** – If you select this option your distribution will be reinvested in the Fund

☐ **Pay distributions to the bank** – If you select Cash, your distribution will be paid to the bank account nominated below.
Please ensure you provide your bank details below.

If you do not select a distribution option, we will automatically reinvest the distribution.

Investor bank details

For withdrawals and distributions (if applicable), the Full Legal Name of the nominated bank account **MUST MATCH** the investor(s)' Full Legal Name of Owner outlined above. **It must be an AUD-denominated bank account with an Australian domiciled bank.**

Financial institution name and branch location**BSB number****Account number****Full Legal Bank Account name**

Regular savings plan

Fund name	APIR code	Regular Savings Amount (AUD)
Cooper Investors Global Equities Fund (Unhedged)	CIP0003AU	
Cooper Investors Global Equities Fund (Hedged)	CIP0001AU	

****If you wish to make use of the Regular Savings Plan, please fill out and sign the "Direct Debit Request" on Page 5.****

Payment method

Direct credit – pay to:

Bank Name & Address (including country)	National Australia Bank, 500 Bourke St Melbourne Victoria Australia 3000
Account name	NNL ANF EQUITY TRUSTEES LTD APP A/C
Swift/BIC	NATAAU3303X
BSB number	083 043
Account number	71 881 8864
Reference	<INVESTOR NUMBER>

Direct Debit Request

****Please ensure that sufficient funds are available in the bank account prior to requesting a direct debit.****

Request and Authorise to debit the below-mentioned account.

National Nominees Limited

Request and Authority to debit	Surname or company name _____ Given names or ACN/ARBN _____ ("you") request and authorise National Nominees Limited, User ID 270285 to arrange, through its own financial institution, a debit to your nominated account any amount National Nominees Limited has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.
Insert the name and address of the financial institution at which account is held	Financial institution name _____ Address _____
Insert details of account to be debited	Name of account _____ BSB number _____ Account number _____
Acknowledgement	By signing <i>and/or</i> providing us with a valid instruction in respect to <i>your</i> Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and National Nominees Limited as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your signature and address	Signature _____ (If signing for a company, sign and print full name and capacity for signing eg. director) Address _____ Date ____/____/____

Insert your signature and address	Signature _____
	(If signing for a company, sign and print full name and capacity for signing eg. director)
	Address _____
	Date ____/____/____

Communication

Automatic online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

Marketing material

☐ You may receive market commentary, event invitations etc. from us, from time to time. Please indicate if you do not wish to receive these communications.

Please add me or my authorised nominee to the following distribution lists:

- ☐ Weekly Unit Price Reports
- ☐ Monthly Performance Report
- ☐ Quarterly Commentary Reports

Purpose of Investment and Source of Funds (Mandatory Requirements)

Please indicate the source and origin of funds being invested:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Saving | <input type="checkbox"/> Normal course of business | <input type="checkbox"/> Donation/Gift |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Investments | <input type="checkbox"/> Superannuation Contribution |
| <input type="checkbox"/> Asset Sale | <input type="checkbox"/> Other _____ | |

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

Section 3 – Investor details – Individuals /Joint or Individual Trustee/ Sole Traders

Please indicate and complete if you are investing as one of the following, if none apply please see Section 4:

- ☐ Individual Investor
- ☐ Joint Investor
- ☐ Individual Trustee
- ☐ Joint Trustee
- ☐ Sole Trader

See Group A (Page 8) for AML/CTF Identity Verification Requirements

Investor 1/ Individual Trustee 1 or Joint Trustee 1

Title	First name(s)	Middle name(s)	Surname

Legal Business name (if sole trader)

ABN (if any, for sole trader)

Residential address or if sole trader, principal place of business (not a PO Box/RMB/Locked Bag)

Suburb	State	Postcode	Country

Email address

(Statements will be sent to this email address, unless you elect otherwise in Section 6)

Contact no.

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Date of birth (DD/MM/YYYY)

Tax File Number – or exemption code

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Country of birth

Occupation

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Does the individual named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

☐ No ☐ Yes, please provide description of the PEP's position:

Investor 2 / Individual Trustee 2 or Joint Trustee 2

Title	First name(s)	Middle name(s)	Surname

Residential address (not a PO Box/RMB/Locked Bag)

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Suburb	State	Postcode	Country

Email address

(Statements will be sent to this email address, unless you elect otherwise in Section 6)

Contact no.

--	--

Date of birth (DD/MM/YYYY)**Tax File Number (TFN) – or exemption code**

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Country of birth**Occupation**

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If there are more than 2 registered owners or individual trustees, please provide details as an attachment.

Does the individual named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

☐ **No** ☐ **Yes, please provide description of the PEP's position:**

Signing Authority

- ☐ Only one investor or individual trustee required to sign
- ☐ Any two individuals / individual trustees required to sign
- ☐ All individuals / individual trustees required to sign.

GROUP A – Individuals/ Sole Trader/ Joint or Individual trustee	
Each individual investor, individual trustee, beneficial owner, or individual agent or authorised representative must provide one of the following primary photographic ID:	
<ul style="list-style-type: none">• A current Australian driver's licence (or foreign equivalent) that includes a photo and signature.• An Australian passport (not expired more than 2 years previously).• A foreign passport or international travel document (must not be expired) that includes a photo and signature.• An identity card issued by a State or Territory Government that includes a photo and date of birth.	
If you do NOT own one of the above ID documents, please provide one valid option from Column A and one valid option from Column B.	
Column A	Column B
<ul style="list-style-type: none">• Australian birth certificate.• Australian citizenship certificate.• Pension card issued by Department of Human Services.• Health care card issued by Centrelink.	<ul style="list-style-type: none">• A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.• A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.• A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).• If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school.

Section 4 – Investor details – Companies/Corporate Trustees/ Custodians

Please indicate and complete if you are investing as one of the following, if none apply see Section 5:

☐

Company

☐

Corporate Trustee for either a Superannuation Fund or Trust

☐

Custodian/Nominee

See Group B (Page 15) for AML/CTF Identity Verification Requirements

Company Details

Australian Companies

Full company name (as registered with ASIC or relevant foreign registered body)

Registered office address (not a PO Box/RMB/Locked Bag)

Suburb

State

Postcode

Country

Australian Company Number (ACN)

Tax File Number (TFN) – or exemption code

Australian Business Number (ABN) (if registered in Australia) or equivalent foreign company identifier

Nature of business

Principal place of business: If the principal place of business is the same as the registered office street address, please tick the 'As above' box below. Otherwise provide address details. For foreign companies registered with ASIC, please provide your principal place of business in Australia, or the full name and address of your Australian authorised representative.

☐

As above – same as registered address

Principal Place of Business Address (not a PO Box/RMB/Locked Bag)

Suburb

State

Postcode

Country

Postal Address (not a PO Box/RMB/Locked Bag)

Suburb

State

Postcode

Country

☐

As above – Postal address same as registered address

☐

As above – Postal address same as principal place of business

Contact Person

Title	First name(s)	Middle name(s)	Surname

Email address	Contact no.

Additional Details for non-Australian Company

Note: If you are not registered in Australia, please provide either the full address of the company as registered by the foreign registration body or the principal place of business in the country of formation.

Registration details

Name of foreign regulatory body	Identification number (ARBN if registered in Australia or identification number issued by foreign registration body)

Country of formation, incorporation or registration

Company type (eg private company)

Registered Office Street Address (Not PO Box)

Suburb	State	Postcode	Country

Company Type

Please complete the section below for public companies or private companies as applicable:

Are you a public company or a private/ proprietary company?

- ☐ Private/ proprietary company – please go to (a)
- ☐ Public company / Regulated company – please go to (b)

(a) Private / proprietary company

Please complete the director details below if you are an Australian proprietary company or a foreign private company. **Director details**

How many directors are there?

Provide full name of all the directors

Director 1

Title	Full given names	Surname

Director 2

Title	Full given names	Surname

Director 3**Title****Full given names****Surname****Director 4****Title****Full given names****Surname**

If there are more directors, please provide their name on a separate sheet and attach to this form.

(b) Public Company / Regulated Company**Public company****Are you an Australian listed company?**☐

Yes – please provide name of the market/exchange on which the company is listed

Listed company name

Market/ exchange

☐

No – please complete the next question

Majority owned subsidiary of an Australian public listed company**Are you a majority-owned subsidiary of an Australian public listed company?**☐

Yes – please provide name of the parent listed company and the market/ exchange on which the company is listed

Listed company name

Market/ exchange

☐

No – please complete the next question

Regulated Company

This only includes companies that are licensed by an Australian Commonwealth, State or Territory statutory regulator and are subject to regulatory oversight for example, Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL) and Registrable Superannuation Entity (RSE) Licensees.

Are you a regulated company?☐

Yes – please provide details of the regulator and licence number

Regulator

Licence number

☐

No – please provide details of your company

Controlling Persons, Directors and Beneficial Owners

All beneficial owners who own, hold or control either directly or indirectly 25% or more of the issued capital of a proprietary or private company that is not regulated i.e. does not have an AFSL or ACLN etc., will need to provide Group A AML/CTF Identity Verification Requirements specified on Page 8.

In the case of an unregulated public company not listed on a securities exchange, or there are no beneficial owners that hold or control either directly or indirectly 25% or more of the issued capital of a proprietary or private company that is not regulated i.e. does not have an AFSL or ACLN etc, please provide the details of the senior managing official(s) as controlling person(s) (e.g. managing director, senior executive(s) etc. who is/are authorised to sign on the company's behalf, and make policy, operational and financial decisions) in the following sections.

Foreign listed companies or a wholly owned subsidiary of a listed company in a financial market that is subject to disclosure requirements that ensure transparency of beneficial ownership, are **exempted** from beneficial owner(s) details in the section below. Please provide:

Listed Company Name :

Market/Exchange:

Names of the Beneficial Owners or Senior Managing Official(s)

Select:

☐

Beneficial owner 1 of an unregulated proprietary or private company; OR

☐

Senior Managing Official of an unregulated, unlisted, public (e.g. Limited) company

Title

First name(s)

Middle name(s)

Surname

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Residential address (not a PO Box/RMB/Locked Bag)

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Suburb

State

Postcode

Country

--	--	--	--

Date of birth (DD/MM/YYYY)

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Does the Beneficial Owner or Senior Managing Official named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

☐

No

☐

Yes, please provide description of the PEP's position:

Select:

- ☐ Beneficial owner 2 of an unregulated proprietary or private company; OR
- ☐ Senior Managing Official of an unregulated, unlisted, public (e.g. Limited) company

Title	First names(s)	Middle names(s)	Surname

Residential address (not a PO Box/RMB/Locked Bag)

--

Suburb	State	Postcode	Country

Date of birth (DD/MM/YYYY)

--

Does the Beneficial Owner or Senior Managing Official named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

- ☐ No ☐ Yes, please provide description of the PEP's position:

If there are more than 2 Beneficial Owners or Senior Managing Officials, please copy and complete this page for the other persons or alternatively, provide the additional details as an attachment.

Do you have an Authorised Signatory List (ASL)?

- ☐ No
- ☐ Yes – Please provide a valid ASL, see GROUP B – Companies (Page 15) for required documents.

Do you have a verifying officer? (only applicable if there is an ASL)

- ☐ No
- ☐ Yes – please provide all of the following

Verifying officer

Title	First name(s)	Middle name(s)	Surname

Date of birth (DD/MM/YYYY)

--

Verifying officer Residential address

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Suburb	State	Postcode	Country

☐ Certified copy of your ID, see *Group A - Individuals (Page 8)* for required documents)

☐ Letter of appointment in company's letter head signed by an authorised person

I confirm I have:

- Identified the authorised representatives or signatories of the above customer in accordance with requirements of the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and have provided with this form the full name and signature of each authorised representative or signatory (ASL).
- collected the following details from each authorised representative or signatory:
 - full name of authorised representative/signatory
 - title of the position/role held by the authorised representative/signatory with the customer
 - a copy of the authorised representative/signatory's signature; and
 - evidence of the authorised representative/signatory's authorisation to act on behalf of the customer
- made a record of the above details for each authorised representative/signatory which will be retained by the customer.

Signature of Verifying Officer

Date

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Signing Authority

☐ Only one Director required to sign

☐ Any two Directors required to sign OR one Director & Company Secretary

☐ All Directors required to sign

☐ Senior Managing Official required to sign

GROUP B – Companies

Australian Companies

Provide one of the following:

- A certified copy of the company's Certificate of Registration or incorporation issued by ASIC.
- A copy of information regarding the company's licence or other information held by the relevant Commonwealth, State or Territory regulatory body e.g. AFSL, RSE, ACL, etc.
- A company ASIC extract issued in the previous 3 months or the company's last annual statement showing all the Directors/Officers and Shareholders of the company.
- If the company is listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code.
- If the company is a majority owned subsidiary of a company listed on an Australian securities exchange, provide details of the holding company name, its registration number e.g. ACN, the securities exchange and the ticker (issuer) code.
- The company's last annual statement issued by ASIC.

All of above must clearly show the company's full name, its type (i.e. public or private) and ACN issued to the company.

Foreign Companies

Provide one of the following:

- A certified copy of the company's Certificate of Registration or incorporation issued by ASIC or the equivalent issued by the foreign jurisdiction(s) in which the company was incorporated, established or formed.
- A certified copy of the company's articles of association or constitution and a certified company share structure
- A company extract (ASIC or foreign registration body) issued in the previous 3 months showing all the Directors/Officers and Shareholders of the company.
- A copy of the last annual company statement issued by the regulator.

All of the above must clearly show the company's full name, its type (i.e. public or private) and the ARBN issued by ASIC, or the identification number issued to the company by the foreign regulator.

In addition, please provide verification documents for each beneficial owner or controlling person (senior managing official and shareholder) as listed under Group A.

A beneficial owner of a company is any person entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official (or equivalent) and is thus the controlling person.

Authorised Signatories

- A certified copy of the ASL with the full name, position and signature of each authorised representative
- A certified copy of the authorising document (e.g. Power of Attorney)
- Please tick to confirm the authoring document or Power of Attorney is still valid and has not been revoked.

Section 5 – Investor Details – Trusts/superannuation funds

Please indicate and complete if you are investing as one of the following, if none apply please see Section 6:

☐ Superannuation Fund (including SMSFs)

☐ Trust

Note: If you are a **custodian, nominee or margin lender** and answered 'YES' to ALL of the questions in Section 5.1, please complete all the questions in this section EXCEPT for questions relating to beneficiaries and beneficial owners of the trust. If you answered 'NO' to any of the questions in Section 5.1, please complete all the questions in this section.

See Group C (Page 19) for AML/CTF Identity Verification Requirements

Full Legal Name of Trust or Superannuation Fund

Nature of Business

Full name of business (if any)

Country where Trust established

Australian Business Number (ABN) (if obtained)

Tax File Number (TFN) – or exemption code

Trustee details – How many trustees are there? _____

☐ **Individual trustee(s)** – complete Section 3 – Investor details – Individuals/Joint/Individual trustee

☐ **Company trustee(s)** – complete Section 4 – Investor details – Companies/Corporate Trustee

☐ **Combination** – trustee(s) to complete each relevant section

Type of Trust

☐ **Registered Managed Investment Scheme (MIS)**

Australian Registered Scheme Number (ARSN)

☐ **Unregistered Managed Investment Scheme (MIS)**

Trust ABN or registered/ licence number

☐ **Government superannuation fund**

Name of the Act that establishes the fund

☐ **Regulated Trust** (including self-managed superannuation funds and registered charities that are trusts)

Name of Regulator (e.g. ASIC, APRA, ATO, ACNC)

Registration/Licence details or ABN

☐ **Unregulated Trust** (All other unregulated trust must complete this section. This includes family trusts, testamentary trusts, discretionary trusts, unregistered charitable trusts, nominee and sub-custodian entities that do not qualify as a custodian under Section 5.1.)

Please describe

Beneficiaries of an unregulated trust

Please provide full name of individual beneficiaries or full legal entity name of corporate beneficiaries who directly or indirectly are entitled to an interest of 25% or more of the trust.

For a nominee or sub-custodian, the beneficiary is the person or entity for whom the applicant holds its interests in the Fund.

1

2

3

4

If there are no beneficiaries of the trust, describe the class of beneficiary (e.g. the name of the family group, class of unit holders, the charitable purpose or charity name):

Settlor details

Note: The settlor may be the person or entity that provided the applicant with funds to make the investment and may be specified in the trust or relationship agreement. If not, the settlor may be the person or entity that appointed the applicant as nominee or sub-custodian

Please provide the full name and last known address of the settlor of the trust where the initial asset contribution to the trust was greater than \$10,000.

☐

This information is not required as the initial asset contribution was less than \$10,000; and/or

☐

This information is not required as the settlor is deceased

Settlor's full name and last known address

Beneficial owners of an unregulated trust

Please provide details below of any **beneficial owner** of the trust. A beneficial owner is any individual who directly or indirectly has a 25% or greater interest in the trust or is a person who exerts control over the trust. This includes the appointer of the trust who holds the power to appoint or remove the trustees of the trust.

All beneficial owners will need to provide Group A AML/CTF Identity Verification Requirements. Refer Page 8

Beneficial owner 1 or Controlling Person 1**Select:**☐

Beneficial owner 1; OR

☐

Controlling Person – What is the role e.g. Appointer: _____

Title	First name(s)	Middle name(s)	Surname

Residential address (not a PO Box/RMB/Locked Bag)

Suburb	State	Postcode	Country

Date of birth (DD/MM/YYYY)

Does the beneficial owner named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

☐

No

☐

Yes, please provide description of the PEP's position:

Beneficial owner 2 or Controlling Person 2**Select:**☐

Beneficial owner 2; OR

☐

Controlling Person – What is the role e.g. Appointer: _____

Title	First name(s)	Middle name(s)	Surname

Residential address (not a PO Box/RMB/Locked Bag)

Suburb	State	Postcode	Country

Date of birth (DD/MM/YYYY)

Does the beneficial owner named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

☐

No

☐

Yes, please provide description of the PEP's position:

If there are more than 2 beneficial owners or controlling persons, please copy and complete this page for the other persons or alternatively, provide the additional details as an attachment.

GROUP C – Trusts

Regulated Trusts

Registered Managed Investment Scheme, Government Superannuation Fund or a trust registered with the Australian Charities and Not-for-Profit Commission (ACNC), or a regulated, complying Superannuation Fund, retirement or pension fund (including a self-managed super fund)

Provide one of the following:

A copy of the company search of the relevant regulator's website e.g. APRA, ASIC or ATO.

- **Superannuation funds** go to www.abn.business.gov.au, select the 'Super Fund Lookup' option and print out the results for your super fund
- **Registered managed investment schemes** an ASIC search of the scheme
- **Unregistered managed investment schemes (MIS)** a letter from a lawyer or a qualified accountant confirming that the unregistered MIS only has wholesale clients and does not make small scale offerings to which s1012E of the Corporations Act applies OR the relevant offer document
- **Government superannuation funds** an extract of the establishing legislation.
- **Trust as a charity** a copy from the ACNC of information registered
- Annual report or audited financial statements.
- A certified copy of a notice issued by the ATO within the previous 12 months.
- A certified copy of an extract of the Trust Deed (i.e. cover page and signing page and first two pages that describes the trust, its purpose, appointer details and settlor details etc.)

Unregulated Trust

All other Unregulated trust (including a Foreign trust), provide the following:

- **Trust Deed** – A certified copy of an extract of the Trust Deed (i.e. cover page and signing page and first two pages that describes the trust, its purpose, appointer details and settlor details etc.)
- **Letter of compliance for nominees and sub-custodians** – If you have relied on the ACIP and OCDD performed by a member of your designated Business Group in respect to the underlying investor, please attach a signed AML/CTF compliance letter from the entity that has appointed you
- **Margin loan** – For Margin Lenders or Nominees of the Margin Lender, please provide a certified copy or certified extract of the Loan Agreement with the Borrower

If the trustee is an individual, please also provide verification documents for one trustee as listed under Group A on Page 8.

If the trustee is a company, please also provide verification documents for a company as listed under Group B on Page 15.

Section 5.1 – Custodian/Nominee/Margin Lender Attestation: Chapter 4, parts 4.4.18 and 4.4.19 of the AML/CTF Rules

If you are a Company completing this Application Form on behalf of an individual, another company, a trust or other entity, in a Custodial capacity, please complete this section.

Do you provide a custodial or depository service of the kind described in item 46 of table 1 in subsection 6(2) of the AML/CTF Act 2006 (Cth)? (ie to the underlying investor not your related body corporate)

☐ No ☐ Yes

Do you hold an AFSL or are you exempt from the requirement to hold such license? If **Yes**, AFSL Number or specify the grounds for exemption

☐ No ☐ Yes

Are you enrolled as a reporting entity with AUSTRAC, or do you satisfy one of the 'geographical link' tests in subsection 6(6) of the Anti-Money Laundering and Counter-Terrorism Financing Act (AML/CTF Act)?

☐ No ☐ Yes

Have you carried out all Applicable Customer Identification Procedures (ACIP) and ongoing customer due diligence (OCDD) requirements in accordance with chapter 15 of the AML/CTF Rules in relation to your underlying customers? (including where you have relied on a member of your designated business group or an Authorised representative to perform the ACIP and OCDD)

☐ **No** ☐ **Yes**

In accordance with Chapter 4, part 4.4.19 (e) of the AML/CTF Rules, do you, in your capacity as Custodian attest that prior to requesting this designated service from Equity Trustees, it has carried out and will continue to carry out, all applicable customer identification procedures on the underlying account holder named or to be named in the Fund's register, including conducting ongoing customer due diligence requirements in accordance with Chapter 15 of the AML/CTF Rules?

☐ **No** ☐ **Yes**

If you answered YES to all of the above questions, then Equity Trustees is able to apply the Chapter 4, part 4.4 Custodian rules to this account and will rely upon the customer due diligence conducted by the Custodian on the underlying account holder named or to be named in the Fund's register.

If requested to do so at any time after the provision of this designated service, the Custodian agrees to honour any reasonable request made by Equity Trustees for information or evidence about the underlying account holder in order to allow Equity Trustees to meet its obligations under the AML/CTF Act.

☐ **No** ☐ **Yes**

Excepting the below circumstances where the custodian answered NO or did not complete any of the above questions, no other information about the underlying account holder is required to be collected. However, further information about you as the Custodian and as a company is required to be collected and verified as required by the AML/CTF rules. Please complete the rest of this form for the Custodian.

Excepting circumstances:

If you answered NO or did not complete any of the above questions, then we are unable to apply the Chapter 4, part 4.4 Custodian rules to this application. We are therefore obligated to conduct full Know Your Client procedures on the underlying account holder named or to be named in the Fund's register including any named nominee, as well as the trustees, beneficial owners and controlling persons of the underlying named account in addition to the Custodian. Therefore, please complete the relevant forms and provide identity documents for all parties connected to this account.

If you have answered **Yes** to all questions in Section 5.1, please complete Section 4.

If you have answered **No** to any questions in Section 5.1, please complete Section 5.

Definition of Custodian

Custodian – means a company that:

- a. is acting in the capacity of a trustee; and
- b. is providing a custodial or depository service of the kind described in item 46 table 1 in subsection 6(2) of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act); and
- c. either:
 - i. holds an Australian financial services licence authorising it to provide custodial or depository services under the Corporations Act 2001; or
 - ii. is exempt under the Corporations Act 2001 from the requirement to hold such a licence; and
- d. either:
 - i. satisfies one of the 'geographical link' tests in subsection 6(6) of the AML/CTF Act; or
 - ii. has certified in writing to the relevant reporting entity that its name and enrolment details are entered on the Reporting Entities Roll; and
- e. has certified in writing to the relevant reporting entity that it has carried out all applicable customer identification procedures and ongoing customer due diligence requirements in accordance with Chapter 15 of the AML/CTF Rules in relation to its underlying customers prior to, or at the time of, becoming a customer of the reporting entity.

Section 6 – Authorised representative, agent and/or financial adviser

Please complete if you are appointing an authorised representative, agent and/or financial adviser.

☐ I am an **authorised representative** or **agent** as nominated by the investor(s)

See Group D (Page 22) for AML/CTF Identity Verification Requirements

You must attach a valid authority such as Power of Attorney, guardianship order, grant of probate, appointment of bankruptcy etc. that is a certified copy. The document must be current and complete, signed by the investor or a court official and permits the authorised representative or agent to transact on behalf of the investor.

Full name of authorised representative or agent

Role held with investor(s)

Signature

Date

☐ I am a **financial adviser** as nominated by the investor

Name of adviser

AFSL number

Dealer group

Name of advisory firm

Postal address

Suburb

State

Postcode

Email address

Contact no.

Financial Advice (only complete if applicable)

☐ The investor has received personal financial product advice in relation to this investment from a licensed financial adviser and that advice is current.

Financial Adviser Declaration

- ☐ I/We hereby declare that I/we are not a US Person as defined in the PDS.
- ☐ I/We hereby declare that the investor is not a US Person as defined in the PDS.
- ☐ I/We have attached the relevant CIP documents;

Signature

Date

Access to information

Unless you elect otherwise, your authorised representative, agent and/or financial adviser will also be provided access to your investment information and/or receive copies of statements and transaction confirmations. By appointing an authorised representative, agent and/or financial adviser you acknowledge that you have read and agreed to the terms and conditions in the PDS relating to such appointment.

- ☐ Please tick this box if you **DO NOT** want your authorised representative, agent and/or financial adviser to have access to information about your investment.
- ☐ Please tick this box if you **DO NOT** want copies of statements and transaction confirmations sent to your authorised representative, agent and/or financial adviser.
- ☐ Please tick this box if you want statements and transaction confirmations sent **ONLY** to your authorised representative, agent and/or financial adviser.

GROUP D – Authorised Representatives and Agents

In addition to the above entity groups:

- ☐ If you are an **Individual Authorised Representative or Agent** – please also provide the identification documents listed under Group A. (Refer Page 8)
- ☐ If you are a **Corporate Authorised Representative or Agent** – please also provide the identification documents listed under Group B. (Refer Page 15)

All Authorised Representatives and Agents must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order, Executor or Administrator of a deceased estate, authority granted to a bankruptcy trustee, authority granted to the State or Public Trustee etc.

Section 7 – Foreign Account Tax Compliance Act (FATCA), Common Reporting Standard (CRS) Self-Certification Form – ALL Individual Investors MUST complete

1. Are you a US tax resident (e.g. US citizen or US resident)?

☐ Yes: provide your US Taxpayer Identification Number (TIN) and continue to question 2

Investor 1	
Investor 2	

☐ No: continue to question 2

What is a TIN?

This is short for Taxpayer Identification Number, an identification number issued or used by tax authorities. In Australia, the equivalent is the tax file number (TFN). For the US, it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or a US Employer Identification Number. In other countries, it may have a different name.

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

☐ Yes: state each country and provide your TIN or equivalent (or Reason Code if no TIN is provided) for each jurisdiction below and skip to question 12

Investor 1

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1		
2		

Investor 2

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1		
2		

If more space is needed, please provide details as an attachment.

☐ No: skip to question 12 (Page 28)

Reason Code:

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

- **Reason A:** The country/jurisdiction where the investor is resident does not issue TINs to its residents.
- **Reason B:** The investor is otherwise unable to obtain a TIN or equivalent number (Please explain why the investor 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).

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

	Reason B explanation
Investor 1	
Investor 2	

**Section 7.1 – Foreign Account Tax Compliance Act (FATCA), Common Reporting Standard (CRS)
Self-Certification Form – ALL Entity Investors MUST complete**

3. Are you an Australian complying superannuation fund?

☐ Yes: skip to question 12 (Page 28)

☐ No: continue to question 4

FATCA

4. Are you a US Person?

☐ Yes: continue to question 5

☐ No: skip to question 6

5. Are you a Specified US Person?

☐ Yes: Provide your Taxpayer Identification Number (TIN) below and skip to question 7

TIN

☐ No: Please indicate exemption type and skip to question 7

Type

6. Are you a Financial Institution for the purposes of FATCA?

☐ **Yes:** Provide your GIIN and continue to question 7.

GIIN

If you do not have a GIIN, please provide your FATCA status below and continue to question 7

☐ Exempt Beneficial Owner

Type

☐ Deemed-Compliant FFI (other than a Sponsored FI or a Trustee Documented Trust)

Type

☐ Non-Participating FFI

Type

☐ Sponsored Financial Institution. Please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name

Sponsoring Entity's GIIN

☐ Trustee Documented Trust. Please provide your Trustee's name and GIIN.

Trustee's Name	
Trustee's GIIN	

☐ Other

Details	
---------	--

☐ **No:** Continue to question 7.

CRS

7. Are you a tax resident of any country outside of Australia and the US?

☐ **Yes:** state each country and provide your TIN or equivalent (or Reason Code if no TIN is provided) for each jurisdiction below and continue to question 8

Investor 1

Country/Jurisdiction of tax residence		TIN	If no TIN available enter Reason A, B or C
1			
2			

Investor 2

Country/Jurisdiction of tax residence		TIN	If no TIN available enter Reason A, B or C
1			
2			

If more space is needed, please provide details as an attachment.

Reason Code:

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).

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

	Reason B explanation
Investor 1	
Investor 2	

☐ **No:** Continue to question 8.

8. Are you a Financial Institution for the purpose of CRS?

☐ **Yes:** specify the type of Financial Institution below and continue to question 9

☐ Reporting Financial Institution

☐ Non-Reporting Financial Institution:

☐ Trustee Documented Trust

☐ Other: please specify: _____

☐ **No:** skip to question 10

9. Are you an investment entity resident in a non-participating jurisdiction for CRS purposes and managed by another financial Institution?

☐ **Yes:** skip to question 11

☐ **No:** skip to question 12

Non-Financial Entities

10. Are you an Active Non-Financial Entity (Active NFE)?

☐ **Yes:** specify the type of Active NFE below and skip to question 12:

☐ Less than 50% of the entity's gross income from the preceding calendar year is passive income (e.g. dividends, distribution, interests, royalties and rental income) and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

☐ Corporation that is regularly traded or a related entity of a regularly traded corporation

Provide name of Listed Entity: _____ and exchange on which traded: _____

☐ Governmental Entity, International Organisation or Central Bank

☐ Other: please specify: _____

☐ **No:** you are a Passive Non-Financial Entity (Passive NFE). Continue to question 11

Controlling Persons

11. Does one or more of the following apply to you:

- Is 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) a tax resident of any country outside of Australia?
- If you are a trust, is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?
- Where no natural person is identified as exercising control of the entity, the controlling person will be the natural person(s) who holds the position of senior managing official.

☐ **Yes:** provide controlling person information below:

Controlling Person 1

Title	First name(s)	Surname

Residential address (not a PO Box/RMB/Locked Bag)

--

Suburb	State	Postcode	Country

Date of birth (DD/MM/YYYY)

--

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1		
2		

Controlling Person 2

Title	First name(s)	Surname

Residential address (not a PO Box/RMB/Locked Bag)

--

Suburb	State	Postcode	Country

Date of birth (DD/MM/YYYY)

--

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1		
2		

If there are more than 2 controlling persons, please provide details as an attachment.**Reason Code:**

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

- **Reason A:** The country/jurisdiction where the controlling person is resident does not issue TINs to its residents.
- **Reason B:** The controlling person is otherwise unable to obtain a TIN or equivalent number (Please explain why the controlling person 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).

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

	Reason B explanation
Investor 1	
Investor 2	

☐ **No:** continue to question 12

12. Signature and Declaration – ALL investors must sign

☐ I undertake to provide a suitably updated self-certification within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

☐ I declare the information above to be true and correct.

Investor 1

Full name of individual

Please indicate Capacity in which this declaration is being made

- ☐ Individual
- ☐ Individual Trustee
- ☐ Director
- ☐ Sole Director
- ☐ Authorised Signatory

Signature

Date

Investor 2

Full name of individual

Please indicate Capacity in which this declaration is being made

- ☐ Individual
- ☐ Individual Trustee
- ☐ Director
- ☐ Sole Director
- ☐ Authorised Signatory

Signature

Date

Section 8 – Declarations – ALL investors MUST complete

In most cases the information that you provide in this form will satisfy the AML/CTF Act, the US Foreign Account Tax Compliance Act ('FATCA') and the Common Reporting Standard ('CRS'). However, in some instances Cooper Investors may contact you to request further information. It may also be necessary for Cooper Investors to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act, FATCA and CRS.

When you complete this Application Form you make the following declarations:

- I/We have received the PDS and made this application in Australia (and/or New Zealand for those offers made in New Zealand).
- I/We have read the PDS to which this Application Form applies and agree to be bound by the terms and conditions of the PDS and the Constitution of the relevant Fund in which I/we have chosen to invest.
- I/we have carefully considered the features of Fund as described in the PDS (including its investment objectives, minimum suggested investment timeframe, risk level, withdrawal arrangements and investor suitability) and, after obtaining any financial and/or tax advice that I/we deemed appropriate, am/are satisfied that my/our proposed investment in the Fund is consistent with my/our investment objectives, financial circumstances and needs.*
- I/We have considered our personal circumstances and, where appropriate, obtained investment and/or taxation advice.
- I/We hereby declare that I/we are not a US Person as defined in the PDS.
- I/We acknowledge that (if a natural person) I am/we are 18 years of age or over and I am/we are eligible to hold units in the Fund in which I/We have chosen to invest.
- I/We acknowledge and agree that Equity Trustees has outlined in the PDS provided to me/us how and where I/we can obtain a copy of the Equity Trustees Group Privacy Statement.
- I/We consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services for which I/we have engaged the services of Equity Trustees or its related bodies corporate and to foreign government agencies for reporting purposes (if necessary).
- I/we hereby confirm that the personal information that I/we have provided to Equity Trustees is correct and current in every detail, and should these details change, I/we shall promptly advise Equity Trustees in writing of the change(s).
- I/We agree to provide further information or personal details to the Cooper Investors if required to meet its obligations under anti-money laundering and counter-terrorism legislation, US tax legislation or reporting legislation and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.
- If I/we have provided an email address, I/we consent to receive ongoing investor information including PDS information, confirmations of transactions and additional information as applicable via email.
- I/We acknowledge that Equity Trustees does not guarantee the repayment of capital or the performance of the Fund or any particular rate of return from the Fund.
- I/We acknowledge that an investment in the Fund is not a deposit with or liability of Equity Trustees and is subject to investment risk including possible delays in repayment and loss of income or capital invested.
- I/We acknowledge that Equity Trustees is not responsible for the delays in receipt of monies caused by the postal service or the investor's bank.
- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application.
- If I/we have completed and lodged the relevant sections on authorised representatives, agents and/or financial advisers on the Application Form then I/we agree to release, discharge and indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from Equity Trustees acting on the instructions of my/our authorised representatives, agents and/or financial advisers.
- If this is a joint application each of us agrees that our investment is held as joint tenants.
- I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:
- I/we are ineligible to hold units in a Fund or have provided misleading information in my/our Application Form; or
- I/we owe any amounts to Equity Trustees, then I/we appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund.
- For Wholesale Clients* - I/We acknowledge that I am/we are a Wholesale Client (as defined in Section 761G of the Corporations Act 2001 (Cth)) and are therefore eligible to hold units in the Fund.
- For New Zealand applicants* - I/we have read the terms of the offer relating to New Zealand investors, including the New Zealand warning statement.
- For New Zealand Wholesale Investors* - I/We acknowledge and agree that:
- I/We have read the "New Zealand Wholesale Investor Fact Sheet" and PDS or "New Zealand Investors: Selling Restriction" for the Fund;
- I am/We are a Wholesale Investor and am/are therefore eligible to hold units in the Fund; and
- I/We have not:
 - Offered, sold, or transferred, and will not offer, sell, or transfer, directly or indirectly, any units in the Fund;
 - Granted, issued, or transferred, and will not grant, issue, or transfer, any interests in or options over, directly or indirectly, any units in the Fund; and

- Distributed and will not distribute, directly or indirectly, the PDS or any other offering materials or advertisement in relation to any offer of units in the Fund, in each case in New Zealand, other than to a person who is a Wholesale Investor; and
- I/We will notify Equity Trustees if I/we cease to be a Wholesale Investor; and

- I/We have separately provided a signed Wholesale Investor Certification located at the end of this Application Form.

All references to Wholesale Investor in this Declaration are a reference to Wholesale Investor in terms of clause 3(2) of Schedule 1 of the Financial Markets Conduct Act 2013 (New Zealand).

* Disregard if not applicable.

***Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)**

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption, we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements.

For more information about the use of TFNs for investments, contact the enquiries section of your local branch of the ATO. Once provided, your TFN will be applied automatically to any future investments in the Fund where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. **Exempt investors should attach a copy of the certificate of exemption.** For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

Individual — where the investment is in one name, the sole investor must sign. Individuals should sign in the first box, and have someone witness in the second box.

Joint Holding — where the investment is in more than one name, all investors must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.

Individual Trustee — where the investment has one individual trustee, the trustee must sign.

Multiple trustees — where the investment has more than one individual trustee, all the trustees must sign.

Corporate trustee — where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust — the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney — if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Company — Where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

When you sign this Application Form you declare that you have read, agree to and make the declarations above

Investor 1

Full name of individual

Please indicate Capacity in which this declaration is being made:

- ☐ Individual
- ☐ Individual Trustee
- ☐ Director
- ☐ Sole Director
- ☐ Authorised Signatory

Signature

Date

Company Seal (if applicable)

Investor 2

Full name of individual

Please indicate Capacity in which this declaration is being made:

- ☐ Individual
- ☐ Individual Trustee
- ☐ Director
- ☐ Sole Director
- ☐ Authorised Signatory

Signature

Date

Section 9 – AML/CTF Identity Verification Requirements

The AML/CTF Act requires Cooper Investors to adopt and maintain an Anti-Money Laundering and Counter-Terrorism Financing ('AML/CTF') Program. The AML/CTF Program includes ongoing customer due diligence, which may require the Cooper Investors to collect further information.

- Identification documentation provided must be in the name of the investor.
- Non-English language documents must be translated by an accredited translator. Provide both the foreign language document and the accredited English translation.
- Applications made without providing this information cannot be processed until all the necessary information has been provided.
- If you are unable to provide the identification documents described, please contact Cooper Investors.

These documents should be provided as a CERTIFIED COPY of the original.

Who can certify?

Below is an example of who can certify proof of ID documents under the AML/CTF requirements:

- Bailiff
- Bank officer with 5 or more years of continuous service
- Building society officer with 5 or more years of continuous service
- Chiropractor (licensed or registered)
- Clerk of court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 5 or more years of continuous service
- Dentist (licensed or registered)
- Fellow of the National Tax Accountant's Association
- Finance company officer with 5 or more years of continuous service
- Judge of a court
- Justice of the peace
- Legal practitioner (licensed or registered)
- Magistrate
- Marriage celebrant licensed or registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Medical practitioner (licensed or registered)
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force with 5 or more years of continuous service
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
- Member of the Parliament of the Commonwealth, a State, a Territory Legislature, or a local government authority of a State or Territory
- Minister of religion licensed or registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Nurse (licensed or registered)
- Optometrist (licensed or registered)
- Permanent employee of Commonwealth, State or local government authority with at least 5 or more years of continuous service.
- Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service
- Pharmacist (licensed or registered)
- Physiotherapist (licensed or registered)
- Police officer
- Psychologist (licensed or registered)
- Registrar, or Deputy Registrar, of a court
- Sheriff
- Teacher employed on a full-time basis at a school or tertiary education institution
- Veterinary surgeon (licensed or registered)

When certifying documents, the following process must be followed:

- All copied pages of original proof of ID documents must be certified.
- The authorised individual must ensure that the original and the copy are identical; then write or stamp on the copied document "certified true copy". This must be followed by the date and signature, printed name and qualification of the authorised individual.
- In cases where an extract of a document is photocopied to verify customer ID, the authorised individual should write or stamp "certified true extract"