

RF Eclipse Select Credit Fund

Application Form

This Application Form accompanies the Product Disclosure Statement dated 19 December 2019 (**PDS**) issued by RF Eclipse Limited (**RF Eclipse, Responsible Entity**) in its capacity as responsible entity of the RF Eclipse Select Credit Fund ARSN 090 994 326 (**Fund**).

It is important that you read the PDS in full and the declarations and acknowledgements contained in Part 9 of this Application Form before applying for membership of the Fund.

A person who gives to another person access to this Application Form must at the same time and by the same means give the other person access to the PDS.

RF Eclipse (or the financial adviser who has provided this form to you) will send a paper copy of the PDS (together with any other supplementary product disclosure statements) to you on request and without charge.

Unless the context requires otherwise, all capitalised words in this Application Form have the meaning given to them in the PDS.

Application for membership of the Fund is only considered on receipt of:

- this fully completed Application Form;
- verification of the applicant's identity and any beneficial owner's identity; and
- payment in full in cleared funds.

To invest in a mortgage investment, please sign the acceptance form that accompanies the relevant Syndicate PDS.

Minimum and additional investments

The minimum initial investment in the Fund is \$10,000 and the minimum additional investment is \$5,000. If you are an existing investor and wish to make an additional investment, please complete the Additional Investment Form on the website at www.rfecclipse.com. For a paper copy please contact Investor Relations on 02 9954 2211.

If investing via a Financial Adviser

Please ensure both you and your financial adviser also complete Part 11 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 has agreed to make it available upon request, under Part 11 of this Application Form.

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

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

*Please post completed application forms and all supporting documentation to:
RF Eclipse Limited, PO Box R1297, Royal Exchange NSW 1225.*

Questions? If none of the above categories is applicable to you, or you have other questions relating to this Application Form, please contact Investor Relations on 02 9954 2211 during business hours.

Part 1. Investment Details

I/We apply to invest in the RF Eclipse Select Credit Fund.
(Minimum Initial Investment is \$10,000.00)

Amount AUD \$

Please tick the box beside your chosen payment method and complete the required details.

Cheque payable to RF Eclipse Select Credit Fund

Electronic Funds Transfer or Direct Deposit

Bank	Commonwealth Bank of Australia		
Account name	RF Eclipse Limited		
BSB	062 217	Account number	1028 5206
Date of transfer	Reference used		

1.1. Source of Investment Funds

Please identify the source of your investable assets or wealth.

Mark box which best describes

Gainful employment	Inheritance / gift	Business activities
Superannuation savings	Financial investments	
Other – please specify		

1.2. What is the purpose of this investment?

Mark box which best describes

Savings	Growth	Income
Retirement	Business account	
Other – please specify		

1.3. Investment preferences

Please identify your investment preferences.

Mark any/all boxes that apply

Maximum allocation per Mortgage Investment	\$	total	OR
		%	of the Mortgage Investment

Security property location – State / Territory

Sydney CBD	NSW	ACT
VIC	QLD	Australia

Security property location – Type

Metropolitan	Regional
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Mortgage Investment Term

1 – 12 months	1 – 2 years	2 – 3 years
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Maximum Loan to Value Ratio (LVR)

50% or less	60% or less	Up to 65%
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1.3 Investment preferences continued

Mortgage Investment type		
Construction Loan	Investment Loan	Unimproved Land Loan
Any of the below	Any of the below	Any of the below
Residential	Residential	Residential
Industrial	Commercial	Commercial
Mixed use	Industrial	Industrial
Retail		
Office	Vacant land	
Second mortgages		

Part 2. Individual / Joint Investors / Sole Traders / Individual Trustees

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

2.1. Investor Details

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

Investor 1		Investor 2	
Given name/s		Given name/s	
Surname		Surname	
Date of birth		Date of birth	
Tax File Number		Tax File Number	
Country of Residence for Tax Purposes		Country of Residence for Tax Purposes	
Contact number – mobile		Contact number – mobile	
Contact number – telephone		Contact number – telephone	
Residential address (<i>no PO Boxes</i>)		Residential address (<i>no PO Boxes</i>)	
State	Postcode	State	Postcode
Email address		Email address	

We encourage you to provide an email address so that you can receive copies of communications by email

Part 2.1 Investor Details continued

Politically Exposed Person (PEP)

Is any investor a PEP?

Please refer to Section 8.9 of the PDS if you are unsure who is a 'PEP'

No

Yes, details:

Additional Information for Sole Traders

Only applicable if applying as a sole trader

Full Business name (if any)

Australian Business Number (if obtained)

Address of Principal Place of Business

(not a PO Box)

State

Postcode

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 individual investors supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors.

Please refer to Part 10 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 each investor, enclose an ORIGINAL CERTIFIED COPY of one of the following current documents:

Drivers Licence that contains a photograph of the licence / permit holder

Passport that contains a photograph and signature of the passport holder

If you do not have one of the above options, please contact Investor Relations on 02 9954 2211 during business hours for assistance.

Part 3. Company Corporate Trustee

Complete this Part if you are investing for, or on behalf of, a company.

3.1. Company Details

Full name of the Company

Country of Formation, Incorporation or Registration

Country of Residence for Tax Purposes

ACN / ABN *(if registered within Australia)*

ARBN *(if registered with ASIC)*

Tax File Number or Exemption Code

AFS Licence Number *(if applicable)*

Name of Regulator

Country of Residence for Tax Purposes

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

Part 3.1 Company Details continued

Name of two Directors and Dates of Birth

Director 1

Full name

Date of birth

Director 2

Full name

Date of birth

Registered Business address in Australia or in Country of Formation

Address of Principal Place of Business (not a PO Box)

State Postcode

State Postcode

If an Australian Company, registration status with ASIC

Proprietary Company

Public Company

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

Proprietary Company

Public Company

Other:

Name of relevant Foreign Registration Body

Foreign Company Identification Number

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

If the Company is registered as a proprietary company by ASIC or a foreign private company which is regulated by a Government entity in the relevant country, 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

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

Politically Exposed Person (PEP)

Is any director a PEP?

Please refer to Section 8.9 of the PDS if you are unsure who is a 'PEP'

No

Yes, details:

Part 3.1 Company Details - continued

Beneficial Owners

If the Company is an Australian proprietary company or a foreign private company which is NOT regulated by a Government entity in the relevant country, please provide details below for each beneficial owner who owns or controls the Company (such as having more than 25% of the Company's issued share capital).

Please refer to Section 8.10 of the PDS if you are unsure what 'beneficial owner' means.

Beneficial Owner 1

Full name

Date of birth

Residential address
(not a PO Box)

State

Postcode

Beneficial Owner 2

Full name

Date of birth

Residential address
(not a PO Box)

State

Postcode

Beneficial Owner 3

Full name

Date of birth

Residential address
(not a PO Box)

State

Postcode

If there are more than three beneficial owners, please provide additional beneficial owner details on a separate piece of paper and attach to this Application Form.

Politically Exposed Person (PEP)

Is any beneficial owner a PEP?

Please refer to Section 8.9 of the PDS if you are unsure who is a 'PEP'

No

Yes, details:

3.2. Contact Person Details

All investor communication will be sent here. Financial adviser details not accepted.

Given name/s

Surname

Postal address

State

Postcode

Contact number/s (mob) (tel)

Email address

We encourage you to provide an email address so that you can receive copies of communications by email

3.3. Identification Documents

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (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 Part 10 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.

Provide an ORIGINAL CERTIFIED COPY of one of the following documents:

A certificate of registration or incorporation issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification no. and type of company – private or public); OR

The most recent Company Statement issued by ASIC.

Provide an ORIGINAL CERTIFIED COPY of a photographic identification document for each Officeholder who has signed the Application Form and beneficial owners identified in Part 3.1:

Drivers Licence that contains a photograph of the licence / permit holder

Passport that contains a photograph and signature of the passport holder

If you do not have one of the above options, please contact Investor Relations on (02) 9954 2211 during business hours for assistance.

Part 4. Trust / Superannuation Fund

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

4.1. Trust Fund Details

Full name of the Trust / Superannuation Fund

Country of Establishment

Country of Residence for Tax Purposes

Tax File Number or Exemption Code

Australian Business Number *(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 / Licencing details

Type B

Government Superannuation Fund

Name of legislation establishing the fund

Registration / Licencing details

Type C

Foreign Superannuation Fund

Name of Regulator

Registration / Licencing details

Type D

Other type of Trust / Unregulated Trust

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

Registration / Licencing details (tick one box)

The material assets contribution to the Trust by the Settlor at the time the Trust was established was less than \$10,000

The Settlor of the Trust is deceased

Neither of the above is correct

Provide the full names of the Settlor of the Trust

4.2. Trust Funds Details - Beneficiaries

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 purpose)
No – Provide the full names of all company and individual beneficiaries

Beneficiary 1

Full name

Date of birth

Residential address
(not a PO Box)

State

Postcode

Beneficiary 2

Full name

Date of birth

Residential address
(not a PO Box)

State

Postcode

Beneficiary 3

Full name

Date of birth

Residential address
(not a PO Box)

State

Postcode

If there are more than three beneficiaries, please provide additional beneficiary details on a separate piece of paper and attach to this Application Form.

Politically Exposed Person (PEP)

Is any beneficiary a PEP?

Please refer to Section 8.9 of the PDS if you are unsure who is a 'PEP'

No

Yes, details:

4.3. Trust Funds Details – Individual

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

4.4. Identification Details

To comply with AML/CTF legislation, we must collect certain information from prospective investors and their beneficiaries supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficiaries. Please refer to Part 2.2 (for individuals) or Part 3.3 (for companies). Please refer to Part 10 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.

Provide an ORIGINAL CERTIFIED COPY of one of the following documents:

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

Reliable and independent documents relating to the trust.

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

Part 5. Instructions

5.1. Payment Instructions – Distribution and Repayments

Please provide account details with an Australian financial institution for the credit of distributions and repayments. By providing your nominated account details in this Part you authorise RF Eclipse to use these details for all future transaction requests that you make until written notice is provided otherwise.

Bank / Institution	
Branch	
Account name	
BSB number	Account number

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

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.

Operating Authority

When giving instructions to us about your investment please indicate who has authority to operate your account.

Individual / Joint Accounts *(If no box is ticked we will assume all to sign)*

- Any to sign
- Any two to sign
- Both to sign
- Other

Company, Trust or Superannuation Fund Accounts
(If no box is ticked all future written instructions must be signed by two directors/trustees, director and secretary, or the sole director)

- Any to sign
- Any two to sign
- Both to sign
- Other

Part 6. Foreign Account Tax Compliance (FATCA) – Automatic Exchange of Information Compliance

6.1. Individuals

Are you a United States (US) citizen or resident for tax purposes?

- Yes – Provide your US Taxpayer Identification Number (TIN)
- No – Go to Part 7

6.2. US Entities – US Trusts, US Company or US Partnership

Provide your US Taxpayer Identification Number (TIN).

Confirm whether the trust, company or partnership is an exempt payee for US tax purposes.

- Yes
- No – Go to Part 7

6.3. Non US Entities

Regulated superannuation fund (self-managed superannuation fund, APRA regulated superannuation fund, government superannuation fund or pooled superannuation trust) – *Go to Part 7*

Confirm whether the trust, company or partnership is an exempt payee for US tax purposes

Government Entity – *Go to Part 7*

Registered co-operation – *Go to Part 7*

Association – *Go to Part 7*

Non-financial public company (public companies that are not financial institutions) – *Go to Part 7*

Provide the Global Intermediary Identification Number (GIIN):

If no GIIN available, provide FATCA status:

Non-financial proprietary company – *Go to Part 7*

Partnership – *Go to Part 6.4*

Trust (including Testamentary Trust) – *Go to Part 6.4*

Charity – *Go to Part 6.4*

6.4. US Citizens or Residents of the US for Tax Purposes

Are any of the partners, trust beneficiaries, trustees, beneficial owners of corporate trustees, settlors or beneficial owners US citizens or residents of the US for tax purposes?

Yes – *Go to Part 6.5*

No – *Go to Part 7*

6.5. US Citizens or Residents of the US for Tax Purposes MUST COMPLETE

US Person 1

Given names

Surname

US TIN

Residential address
(not a PO Box)

State

ZIP Code

US Person 2

Given names

Surname

US TIN

Residential address
(not a PO Box)

State

ZIP Code

US Person 3

Given names

Surname

US TIN

Residential address
(not a PO Box)

State

ZIP Code

Part 7. Common Reporting Standards (CRS)

7.1. Individuals – CRS

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

Yes – *please complete below*

Person 1

Country of tax residence

Tax Identification Number (TIN) or equivalent

Reason Code (if no TIN provided)

Person 2

Country of tax residence

Tax Identification Number (TIN) or equivalent

Reason Code (if no TIN provided)

No – *Go to Part 8*

7.2. Entities – CRS

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

Yes – *please complete below*

Person 1

Country of tax residence

Tax Identification Number (TIN) or equivalent

Reason Code (if no TIN provided)

Person 2

Country of tax residence

Tax Identification Number (TIN) or equivalent

Reason Code (if no TIN provided)

No – *Go to Part 8*

Reason A The country / jurisdiction where the person / entity is a resident does not issue TIN's

Reason B The person / entity is not able to obtain a TIN or equivalent. If this reason is selected, provide an explanation

Reason C No TIN is required

7.3. Entity Status – CRS

Please tick one box

Investment Entity (located in a CRS non-participating jurisdiction and management by another Financial Institution)

Financial Institution (other than an Investment Entity)

Government Entity or International Organisation

Active Non-Financial Entity

Passive Non-Financial Entity

7.4. Controlling Persons – CRS

Is there any person(s) who controls the entity (for corporations, this includes directors or beneficial owners who ultimately own 25% or more of the share capital), trustee, protector, beneficiary or settlor that is a tax resident of any country outside of Australia?

No

Yes – *please complete below*

Person 1

Full name

Date of birth

Residential address

(not a PO Box)

State

Postcode

Country of tax residence

Tax Identification Number (TIN) or equivalent

Reason code if no TIN provided

Person 2

Full name

Date of birth

Residential address

(not a PO Box)

State

Postcode

Country of tax residence

Tax Identification Number (TIN) or equivalent

Reason code if no TIN provided

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

Reason A The country / jurisdiction where the person / entity is a resident does not issue TIN's

Reason B The person / entity is not able to obtain a TIN or equivalent. If this reason is selected, provide an explanation

Reason C No TIN is required

Part 8. 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 PDS.

I/We wish to receive information regarding future investment opportunities.

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

Part 9. Investor 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 any supplemental information;
- I/we have received and accepted the offer to invest in Australia;

Part 9. Investor Declaration and Signatures continued

- 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 Responsible Entity, their related entities, directors or officers has 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 investment risk, including delays in repayment and loss of income or principal invested. Investments in the Fund are not deposits with or other liabilities of the Responsible Entity or any of its related bodies corporate or associates;
- I/we acknowledge the Responsible Entity reserves the right to reject any application or scale back an application in its absolute discretion;
- If applicable, after assessing any of 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 an 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 understand that the *Privacy Act 1988 (Cth)* allows me/us to access and/or correct information held by RF Eclipse or its service providers;
- I/we understand that some of the recipients to whom my/our personal information may be disclosed may be based overseas. Such overseas recipients may not be bound by the *Privacy Act 1988 (Cth)* or similar privacy obligations. I/We acknowledge that by consenting to the disclosure of my/our personal information to overseas recipients, Australian Privacy Principle 8.1 will not apply to disclosure. This means that RF Eclipse will not be required to take reasonable steps in the circumstances to ensure that the overseas recipient does not breach the Australian Privacy Principles in relation to that personal information and as a result RF Eclipse will not be liable under the *Privacy Act 1988 (Cth)* if the recipient does not act consistently with the Australian Privacy Principles. The overseas recipient may be subject to a foreign law that could compel the disclosure of my/our personal information to a third party, such as an overseas authority. By signing this Application Form, I/we consent to disclosures to overseas recipients;
- I/we acknowledge that the Responsible Entity 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 agree that if I/we have provided an email address, I/we consent to receive ongoing communications, including PDS, Supplementary PDS, Syndicate PDS, confirmations of transactions and requests and additional information addressed to me/us via email;
- I/we indemnify the Responsible Entity and each of its related bodies corporate, directors and other officers, shareholders, servants, employees, agents and permitted delegates (together, the Indemnified Parties) and to 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 Responsible Entity, 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 Responsible Entity 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 for taxation purposes (US Person);
- I/we will promptly notify the Responsible Entity of any change to the information I/we have previously provided to the Responsible Entity, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us who is a US Person;

Part 9. Investor Declaration and Signatures continued

- I/we consent to the Responsible Entity disclosing any information it has in compliance with its obligations under the Inter- Governmental Agreement between the Government of Australia and the Government of the United States of America to Improve International Tax Compliance and to implement FATCA and any related Australian law and guidance implementing the same (together, the IGA). This may include disclosing information to the Australian Taxation Office, which may in turn report that information to the US IRS;
- 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 IGA 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 Responsible Entity 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 Responsible Entity with all additional information and assistance that the Responsible Entity may request in order for the Responsible Entity to comply with any AML/CTF Law and the IGA;
- I/we acknowledge that the Responsible Entity may decide to delay or refuse any request or transaction, including by suspending the issue or delaying the withdrawal of any investment in the Fund, if the Responsible Entity is concerned that the request or transaction may breach any obligation of, or cause the Responsible Entity to commit or participate, in an offence including under any AML/CTF Law; and
- I/we acknowledge that RF Eclipse may disclose to any other service provider to the Fund, to any regulatory body in any applicable jurisdiction to which RF Eclipse is or may be subject, copies of the Application Form and identity documents and any information concerning the Applicant in their respective possession.

Signature 1			
Full name			
Date			
Capacity (<i>tick</i>)	Sole director/secretary	Director	Secretary

Signature 1			
Full name			
Date			
Capacity (<i>tick</i>)	Sole director/secretary	Director	Secretary

Company seal (if applicable)			
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- *Joint applicants must both sign;*
- *Company application must be signed by two Directors, a Director and Secretary, or the Sole Director and Secretary of the company, details of whom appear in Part 3.1; or*
- *For trusts/superannuation fund applications each individual trustee must sign.*

Post your original signed Application Form and original certified copies of your identification document(s) to:
RF Eclipse Select Credit Fund
C/- RF Eclipse Limited
PO Box R1297
ROYAL EXCHANGE NSW 1225

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

Part 10. 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:

1. 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).
2. A judge of a court.
3. A magistrate.
4. A chief executive officer of a Commonwealth court.
5. A registrar or deputy registrar of a court.
6. A Justice of the Peace.
7. A notary public (for the purposes of the Statutory Declaration Regulations 2018).
8. A police officer.
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
10. 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.
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
12. 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).
13. 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).
14. 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 licensees.
15. 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.

Part 11. Financial Adviser Details and Customer Identification Declaration

11.1. 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 the Responsible Entity 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 Responsible Entity.

Part 11. Financial Adviser Details and Customer Identification Declaration continued

I agree to provide the Responsible Entity or its agents with any other information that they may require to support this application.

Financial Adviser name*			
Business name			
Street address			
	State	Postcode	
Postal address			
	State	Postcode	
Contact number/s	(mob)		(tel)
Facsimile number			
Email address			
<i>*If a new adviser, please attach a copy of your employment / representative authority</i>			

11.2. Dealer Details

Dealer name			
Dealer number (if applicable)			
Contact person			
AFSL Number			
Postal address			
	State	Postcode	
Contact number/s	(mob)		(tel)
Email address			

Signature of Financial Advisor			
Date			
Dealer Stamp			

11.3. 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.

<input type="checkbox"/> 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 Responsible Entity.
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