



ACORN CAPITAL NEXTGEN RESOURCES FUND APPLICATION FORM

—
2020

GUIDE TO THIS APPLICATION FORM

This Application Form has been prepared by Acorn Capital Limited ACN 082 694 531, AFS License No. 227605 (**Trustee**) in its capacity as trustee for the Acorn Capital NextGen Resources Fund (**Fund**). This Application Form is for Units in the Fund and accompanies the Information Memorandum (**IM**) published on 14 September 2020. You must read the entire IM and seek independent investment and tax advice before making any decision to invest in the Trust. By submitting this Application Form, you acknowledge that you have read and understood the entire IM.

Instructions

Please consider the following when completing this Application Form:

- Complete all application sections in this Application Form;
- Use ONE Application Form for each investing entity. If you are investing as Joint Individuals, please only use ONE Application Form;
- Each Application Form will require supporting Anti-Money Laundering and Counter-Terrorism Financing (**AML/CTF**) Verification Documentation. The required AML/CTF Verification Documentation for each investment vehicle will be advised at the end of each section of this Application Form;
- All copies of the AML/CTF Verification Documentation and Identification (**ID**) Documentation must be current, clear and certified. If you provide an original ID to a staff member of the Trustee, they will be able to verify your ID and certification is not required;
- Ensure the Declaration of this Application Form is signed and dated by Authorised Signatories as indicated in Section G.2. If there is more than one Individual or Director, then the Trustee requires at least two signatures;
- Incomplete Application Forms and unclear/uncertified (where relevant) AML/CTF Verification Documentation will not be accepted.

Submission

Please note that your investment allocation will not be confirmed until your Application Form and supporting Verification Documentation is submitted to the Trustee in a satisfactory manner.

Please email your completed Application Form and supporting AML/CTF Verification Documentation to:
info@acorncapital.com.au.

We can assist you with the application process by pre-populating the content of your Application Form. Please note that if you choose this option we will use standard email to send you the pre-populated documentation (which may include your name, contact details, date of birth and tax file number). We are unable to guarantee the security of information sent by email and, to the extent permitted by law, will not be responsible for any unauthorised access and use of such information. If you are concerned about this, please contact us and we can arrange a suitable alternative with you.

It is our preference to receive your Application Form documentation by email. However, if you post your Application Form documentation to our office, we will return those documents to you by post once your Application Form has been reviewed and finalised, except for your Application Form. We also have a secure disposal and recycling service on offer for your AML-CTF Verification Documentation if requested.

Please note, if this is your first time investing with us, please also post your original and completed Application Form to our office: c/- Acorn Capital Limited, Level 12, 90 Collins Street, Melbourne VIC 3000.

Please feel free to contact our Investor Services Team on (03) 9639 0522 if you have any questions about this Application process.

Privacy Statement

By completing the Application Form to apply for Units in the Fund you are providing personal information to the Trustee. For purposes related to processing your application, such as identity and eligibility verification in compliance with AML/CTF regulation, the Trustee may also collect information about you from third party and public sources. The *Privacy Act 1988* (Cth) (**Privacy Act**) regulates the way we collect, use, dispose, keep, secure and give people access to your personal information. We are committed to managing and only using personal information in ways that comply with the Privacy Act. As a result, we will apply the Australian Privacy Principles in respect of all the information you provide by submitting the Application for investment in the Fund and any related information about you we may collect from third party or public sources. The information we obtain from and about you is used to evaluate your Application for Units, as well as to issue and manage your unit holding in the Fund. Your personal information may also be provided to other persons to enable the Trustee to provide these services to you or to persons that you authorise to act on your behalf in relation to your investment. In addition to reporting to you about your investment in the Fund we may use your contact details to let you know on an ongoing basis about other investment opportunities unless you opt out or we are prevented by law.

Our Privacy Policy is available at www.acorncapital.com.au. You acknowledge that you have read the Privacy Policy and voluntarily consent to:

- The Trustee collecting (including from a third party) and storing personal information about you in accordance with the Privacy Policy.
- The Trustee using personal information about you in accordance with the Privacy Policy.
- The Trustee disclosing personal information about you in accordance with the Privacy Policy.
- Any monitoring of your online activity that the Trustee undertakes in the course of providing you with its products and services.

You are under no obligation to provide personal information requested by the Trustee. However, without certain information, the Trustee may be unable to assess whether to provide its products and/or services to you or a commercial entity with which you are connected.

Please contact our office if any of your personal details change.

Eligible Investors

The Trustee 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, we require 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(s).

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.

Eligible Entities for this Application Form

This Application Form is appropriate for the following types of entities:

- Individual/Sole Trader/Joint Individuals;
- Companies (Australian domestic unlisted, foreign companies registered and not registered with ASIC);
- Trusts, Superannuation Funds, and Foundations with non-exempt Trustees. Non-exempt Trustees are Trustees of all Trusts, with the following exceptions:
 1. a managed investment scheme registered by ASIC;
 2. a managed investment scheme that is not registered by ASIC and that:
 - a. only has wholesale customers; and
 - b. does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies;
 3. a Trust registered with and subject to the regulatory oversight of a commonwealth statutory regulator in relation to its activities as a trust; or
 4. a government Superannuation Fund established by legislation.

If you are investing through an entity that is not listed above (e.g. associations, partnerships, government bodies or a Trust/Superannuation Fund/Foundation with an exempt trustee), please contact our office for the appropriate Application Form.

Anti-Money Laundering & Counter-Terrorism Financing Act 2006

The Trustee is required to comply with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (**AML/CTF Act**). The AML/CTF Act applies to all monies raised for investments into Australian managed investment schemes. Accordingly, the Trustee must obtain information and documentation from investors in order to fulfil its compliance obligations under the AML/CTF Act. In this Application Form, the Trustee requests that investors provide identification information to support an Application for Units in the Trust. Additional information may also be requested to meet our legislative obligations.

The Trustee reserves the right to refuse Applications from investors where identification information is not supplied or is insufficient. To comply with AML/CTF laws we require you to disclose whether you (or any of your beneficial owners) are, or have an association with, a Politically Exposed Person ('PEP'). A PEP means 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 consider to be a PEP. Where you identify as, or have an association with, a PEP, we may request additional information from you.

Foreign Citizens and Tax Residents

Under Australian legislation, Australian banks and other financial institutions must report information to Australia's Commissioner of Taxation (**Commissioner**) about financial accounts held by foreign tax residents; that is, citizens or tax residents of a foreign jurisdiction. These obligations are based on the Common Reporting Standard (**CRS**), which is a standardised automatic exchange model developed by the OECD and implemented in Australia, and the inter-governmental agreement between Australia and the United States called the *Foreign Account Tax Compliance Act* (**FATCA**).

Both the CRS and FATCA require the Trustee to lodge a report with the Commissioner containing certain account information of certain investors who are foreign tax residents. The Commissioner will exchange certain taxpayer account information with the participating tax authorities of those foreign tax residents.

In order to meet these requirements, the Trustee will undertake due diligence procedures and request any tax identification numbers of investors in order to identify financial accounts that have a foreign tax resident account holder from a participating jurisdiction.

For further information on either FATCA or CRS, please visit the ATO website or contact our Investor Services Team on (03) 9639 0522.

Certification of Documents

Persons who can certify documents are listed below:

- 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.
- A Justice of the Peace.
- A notary public (for the purposes of the Statutory Declaration Regulations 1993).
- A police officer.
- A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants.

Please contact our office for a full list of persons who can certify documents.

A INVESTMENT DETAILS

A.1 Investing Entity

Please select your type of investing entity and complete the relevant sections indicated below:

☐ As an individual/Sole Trader/Joint Individuals

☐ As a Company

| Please complete sections: | | Page |
|---------------------------|----------------------------|-------|
| <input type="checkbox"/> | A Investment Details | 4-5 |
| <input type="checkbox"/> | B Individual #1 | 5-7 |
| <input type="checkbox"/> | C Individual #2 (if joint) | 7-8 |
| <input type="checkbox"/> | F Contact Person(s) | 16 |
| <input type="checkbox"/> | G Declaration | 17-18 |

| Please complete sections: | | Page |
|---------------------------|----------------------|-------|
| <input type="checkbox"/> | A Investment Details | 4 |
| <input type="checkbox"/> | D Company | 9-13 |
| <input type="checkbox"/> | F Contact Person(s) | 16 |
| <input type="checkbox"/> | G Declaration | 17-18 |

As an Trust, Super Fund or Foundation:

☐ with an Individual(s) as Trustee

With a Company as Trustee

☐ with a Company as Trustee

| Please complete sections: | | Page |
|---------------------------|-----------------------------------|-------|
| <input type="checkbox"/> | A Investment Details | 4-5 |
| <input type="checkbox"/> | B Individual #1 | 5-7 |
| <input type="checkbox"/> | C Individual #2 (if joint) | 7-8 |
| <input type="checkbox"/> | E Trust, Super Fund or Foundation | 14-15 |
| <input type="checkbox"/> | F Contact Person(s) | 16 |
| <input type="checkbox"/> | G Declaration | 17-18 |

| Please complete sections: | | Page |
|---------------------------|-----------------------------------|-------|
| <input type="checkbox"/> | A Investment Details | 4-5 |
| <input type="checkbox"/> | D Company | 6-8 |
| <input type="checkbox"/> | E Trust, Super Fund or Foundation | 14-15 |
| <input type="checkbox"/> | F Contact Person(s) | 16 |
| <input type="checkbox"/> | G Declaration | 17-18 |

A.2 Investment Amount

Legal Name of Investing Entity: _____

I/We irrevocably apply for Units in the Fund for the amount of AU\$ _____

NOTE: The minimum investment amount is AU\$50,000.

A.3 Payment of Investment Amount

Upon acceptance of your application we will provide you with our EFT details
Please confirm the email address for us to send these to:

A.4 Payment of Investment Amount

Please provide your bank account details for payments from the Fund:

For Australian Accounts

Account Name: _____

Bank: _____ BSB: _____ Account Number: _____

For Foreign Accounts

Account Name: _____

Bank: _____ Branch: _____

Account Number/IBAN: _____ SWIFT/BIC: _____

NOTE: All payments will be made in Australian dollars. Any costs associated with foreign currency conversion will be borne by the applicant.

A.5 Source of Funds

Please select the source and origin of funds being invested:

☐ Savings ☐ Operating Business(Please specify industry): _____

☐ Investments ☐ Sale of Assets (Please specify type): _____

☐ Inheritance ☐ Other (Please specify): _____

B INDIVIDUAL #1

B.1 Personal Details

Title: _____ Name: _____

D.O.B: ____/____/____ Gender: ☐ Male ☐ Female Occupation: _____

Residential Address: _____

Postcode: _____

Home or Work no: _____ Mobile: _____

Email: _____

B INDIVIDUAL #1

B.2 Tax Status

Please select ONE of the following options:

- ☐ My Australian Tax File Number (TFN) is: _____ ☐ I am exempt from quoting a TFN
- ☐ My TFN is not applicable as I act as Trustee: _____ ☐ I do not have a TFN as I am not an Australian citizen or resident for tax purposes
- ☐ My TFN is not applicable. Reason: _____

NOTE: If you choose not to quote your TFN or claim an exemption, the Trustee is required to deduct tax on any income distributed at the prescribed rate. Note that at the date of this Application Form, the prescribed rate is the highest marginal tax rate plus the Medicare levy.

Is this person a U.S. Citizen or Tax Resident of a foreign jurisdiction (including the U.S.)?

- ☐ No
- ☐ Yes. Please complete the following:

Please complete below ONLY if you are a citizen of a foreign country or are a non-resident for Australian tax purposes:

Country of Residence: _____ Country of Birth:: _____

Tax Identification Number issued by the relevant foreign registration body: _____

B.3 Sole Trader (please complete ONLY if individual is applying as a sole trader)

Business Name: _____ ABN: _____

Business Address: _____ Postcode: _____

B.4 Verification Documentation

VERIFICATION OF IDENTITY

We require Identification Documentation (**ID**) that is current, clear and is acceptable as a certified copy or as an original, in English or accompanied by an accredited translation.

Option A Please provide ONE Primary Photographic ID:

- ☐ Australian Driver's Licence (capturing the front and back of the licence);
- ☐ ID Card issued by an Australian State or Territory; or
- ☐ Australian Passport or Foreign Passport or similar travel document (containing a signature).

B INDIVIDUAL #1

Option B Please provide ONE Non Photographic Primary ID:

- ☐ A birth certificate or birth extract issued by an Australian State or Territory, a foreign government or the United Nations or an agency of the United Nations; or
- ☐ A citizenship certificate issued by the Commonwealth or a foreign government.

AND, please provide ONE Secondary ID (including full name, residential address and dated within the last 12 months):

- ☐ A notice issued by a utility provider (e.g. rates notice, gas, water, electricity or phone); or
- ☐ A notice issued by a Bank or financial institution (e.g. bank statement, superannuation statement); or
- ☐ A notice issued by ATO recording a debt payable to or by the Individual (e.g. tax assessment, PAYG).

VERIFICATION OF SOLE TRADERS

- ☐ Please provide a copy of the ASIC extract for the business confirming:
- the full name of the business
 - The business address

AML/CTF CERTIFICATION

Is the person a Politically Exposed Person? _____

C INDIVIDUAL #2 (if joint individuals)

C.1 Personal Details

Title: _____ Name: _____

D.O.B: ____/____/____ Gender: ☐ Male ☐ Female Occupation: _____

Residential Address: _____ Postcode: _____

Home or Work no: _____ Mobile: _____

Email: _____

Is the person a Politically Exposed Person? _____

C.2 Tax Status

Please select ONE of the following options:

- ☐ My Australian Tax File Number (TFN) is: _____
- ☐ I am exempt from quoting a TFN Reason: _____
- ☐ My TFN is not applicable as I act as Trustee:
- ☐ I do not have a TFN as I am not an Australian citizen or resident for tax purposes
- ☐ My TFN is not applicable. Reason: _____

NOTE: If you choose not to quote your TFN or claim an exemption, the Trustee is required to deduct tax on any income distributed at the prescribed rate. Note that at the date of this Application Form, the prescribed rate is the highest marginal tax rate plus the Medicare levy.

Is this person a U.S. Citizen or Tax Resident of a foreign jurisdiction (including the U.S.)?

☐ No

☐ Yes. Please complete the following:

C INDIVIDUAL #2 (if joint individuals)

Please complete below ONLY if you are a citizen of a foreign country or are a non-resident for Australian tax purposes:

Country of Residence: _____ Country of Birth:: _____

Tax Identification Number issued by the relevant foreign registration body: _____

C.3 Verification Documentation

VERIFICATION OF IDENTITY

We require Identification Documentation (**ID**) that is current, clear and is acceptable as a certified copy or as an original, in English or accompanied by an accredited translation.

Option A Please provide ONE Primary Photographic ID:

- ☐ Australian Driver's Licence (capturing the front and back of the licence);
- ☐ ID Card issued by an Australian State or Territory; or
- ☐ Australian Passport or Foreign Passport or similar travel document (containing a signature).

Option B Please provide ONE Primary Non Photographic ID:

- ☐ A birth certificate or birth extract issued by an Australian State or Territory, a foreign government or the United Nations or an agency of the United Nations; or
- ☐ A citizenship certificate issued by the Commonwealth or a foreign government.

AND, please provide ONE Secondary ID (including full name, residential address and dated within the last 12 months)

- ☐ A notice issued by a utility provider (e.g. rates notice, gas, water, electricity or phone); or
- ☐ A notice issued by a Bank or financial institution (e.g. bank statement, superannuation statement); or
- ☐ A notice issued by ATO recording a debt payable to or by the Individual (e.g. tax assessment, PAYG).

| D | COMPANY |
|--|-----------------|
| D.1 | Company Details |
| <p>Company Name: _____</p> <p>Registered Address: _____</p> <p>_____ Postcode: _____</p> <p>Principal Place of Business (if different from above): _____</p> <p>_____ Postcode: _____</p> <p><u>For Australian Companies</u></p> <p>Is this Company registered with ASIC as a:</p> <p><input type="checkbox"/> Proprietary Company</p> <p><input type="checkbox"/> Public Company or other (please contact our office for the appropriate Application Form)</p> <p>ACN: _____</p> | |
| D | COMPANY |
| <p><u>For Foreign Companies</u></p> <p>Country in which the Company was established, incorporated or registered: _____</p> <p>Please select ONE of the following:</p> <p><input type="checkbox"/> This Company is registered with ASIC and the Australian Registered Body Number (ARBN) is: _____</p> <p><input type="checkbox"/> This Company is registered with a foreign registration body. Please provide the following:</p> <p>Name of Registration Body: _____</p> <p>Identification number issued to your Company by the registration body: _____</p> <p>Is the Company registered as:</p> <p><input type="checkbox"/> Proprietary Company</p> <p><input type="checkbox"/> Public Company or other (please contact our office for the appropriate Application Form)</p> <p><input type="checkbox"/> Other _____</p> <p>If this Foreign Company has a local agent, please provide the following:</p> <p>Name of local agent: _____</p> <p>Address of Local Agent: _____</p> <p>_____ Postcode: _____</p> | |

D.2 FATCA + CRS

The question below relates to the company indicated in section D.1. The Company is either investing in its own capacity or acting as a Corporate Trustee. If the Company is generating income in its own capacity, please select "Yes" or "No". If the company is only acting Trustee and does not generate income in its own capacity, please select "Not applicable".

Please consider whether the Company derives more than 50% of its gross income from investment activities (e.g. rent, interest and dividends) OR whether more than 50% of its assets or products are held to produce passive investment income:

- ☐ Yes.
- ☐ No. Please describe how the Company generates its income: _____
- ☐ Not applicable, this Company acts as trustee and does not generate any income in its own capacity

D.3 Tax Status

For Australian Companies

Please select ONE of the following options for the Company indicated in Section D.1:

- ☐ The Company's Tax File Number (TFN) is: _____
- ☐ Company is exempt from quoting a TFN. Reason: _____
- ☐ The Company's TFN is not applicable. Reason: _____
- ☐ The Company's TFN is not applicable as it acts as Trustee
- ☐ The Company Director/s do not wish to quote the Company's TFN

NOTE: This question relates to the Company indicated in Section D.1. If you choose not to quote the Company's TFN or claim an exemption, the Trustee is required to deduct tax on income distributed or interest paid at the prescribed rate plus the date of this Application Form, the prescribed rate is the highest marginal tax rate plus the Medicare Levy.

For Foreign Companies

This Company is a:

- ☐ United States Company; or
- ☐ Another Foreign Company. Please specify country: _____

Tax Identification Number (TIN) issued by the relevant foreign registration body: _____

D.4 Directors

Please provide the full name of all Directors of the Company:

Director #1: _____ Director #2: _____

Director #3: _____ Director #4: _____

Director #5: _____ Director #6: _____

NOTE: If there are more Directors than space provided, please print this page again, complete and attach to the Application Form.

D.5 Company Beneficial Owners/Shareholders

A Beneficial Owner is defined as a natural person(s) who ultimately owns or controls (directly or indirectly) the Company listed in Section D.1.

Ownership for the purposes of determining a Beneficial Owner means owning 25% or more of the Company listed in Section D.1.

Please provide the name and details of EACH beneficial owner/shareholder that holds 25% or more of issued capital in the Company listed in Section D.1.

D.5.1 Beneficial Owner of Company in Section D.1

Please provide the full name, residential address (PO Box not accepted) and tax status of EACH beneficial owner who is a Natural Person and who holds 25% or more of issued capital in the Company listed in D.1.

Please also note if any of the persons listed below are a Politically Exposed Person ('PEP'), being:

- 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; or
- an immediate family member of a person referred to above, including spouse, de facto partner, child, and a child's spouse or a parent; or
- a close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity.

Where any of the persons listed above identify as, or have an association with, a PEP, we may request additional information from you.

Beneficial Owner #1

Name: _____ D.O.B: ____ / ____ / ____

Residential Address: _____

Postcode: _____

Is this person a U.S. citizen or tax resident of any foreign country (including the U.S.)?

☐ No. ☐ Yes. Please provide your tax identification number provided by the relevant foreign body: _____

Country of tax residence: _____ Country of Birth: _____

Politically Exposed Person? _____

Beneficial Owner #2

Name: _____ D.O.B: ____ / ____ / ____

Residential Address: _____

Postcode: _____

Is this person a U.S. citizen or tax resident of any foreign country (including the U.S.)?

☐ No. ☐ Yes. Please provide your tax identification number provided by the relevant foreign body: _____

Country of tax residence: _____ Country of Birth: _____

Politically Exposed Person? _____

Beneficial Owner #3

Name: _____ D.O.B: ____ / ____ / ____

Residential Address: _____
 _____ Postcode: _____

Is this person a U.S. citizen or tax resident of any foreign country (including the U.S.)?

☐ No. ☐ Yes. Please provide your tax identification number provided by the relevant foreign body: _____

Country of tax residence: _____ Country of Birth: _____

Politically Exposed Person? _____

Beneficial Owner #4

Name: _____ D.O.B: ____/____/____

Residential Address: _____
 _____ Postcode: _____

Is this person a U.S. citizen or tax resident of any foreign country (including the U.S.)?

☐ No. ☐ Yes. Please provide your tax identification number provided by the relevant foreign body: _____

Country of tax residence: _____ Country of Birth: _____

Politically Exposed Person? _____

D.6 Verification Documentation (Company)

VERIFICATION OF BENEFICIAL OWNERS

We require Identification Documentation (**ID**) of each Beneficial Owner that is current, clear and is acceptable as a certified copy or as an original, in English or accompanied by an accredited translation.

Option A Please provide ONE Primary Photographic ID:

- ☐ Australian Driver's Licence (capturing the front and back of the licence);
- ☐ ID Card issued by an Australian State or Territory; or
- ☐ Australian Passport or Foreign Passport or similar travel document (containing a signature).

Option B Please provide ONE Primary Non-Photographic ID:

- ☐ A birth certificate or birth extract issued by an Australian State or Territory, a foreign government or the United Nations or an agency of the United Nations; or
- ☐ A citizenship certificate issued by the Commonwealth or a foreign government.

AND, please provide ONE Secondary ID (including full name, residential address and dated within the last 12 months)

- ☐ A notice issued by a utility provider (e.g. rates notice, gas, water, electricity or phone); or
- ☐ A notice issued by a Bank or financial institution (e.g. bank statement, superannuation statement); or
- ☐ A notice issued by ATO recording a debt payable to or by the Individual (e.g. tax assessment, PAYG).

All companies are required to provide a Company statement for verification of information. Please ensure that all the details listed on this application are consistent with the details of the Company statement:

For Australian Companies

- ☐ Please provide an ASIC Company Extract confirming:
- The full name of the Company
 - The ACN
 - The registration as a proprietary or public company

For Foreign Companies Registered with ASIC

- ☐ Please provide an ASIC Company Extract or Certificate of Registration of a Foreign Company confirming:
- The full name of the Company
 - The ARBN
 - Whether the Company is also registered by the relevant foreign registration body and if it is registered as a private or public company

For Foreign Companies Not Registered with ASIC

- ☐ Please provide a copy of the Company's details either by letter, email or web based search from the relevant foreign registration body confirming:
- The full name of the Company
 - Whether the Company is registered by the relevant foreign registration body and if so:
 - The identification number issued by the relevant foreign registration body
 - If the company is registered as a public or private company

E TRUST, SUPERANNUATION FUND or FOUNDATION

E.1 Trust Details

Name of Trust: _____

Type of Trust: ☐ Unit Trust ☐ Testamentary Trust ☐ Family Trust ☐ Foundation

☐ Super Fund (incl. self-managed). Is this an Australian Regulated Super Fund? ☐ Yes ☐ No

☐ Other: _____

Please provide the name of the settlor of the Trust: _____, unless:

☐ Not Applicable, as settlor's contribution was less than \$10,000

☐ Not Applicable, as settlor is deceased

Country in which the Trust was established: _____

The Trustee of this Trust is:

☐ An individual(s). Please also complete Section B & C (if joint) of the Application Form

☐ A Company. Please also complete Section D of this Application Form

NOTE: This Application Form only relates to non-exempt Trustees (see Guide to Application Form).

E.2 Trust Beneficiaries and Members

Please provide the full name of each beneficiary specified under the Trust (whether a Natural Person, Trust or Company):

Name #1: _____ Name #2: _____

Name #3: _____ Name #4: _____

Name #5: _____ Name #6: _____

NOTE: If a Trust or Company is identified as a beneficiary, the Trustee may request additional information about the ultimate beneficiary or may request further verification documentation. If there are more specified beneficiaries than space provided, please print this page again, complete and attach to the Application Form.

If the name of the beneficiary is not specified under the Trust, please provide a description of the class of beneficiary:

Are any of the beneficiaries or members a U.S. citizen or tax resident of a foreign country (including the U.S.)?

☐ No.

☐ Yes.

Name: _____ Name: _____

Name: _____ Name: _____

| | |
|------------|---|
| E | TRUST, SUPERANNUATION FUND or FOUNDATION |
| E.3 | Tax Status |

For Australian Trusts

Please select ONE of the following options for the Trust:

- ☐ The Trust's Tax File Number (TFN) is: _____
- ☐ The Trust is exempt from quoting a TFN. Reason: _____
- ☐ The Trust's TFN is not applicable. Reason: _____
- ☐ I/We do not wish to quote the Trust's TFN

NOTE: If you choose not to quote the Company's TFN or claim an exemption, the Trustee is required to deduct tax on income distributed or interest paid at the prescribed rate. Note that at the date of this Application Form, the prescribed rate is the highest marginal tax rate plus the Medicare Levy.

For Foreign Trusts

Tax identification number issued by the relevant foreign registration body: _____

| | |
|------------|-------------------|
| E.4 | Tax Status |
|------------|-------------------|

Verification of Trust

☐ Please provide a certified copy of the Trust Deed confirming:

- The full name of the trust
- The full name of the settlor (unless the settlor's contribution was less than \$10,000 or the settlor is deceased)

| | |
|------------|------------------------|
| F | CONTACT PERSONS |
| F.1 | Primary Contact |

I am: ☐ Individual #1 ☐ Individual #2 ☐ a Director ☐ an Advisor/Wealth Manager ☐ Other: _____

Title: _____ Name: _____

Company (if applicable): _____

Postal Address: _____

Postcode: _____

Home or Work no: _____ Mobile: _____

Email: _____

F CONTACT PERSONS

F.2 Secondary Contact (optional)

I am: ☐ Individual #1 ☐ Individual #2 ☐ a Director ☐ an Advisor/Wealth Manager ☐ Other: _____
 Title: _____ Name: _____
 Company (if applicable): _____
 Postal Address: _____
 Postcode: _____
 Home or Work no: _____ Mobile: _____
 Email: _____

F.3 Third Contact (optional)

I am: ☐ Individual #1 ☐ Individual #2 ☐ a Director ☐ an Advisor/Wealth Manager ☐ Other: _____
 Title: _____ Name: _____
 Company (if applicable): _____
 Postal Address: _____
 Postcode: _____
 Home or Work no: _____ Mobile: _____
 Email: _____

F.4 Fourth Contact (optional)

I am: ☐ Individual #1 ☐ Individual #2 ☐ a Director ☐ an Advisor/Wealth Manager ☐ Other: _____
 Title: _____ Name: _____
 Company (if applicable): _____
 Postal Address: _____
 Postcode: _____
 Home or Work no: _____ Mobile: _____
 Email: _____

G FINANCIAL ADVISER

By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser / authorised representative / agent access to your account information unless you indicate otherwise by ticking the box below.

G.1 Financial Adviser

Name of Adviser:

AFSL Number:

Dealer Group:

Name of Advisory Group:

Email address:

G.2 Access to Information

Unless you elect otherwise, your financial adviser will be provided access to your account information or receive copies of statements and transaction confirmations

- ☐ Please tick this box if you **DO NOT** want your 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 adviser.

H DECLARATION

H.1 Terms

By investing in the Fund (Trust) you declare and agree that:

- You have read and understood the Information Memorandum dated 14 September 2020 to which this Application Form relates;
- You have read and understood this Application Form, including the Privacy Statement;
- the Trustee is required to comply with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act) and accordingly:
 - You have provided the Trustee with the information required in this Application Form and additional information or documentation that the Trustee may have requested from you (including personal information, any beneficial interest in the Trust, or the source of funds) otherwise your Application for funding may be refused. The Trustee will not be liable for any loss arising as a result thereof;
 - The Trustee may be required to take action, including delaying or refusing the processing of your Application, or disclosing information that is held about you (or any holder of a beneficial interest in the trust) to the Trustee's related bodies corporate or service providers, or relevant regulators of the AML/CTF Act;
- you will be bound by the Trust Deed pursuant to which the Trust is established (as amended from time to time);
- the Trustee reserves the right to accept or refuse Applications for funding at its absolute discretion;
- none of the Trustee or its Directors or associates guarantees the repayment of capital or the performance of the Fund;
- you have not relied on statements or representations made by any person, other than those made in the IM to which this Application Form attaches;
- the Application Form is binding and irrevocable and no cooling off period applies;
- the Trustee can obtain, use and disclose the personal information provided in, or collected in relation to, this Application Form in accordance with the above Privacy Statement and our Privacy Policy at www.acorncapital.com.au

The Applicant(s) also warrant and acknowledge that:

- this Application Form will be executed as a deed;
- all the information given in this Application Form is true and correct at the time of its execution and submission;
- the Trustee may have assisted by pre-populating content within this Application Form based on information provided by myself and/or by my agents. In this case, I/we confirm this pre-populated content has been reviewed, and where necessary have advised the Trustee of the relevant changes prior to signing. I/we confirm all information contained within this Application Form is accurate, true and correct at the time of its signing and submission; any money you invest in the Trust is not derived from or related to any criminal activities;
- any proceeds from your investment in the Trust will not be used in relation to any criminal activities;
- you have had the opportunity to seek independent professional advice on applying for funding to the Trust;
- you are a "wholesale client(s)" as those terms are defined in the *Corporations Act 2001* (Cth) and where necessary the relevant information has been provided to confirm this;
- if investing as a Trustee on behalf of a Superannuation Fund or Trust, you confirm that you are acting in accordance with your designated powers and authority under the Trust Constitution. In the case of a self-managed Superannuation Fund, you also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993;
- you agree to pay the fees and costs disclosed in the IM to which this Application Form attaches;
- you hold the appropriate authorisations to become an investor in the Trust and that offer cannot be revoked;
- the contact person(s) listed in Section F can access your personal information and receive related correspondence (on your behalf);
- you agree to the Trustee communicating electronically with the nominated contact person(s) listed in Section F (unless advised otherwise).

H.2

Signature(s)

Executed as a deed

Signed sealed and delivered by:

Signed sealed and delivered by:

Authorised Signature #1

Authorised Signature #2

Signature: _____

Signature: _____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Name: _____

Name: _____

- ☐ Individual #1 / Individual #1 as Trustee
- ☐ Director #1 / Director #1 of Corporate Trustee

- ☐ Individual #2 / Individual #2 as Trustee
- ☐ Director #2 / Director #2 of Corporate Trustee
- ☐ Company Secretary
- ☐ Not applicable, as there is only ONE Individual or Director

Please ensure that the Declaration is signed and dated.
If there is more than one Individual or Director, the Trustee requires at least two signatures.