ACORN CAPITAL

NEXTGEN RESOURCES FUND

This Application Form accompanies the Product Disclosure Statement dated 26 June 2026 (PDS) issued by Evolution Trustees Limited (Issuer) (ABN 29 611 839 519) in its capacity as responsible entity of the Acorn Capital NextGen Resources Fund (Fund) ARSN 673 344 691.

If you require further assistance, please do not hesitate to contact Boardroom Pty Limited on 1300 737 760 or via email acorn@boardroomlimited.com.au

It is important that you read the PDS (including Reference Guide and Target Market Determination) in full and the acknowledgements contained in this Application Form before applying for Units. These documents are available on our website at www.acorncapital.com.au

Unless otherwise defined, capitalised terms used in this Application Form have the same meaning given to them in the PDS.

Complete all relevant sections in the application form. If you make a mistake cross it out and initial the correction

Evolution Trustees Limited ABN 29 611 839 519

Australian Financial Services Licence (AFSL) No. 486217

Mail Level 15, 68 Pitt Street
Sydney NSW 2000

Telephone +61 2 8866 5150

Email info@evolutiontrustees.com.au

Website www.evolutiontrustees.com.au

DISTRIBUTION CONDITIONS

☐ Wholesale Investor—I meet the definition of 'Wholesale Client' under the Corporations Act 2001. (please attached a certified copy of the wholesale investor certificate to this application)*

☐ Retail Investor—I am receiving personal financial advice at the time of making this investment from

Adviser

Practice

AFSL

Please tick one box below and complete the relevant Sections of the Application Form.

INVESTOR TYPE

☐	Individual / Joint Investors / Sole Traders	Complete Sections 1, 2, 5, 6, 7, 8 and 9
☐	Company	Complete Sections 1, 3, 5, 6, 7, 8 and 9
☐	Trust / Superannuation Fund with Individual Trustee	Complete Sections 1, 2, 4, 5, 6, 7, 8 and 9
☐	Trust / Superannuation Fund with Corporate Trustee	Complete Sections 1, 3, 4, 5, 6, 7, 8 and 9

IF INVESTING VIA A FINANCIAL ADVISER

Please ensure both you and your financial adviser also complete Section **10 – Financial Adviser Details and Customer Identification Declaration.** You do not need to provide copies of your certified identification documentation with your Application Form if this information has been provided to your financial adviser, your financial adviser has elected to retain this information, and agreed to make it available upon request, under Section 10 of this Application Form.

POST / DELIVER

Please post completed Application Forms and all supporting documentation to:

Acorn Capital NextGen Resources Fund
c/- Boardroom Limited
GPO Box 3993
Sydney, NSW, 2001

QUESTIONS

If none of the above categories are applicable to you, or you have other questions relating to this Application Form, please contact Boardroom Pty Limited on 1300 737 760 or acorn@boardroomlimited.com.au

* The Responsible Entity will only accept investment funds from Wholesale Clients as defined in the Corporations Act 2001 (Cth). If the investment amount in the Trust is less than AU$500,000, you are required to supply one of the following certificates for your investing entity:

- Accountant Certificate - issued by a qualified accountant for a wholesale investor; or
- Professional Investor Declaration - self certified by the professional investor.

These certificates are valid for two years from the date of issue and will only be accepted when issued in the legal name of the investing entity. Please contact our office if you require further information.

1 INVESTMENT DETAILS

1.1 DETAILS

I/we apply to invest in the Acorn Capital NextGen Resources Fund.

Amount: AUD $ _____ (Minimum $20,000)

PAYMENT METHOD

Electronic Funds Transfer or Direct Deposit

Bank:	St George Bank
Account Name:	Boardroom Pty Limited itf Acorn NGR – Application A/C
BSB:	332-027
Account number:	556094268
Reference:	'Investor surname/company or trust'

Source of investment funds

Please identify the source of your investable assets or wealth:

- ☐ Gainful Employment
- ☐ Inheritance/Gift
- ☐ Business Activity
- ☐ Superannuation Savings
- ☐ Other – please specify _____

What is the purpose of this investment?

- ☐ Savings
- ☐ Growth
- ☐ Income
- ☐ Retirement
- ☐ Business account

2 INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS/ INDIVIDUAL TRUSTEES – APPLICATION FORM

Complete this section if you are investing in your own name, including as a sole trader.

2.1 INVESTOR 1 DETAILS

Title | Date of Birth

Given Names | Surnames

Place of Birth (city/town) | Country of birth

Residential address (not a PO Box)

Suburb | State | Postcode | Country

Email

Mobile number | Telephone number

Occupation

INVESTOR 2 DETAILS—(only for joint application)

Title | Date of Birth

Given Names | Surnames

Place of Birth (city/town) | Country of birth

Residential address (not a PO Box)

Suburb | State | Postcode | Country

Email

Mobile number | Telephone number

Occupation

If there are more than two individuals, please provide details and attach to this Application Form.

POLITICALLY EXPOSED PERSON (PEP)

Are any of the Investors a PEP? Please refer to page 22 if you are unsure what PEP means.

☐ Yes Please provide description of PEP's position.

☐ No

ADDITIONAL INFORMATION FOR SOLE TRADERS (ONLY APPLICABLE IF APPLYING AS A SOLE TRADER)

Full business name (if any)

Australian Business Number (ABN)

Address of principal place of business (not a PO Box)

Suburb	State	Postcode	Country

2.2 IDENTIFICATION DOCUMENTS

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) legislation, we must collect certain information from prospective investors and their beneficial owners supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to page 22 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select one of the following options to verify each investor and Beneficial Owner.

☐ Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or

☐ Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

3 COMPANY/CORPORATE TRUSTEE – APPLICATION FORM

Complete this section if you are investing for, or on behalf of, a Company.

3.1 COMPANY DETAILS

Full company name

Country of formation, incorporation or registration

ARBN (if registered with ASIC) | ACN/ABN (if registered in Australia)

Tax File Number (TFN) or exemption code | AFS Licence Number (if applicable)

Name of regulator (if licenced by an Australian Commonwealth, State or Territory statutory regulator)

Registered business address

Suburb | State | Postcode | Country

Principal place of business

Suburb | State | Postcode | Country

If an Australian Company, registration status with ASIC.

☐ Proprietary Company

☐ Public Company

If a Foreign Company, registration status with the relevant foreign registration body.

☐ Private/Proprietary Company

☐ Public Company

☐ Other – Please Specify

Name of Relevant Foreign Registration Body | Foreign Company Identification Number

IS THE COMPANY LISTED

Is the Company Listed?

☐ No ☐ Yes – Name of Market/Stock Exchange

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

☐ No ☐ Yes – Name of Australian Listed Company

Name of Market/Stock Exchange

Directors of the Company/Corporate Trustee

If the company is registered as a proprietary company by ASIC or a private company by a foreign registration body, please list the name of each director of the company.

Director 1—Full Name	Director 2—Full Name
Director 3—Full Name	Director 4—Full Name
Director 5—Full Name	Director 6—Full Name

If there are more than six directors, please provide their full names on a separate page and attach to this Initial Application Form.

POLITICALLY EXPOSED PERSON (PEP)

Are any of the company directors a PEP? Please refer to page 22 if you are unsure.

☐ Yes Please provide description of PEP's position.

☐ No

BENEFICIAL OWNERS OF THE COMPANY/CORPORATE TRUSTEE

If the company is an Australian proprietary company, an Australian non-listed public company or a foreign company, please provide details for each shareholder who directly, jointly or beneficially owns 25% or more of the company's issued share capital in Section 6.6. If no shareholder owns 25% or more of the company's issued share capital, please list the persons who directly or indirectly control the company in Section 6. Please refer to page 22 if you are unsure as to what Beneficial Owner means.

POLITICALLY EXPOSED PERSON (PEP)

Are any of the Beneficial Owners a PEP? Please refer to page 22 if you are unsure what PEP means.

☐ Yes Please provide description of PEP's position.

☐ No

3.2 CONTACT PERSON DETAILS (financial adviser details not accepted)

Given Names	Surnames

Postal address			
Suburb	**State**	**Postcode**	**Country**

Email	
Mobile number	**Telephone number**

3.3 IDENTIFICATION DOCUMENTS

To comply with AML/CTF legislation, we must collect certain identification documents from prospective investors and their beneficial owners supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to page 22 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select one of the following options to verify the company.

☐ Perform a search of the ASIC database (unit registry to perform on behalf of the investor); or

☐ Provide a certified copy of the certification of registration issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public).

Select one of the following options to verify the Directors/Trustees who have signed the Application Form and Beneficial Owners identified in Section 6.6.

☐ Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or

☐ Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

4 TRUST/SUPERANNUATION FUND – APPLICATION FORM

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund.

4.1 TRUST/FUND DETAILS

Full name of Trust/Superannuation Fund

Country of establishment

Tax File Number (TFN) or exemption code ABN (if any)

TYPE OF TRUST

(Please tick ONE box from the list below to indicate the type of Trust and provide the required information)

Type A: ☐ Regulated Trust (e.g. self-managed superannuation fund)

Name of Regulator (e.g. ASIC, APRA, ATO) Registration/Licensing Details

Type B: ☐ Government Superannuation Fund

Name of the Legislation Establishing the Fund

Type C: ☐ Foreign Superannuation Fund

Name of Regulator Registration/Licensing Details

Type D: ☐ Other Type of Trust/Unregulated Trust

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

4.2 ADDITIONAL INFORMATION FOR TYPE C AND TYPE D TRUSTS

SETTLOR OF THE TRUST

☐ The material asset contribution to the trust by the settlor at the time the trust was established was less than $20,000.00.

☐ The settlor of the trust is deceased.

☐ Neither of the above is correct. Provide the full name of the settlor of the trust.

BENEFICIARY DETAILS

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

☐ Yes – Describe the class of beneficiaries below (e.g. unit holders, family members of named person, charitable purposes).

☐ No – Provide the full names of each beneficiary in respect of the trust in Section 6.6 (includes beneficial owners who ultimately own 25% or more of the trust).

BENEFICIAL OWNERS OF THE TRUST

Please provide details of the Beneficial Owners of the Trust in Section 6.6. A beneficial owner is an individual who ultimately owns 25% or more of the trust or an individual who controls (directly or indirectly) the trust. Control includes acting as a trustee, or as a result of, or by means of, trusts, agreements, arrangements, understandings and practices or exercising control through the capacity to direct the trustees, or having the ability to appoint or remove the trustees. Refer to page 22 if you are unsure as to what Beneficial Owner means.

POLITICALLY EXPOSED PERSON (PEP)

Are any of the beneficiaries a PEP? Please refer to page 22 if you are unsure what PEP means.

☐ Yes Please provide description of PEP's position.

☐ No

4.3 TRUSTEE DETAILS

If a trustee is an individual, please complete Section 2. If a trustee is a company, please complete Section 3.

4.4 IDENTIFICATION DOCUMENTS

To comply with AML/CTF legislation, we must collect certain information from prospective investors and their beneficial owners supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to page 22 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

For Trusts identified under 4.1 as Type A & Type B – select one of the following options to verify the Trust.

☐ Perform a search of the relevant regulator's website e.g. 'Super Fund Lookup' (unit registry to perform on behalf of the investor);

☐ Provide a copy of an offer document of the managed investments scheme e.g. a copy of a Product Disclosure Statement; or

☐ Provide a copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

For Trusts identified under 4.1 as Type C & Type D – select one of the following options to verify the Trust.

☐ Provide a certified copy or a certified extract of the Trust Deed containing the cover page, recitals and signature page;

☐ Provide an original letter from a solicitor or qualified accountant that confirms the name of the Trust and full name of the settlor of the Trust; or

Provide a notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).

For Trusts identified under 4.1 as Type C & Type D – select one of the following options to verify the Beneficiaries and the Beneficial Owners identified in Section 6.6.

☐ Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or

☐ Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

AND relevant identification documents for the trustee as specified in Section 2 or 3 (as applicable).

5 PAYMENT INSTRUCTIONS DISTRIBUTIONS AND WITHDRAWALS

Please indicate how you would like your distributions to be paid by ticking one box only. If this is a new investment and no nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:

☐ Reinvest in the Fund; or

☐ Pay to my/our account (Please provide your financial institution account details as per below).

FINANCIAL INSTITUTION ACCOUNT DETAILS (must be an Australian financial institution)

Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.

Bank/Institution	Branch

Account Name

BSB	Account Number

The name of your nominated bank account must be the same as the Investor's name.

6 ACCOUNT HOLDER'S TAX RESIDENCY AND CLASSIFICATION – FATCA & CRS

The account holder is the person listed or identified as applicant in Sections 2, 3 and 4 (Account Holder).

The Account Holder's Country of Tax Residence, TIN, GIIN, FATCA Status, CRS Status and Controlling Persons (includes Beneficial Ownership details) should be provided in this section. If the person opening the account is not a Financial Institution and is acting as an intermediary, agent, custodian, nominee, signatory, investment advisor or legal guardian on behalf of one or more other account holders this form must be completed by or on behalf of that other person who is referred to as the Account Holder.

If you are unable to complete this form, please seek an appropriate advice relating to the tax information required. For further details relating to the implementation of FATCA and CRS, please refer to The Australian Taxation Office's guidance material link: https://www.ato.gov.au/General/International-tax-agreements/In-detail/International-arrangements/Automatic-exchange-of-information---CRS-and-FATCA/

If you are applying:

As an Individual/Joint Investors/Sole Trader please complete Section 6.1.

All other types of entities please complete Sections 6.2, 6.3, 6.4, 6.5 and 6.6.

6.1 TAX RESIDENCE – INDIVIDUAL/SOLE TRADER

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes.

Country of Tax Residence 1	Taxpayer Identification Number 1	
		TIN unavailable ☐
Country of Tax Residence 2	Taxpayer Identification Number 2	
		TIN unavailable ☐
Country of Tax Residence 3	Taxpayer Identification Number 3	
		TIN unavailable ☐

TIN Unavailable Explanation – If any 'TIN Unavailable' box is checked, please provide an explanation.

☐ I certify the tax residence countries provided represent all countries in which I am considered a tax resident.

If Account Holder has additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each such additional country.

IS THE ACCOUNT HOLDER A U.S. PERSON?

A U.S. person includes a U.S. citizen or resident alien of the U.S. even if residing outside the U.S.

☐ Yes If 'Yes', the Account Holder's U.S. country of residence and U.S. Tax Identification Number must be provided above.

☐ No

6.2 ACCOUNT HOLDER 'S GIIN (If any) – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

If you are unable to complete this form, please seek an appropriate advice relating to the tax information required.

Account Holder's GIIN (if any)

Sponsoring Entity's Name (if the Account Holder is a sponsored entity, please provide the sponsor's GIIN)

6.3 TAX RESIDENCE OF THE ACCOUNT HOLDER – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes.

Country of Tax Residence 1	Taxpayer Identification Number 1	
		TIN unavailable ☐
Country of Tax Residence 2	Taxpayer Identification Number 2	
		TIN unavailable ☐
Country of Tax Residence 3	Taxpayer Identification Number 3	
		TIN unavailable ☐

TIN Unavailable Explanation – If any 'TIN Unavailable' box is checked, please provide an explanation.

☐ I/We certify the tax residence countries provided represent all countries in which the Account Holder is considered a tax resident.

If Account Holder has additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each such additional country.

6.4 FATCA STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

Is the Account Holder a U.S. Person? - If Yes, complete the U.S. Person certification

U.S PERSON CERTIFICATION

Is the Account Holder a specified U.S. person?

☐ Yes Provide a U.S. Taxpayer Identification Number (TIN):

☐ No

If No, complete the non U.S. Person certification

NON U.S. PERSON CERTIFICATION

Select a classification that matches your FATCA status (select only a single category).

☐ Participating FFI (Provide GIIN in Section 6.2)

☐ Local/Partner Jurisdiction FFI (Provide GIIN in Section 6.2)

☐ Deemed-Compliant FFI (Select deemed-compliant category)

- ☐ Trustee-Documented Trust (Provide GIIN and Trustee name in Section 6.2)
- ☐ Sponsored Investment Vehicle (Provide GIIN and Sponsor's name in Section 6.2)
- ☐ Registered-Deemed Compliant FFI (Provide GIIN in Section 6.2)
- ☐ Other Deemed-Compliant Category

☐ Non participating FFI

☐ Exempt Beneficial Owner (includes self-managed superannuation fund)

☐ Direct Reporting NFFE (Provide GIIN in Section 6.2)

☐ Sponsored Direct Reporting NFFE (Provide GIIN and Sponsor's name in Section 6.2)

☐ A Start-up Company formed in the past 24 months

Please provide the date the entity was organised:

☐ Active NFFE

☐ Passive NFFE (Complete Section 6.6 – Controlling Persons)

☐ Other

Please describe the FATCA status:

6.5 CRS STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

Is the Account Holder a Financial Institution?

☐ Yes If any tax residence country provided is not a participating CRS jurisdiction, then complete Section 6.6 – Controlling Persons.

☐ No

Non-Financial Entity (NFE)

If the Account Holder is a Non-Financial Entity (NFE), select a classification that matches your CRS status:

☐ Government Entity, International Organisation and Central Bank

☐ A corporation the stock of which is regularly traded on an established securities market (or entity related to such a corporation):

Name of Securities Market:

Name of Related Entity:

☐ Non-Reporting Financial Institution (includes Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Exempt Collective Investment Vehicle, Trustee Documented Trust and Self-managed Superannuation Fund)

☐ A Start-up Company formed in the past 24 months

Please provide the date the entity was organised:

☐ Other Active NFE

☐ Passive NFFE (Complete Section 6.6 – Controlling Persons)

☐ Other

Please describe the CRS status:

6.6 CONTROLLING PERSONS (INCLUDES BENEFICIARY DETAILS UNDER SECTIONS 3.1 AND 4.2)

This section is considered an integral part of the self-certification to which it is associated. If there is a change in Controlling Persons/ Beneficial Ownership, please submit an updated form within 30 days.

CONTROLLING PERSON 1 / BENEFICIAL OWNER 1

Given Names	Surnames		
Residential address (not a PO Box)			
Suburb	State	Postcode	Country
Date of Birth (dd/mm/yyyy)	City/Town of Birth		Country of birth
Country of tax residence 1	Taxpayer Identification Number 1		
Country of tax residence 2	Taxpayer Identification Number 2		
TIN Unavailable Explanation (if any 'TIN Unavailable' box is checked			

Please tick the box/es to select the role types that are relevant to you (i.e. Controlling Person 1/Beneficial Owner 1).

Controlling Person	Beneficiary Type				
☐ Legal Person	☐ By Ownership	☐ By other means	☐ Senior Managing Official		
☐ Legal Arrangement – Trust	☐ Settlor	☐ Trustee	☐ Protector	☐ Beneficiary	☐ Other
☐ Legal Arrangement – Other	☐ Settlor – Equivalent	☐ Trustee – Equivalent	☐ Protector – Equivalent		
	☐ Beneficiary – Equivalent	☐ Other – Equivalent			

CONTROLLING PERSON 2 / BENEFICIAL OWNER 2

Given Names	Surnames		
Residential address (not a PO Box)			
Suburb	State	Postcode	Country
Date of Birth (dd/mm/yyyy)	City/Town of Birth		Country of birth
Country of tax residence 1	Taxpayer Identification Number 1		
Country of tax residence 2	Taxpayer Identification Number 2		
TIN Unavailable Explanation (if any 'TIN Unavailable' box is checked			

Controlling Person

☐ Legal Person

☐ Legal Arrangement – Trust

☐ Legal Arrangement – Other

Beneficiary Type

☐ By Ownership ☐ By other means ☐ Senior Managing Official

☐ Settlor ☐ Trustee ☐ Protector ☐ Beneficiary ☐ Other

☐ Settlor – Equivalent ☐ Trustee – Equivalent ☐ Protector – Equivalent

☐ Beneficiary – Equivalent ☐ Other – Equivalent

If there are more than 2 Controlling Persons or Beneficial Owners or Country of Tax Residences, please provide the details on a separate page and attach to this Application Form.

7 PRIVACY

Please tick the box if you consent to your personal information being used and disclosed for marketing purposes as broadly described in the Privacy statement in the Acorn Capital NextGen Resources Reference Guide.

☐ I/we wish to receive information regarding future investment opportunities.

You may change your election at any time by contacting the Issuer.

8 EMAIL COMMUNICATION CONSENT

ONLINE ACCOUNT ACCESS

Upon subscribing to invest in the Fund, you will be given access to an online account that enables you to view details of your investment (account balance, investment details and account statements).

All communications relevant to the Fund, including periodic statements and details on how to access your online account, will be sent to you via email unless you specifically request that such communications be sent to you via post.

Please tick the box below if you would like to receive all communications, including periodic statements, via post:

☐ I/we would like to receive all communications via post.

If the above box is not ticked, all communications concerning the Fund will be sent to you via email at the email address nominated in this Application Form.

You may change your preference by contacting Boardroom Pty Limited on 1300 737 760.

MARKETING

From time to time we may send you marketing materials regarding our products and services, as well as the products and services of our related entities. Please indicate if you do not wish us to send you any marketing materials by ticking the box below:

☐ I do not wish to receive marketing materials about your products and services, as well as the products and services of your related entities

9 INVESTOR DECLARATION AND SIGNATURES

DECLARATION AND SIGNATURES

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

- I/we have read and understood the PDS to which this Application Form applies, including the Reference Guide, the Target Market Determination, and any supplemental information;
- I/we have received and accepted the offer to invest in Australia;
- The information provided in my/our Application Form is true, correct and complete in all respects;
- I/we agree to be bound by the provisions of the Constitution governing the Fund and the terms and conditions of the PDS, each as amended from time to time;
- I/we acknowledge that none of the Issuer, their related entities, directors, officers, employees or agents have guaranteed or made any representation as to the performance or success of the Fund, or the repayment of capital from the Fund. Investments in the Fund are subject to various risks, including delays in repayment and loss of income or principal invested. Investments in the Fund are not deposits with or other liabilities of the Issuer or any of its related bodies corporate or associates;
- I/we acknowledge the Issuer reserves the right to reject any application or scale back an application in its absolute discretion;
- If applicable, after assessing my/our circumstances, I/we have obtained my/our own independent financial advice prior to investing in the Fund;
- If this Application Form is signed under Power of Attorney, each Attorney declares he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this Application Form);
- I am/we are over 18 years of age and I am/we are eligible to hold units/investment in the Fund;
- I/we have all requisite power and authority to execute and perform the obligations under the PDS and this Application Form;
- I/we acknowledge that application monies will be held in a trust account until invested in the Fund or returned to me/ us. Interest will not be paid to applicants in respect of their application monies regardless of whether their monies are returned;
- I/we have read the information on privacy and personal information contained in the PDS and consent to my/our personal information being used and disclosed as set out in the PDS;
- I/we acknowledge that the Issuer may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website;
- I/we indemnify the Issuer and each of its related bodies corporate, directors and other officers, shareholders, servants, employees, agents and permitted delegates (together, the Indemnified Parties) and hold each of them harmless from and against any loss, damage, liability, cost or expense, including reasonable legal fees (collectively, a Loss) due to or arising out of a breach of representation, warranty, covenant or agreement by me/us contained in any document provided by me/us to the Issuer, its agents or other parties in connection with my/our investment in the Fund. The indemnification obligations provided herein survive the execution and delivery of this Application Form, any investigation at any time made by the Issuer and the issue and/or sale of the investment;
- To the extent permitted by law, I/we release each of the Indemnified Parties from all claims, actions, suits or demands whatsoever and howsoever arising that I/we may have against any Indemnified Party in connection with the PDS or my/our investment;
- Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding an interest in me/ us is a United States citizen or resident of the United States or any other country for taxation purposes;
- I/we will promptly notify the Issuer of any change to the information I/we have previously provided to the Issuer, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us;
- I/we consent to the Issuer disclosing any information it has in compliance with its obligations under the US Foreign Tax Compliance Act (FATCA) and the OECD Common Reporting Standards for Automatic Exchange of Financial Account Information (CRS) and any related Australian law and guidance implementing the same. This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the relevant tax authorities as required;
- I/we acknowledge that the collection of my/our personal information may be required by the Financial Transaction Reports Act 1988, the Corporations Act 2001, the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997, the Taxation Administration Act 1953, the FATCA and CRS (includes any related Australian law and guidance) and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. Otherwise, the collection of information is not required by law, but I/we acknowledge that if I/we do not provide personal information, the Issuer may not allow me/us to invest in the Fund;
- I am/we are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement (AML/CTF Law);
- I/we will provide the Issuer with all additional information and assistance that the Issuer may request in order for the Issuer to comply with the AML/CTF Law, FATCA and CRS;

- I/we acknowledge that the Issuer may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of investment in the Fund, if the Issuer is concerned that the request or transaction may breach any obligation of, or cause the Issuer to commit or participate in an offence (including under the AML/CTF Law, FATCA and CRS).

Signature 1	Signature 2
Full name	Full name
Date	Date

Tick capacity (mandatory for companies):

- ☐ Sole Director and Company Secretary
- ☐ Director
- ☐ Secretary

Tick capacity (mandatory for companies):

- ☐ Sole Director and Company Secretary
- ☐ Director
- ☐ Secretary

Company Seal (if applicable)

- Joint applicants must both sign;
- Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company, details of which appear in Section 3.1; or
- For trust/superannuation fund applications each individual trustee must sign.

Post your original signed Application Form and original certified copies of your identification document(s) to:

Acorn Capital NextGen Resources Fund
c/- Boardroom Limited
GPO Box 3993
Sydney, NSW, 2001

Please ensure that you have transferred your application monies or enclose a cheque for payment.

CERTIFYING A COPY OF AN ORIGINAL DOCUMENT

All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier.

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

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

PEOPLE WHO CAN CERTIFY DOCUMENTS OR EXTRACTS ARE:

- A lawyer, being 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).
- A judge of a court.
- A magistrate.
- A chief executive officer of a Commonwealth court.
- A registrar or deputy registrar of a court.
- A Justice of the Peace.
- A notary public (for the purposes of the Statutory Declaration Regulations 2018).
- A police officer.
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
- A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
- An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
- An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018).
- A finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 2018).
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licencees.
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

POLITICALLY EXPOSED PERSONS (PEP)

To comply with AML/CTF laws, we require you to disclose whether you are, or have an association with, a Politically Exposed Person ('PEP'). A PEP is an individual who holds a prominent public position or function in a government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de facto partner, child, and a child's spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as, or have an association with, a PEP, we may request additional information from you.

BENEFICIAL OWNER

To comply with AML/CTF laws, we require you to disclose the Beneficial Owners. Beneficial Owner means an individual who ultimately owns or controls (directly or indirectly) the investor.

'Owns' means ownership (either directly or indirectly) of 25% or more of the investor.

'Controls' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising and control through the capacity to determine decisions about financial and operating policies.

10 FINANCIAL ADVISER DETAILS AND CUSTOMER IDENTIFICATION DECLARATION

CUSTOMER IDENTIFICATION DECLARATION (Financial Adviser to complete)

I certify in accordance with the FSC/FPA industry Guidance Note 24 ('GN 24'), that I have: (If no box is marked, Option 1 applies)

☐ Collected, verified and retained the appropriate customer identification documentation to confirm the identify of all individuals/ investors with this application to meet my obligations in respect of the Anti-Money Laundering and Counter Terrorism Financing Act 2006 ('AML/CTF laws') and agree to provide access to these records as required

☐ Collected and verified the appropriate customer identification documentation to confirm the identity of all individuals/investors with this application to meet my obligations in respect of the AML/CTF laws and have attached the copy of source documents for reference only

☐ I have not completed the AML/CTF checks on this/these client/s. I have completed the identification form included in this application form and attached the certified copy of the source documents.

In addition, as the Investors' financial adviser, I warrant and represent to Evolution Trustees that I, where applicable:

- If I have signed this application form on behalf of my client(s), I have attached the certified copy of the Power of Attorney verifying my authority to do so;
- have followed and complied with GN 24 and any other applicable AML/CTF laws in identifying and verifying all individuals/investors with this application;
- will continue to comply with GN 24;
- will provide, upon request, original identification and verification records and details of the identification procedures adopted;
- have kept a record of the investor's identification and verification and will retain these for a period of seven years after the investor/ adviser relationship has ended;
- will if requested update and re-verify the investor and provide any other additional information regarding the investor;
- will not knowingly do anything to cause Evolution Trustees to breach AML/CTF laws and will notify Evolution Trustees if I become aware of anything that would cause Evolution Trustees to breach AML/CTF laws; and
- confirm that the details provided in any identification and verification records are true and correct

Financial Adviser Name (if a new adviser, attached a copy of your employee/representative authority

Given Names | Surnames

Residential address

Suburb | State | Postcode | Country

Email

Mobile number | Telephone number

Signature of Financial Adviser

Date

DEALER DETAILS

Dealer name

Dealer number (if applicable)

Contact person

AFSL | ABN

Postal Address

Suburb | State | Postcode | Country

Email

Mobile number | Office Telephone number

Dealer Stamp (if applicable)

Signature of Financial Adviser

Date

Financial Adviser Access to Investor Information (Investor to complete)

Please tick the box below if you wish your financial adviser to have access to information and/or to receive copies of all transaction confirmations. If no election is made, access to information and/or copies of transaction confirmations will not be provided to your financial adviser.

☐ Please provide access to information and send copies of all transaction confirmations to my/our financial adviser. You may change your election at any time by contacting the Issuer.

ADDITIONAL INVESTMENT FORM – ACORN CAPITAL NEXTGEN RESOURCES FUND

Additional Investment Form for Existing Investors

Please use this form if you are already an investor in the Acorn Capital NextGen Resources Fund and wish to make an additional investment. New investors should go to page 2 of the Application Form.

INVESTOR DETAILS

Number

Name

Company/Fund/Super Fund name

ADDITIONAL INVESTMENT DETAILS

Electronic Funds Transfer or Direct Deposit

Bank:	St George Bank
Account Name:	Boardroom Pty Limited itf Acorn NGR – Application A/C
BSB:	332-027
Account number:	556094268
Reference:	'Investor surname/company or trust'

Amount: AUD $

Date of Transfer

Reference used

By signing this form, I/we:

- declare that I/we have read and understand the current (and any Supplementary) PDS for the relevant fund(s);
- declare that all details provided in this request form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- (If signing under power of attorney) declare that I/we have not received notice of revocation of that power;
- acknowledge and agree to be bound by the declarations and conditions provided by me/us as outlined in the relevant Application Form;
- acknowledge that investments in the fund(s) are subject to investment risk. For further information on the risks associated with the fund(s) please refer to the relevant PDS.

Signature 1	Signature 2
Full name	Full name
Date	Date

Tick capacity (mandatory for companies):

- ☐ Sole Director and Company Secretary
- ☐ Director
- ☐ Secretary

Tick capacity (mandatory for companies):

- ☐ Sole Director and Company Secretary
- ☐ Director
- ☐ Secretary

Company Seal (if applicable)

- Joint applicants must both sign;
- Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company, details of which appear in Section 3.1; or
- For trust/superannuation fund applications each individual trustee must sign.

10 FINANCIAL ADVISER DETAILS AND CUSTOMER IDENTIFICATION DECLARATION

CUSTOMER IDENTIFICATION DECLARATION (Financial Adviser to complete)

I confirm that I have completed an appropriate Customer Identification Procedure (CID) on this investor and/or the beneficial owners which meets the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act).

Please select the relevant option below:

☐ I have attached the verification documents that were used to perform the CID for this investor and/or the beneficial owners; OR

☐ I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide them to the Issuer or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act I will forward them to the Issuer.

I agree to provide the Issuer or its agents with any other information that they may require to support this Application.

Financial Adviser Name (if a new adviser, attached a copy of your employee/representative authority

Given Names	Surnames
Residential address	
Suburb	State / Postcode / Country
Email	
Mobile number	Telephone number