

IMPORTANT INFORMATION

This document including the Application Form is in respect of, and accompanies, the Product Disclosure Documents ('PDS') documents which offer units in the funds issued by Ironbark Asset Management (Fund Services) Limited (ABN 63 116 232 154 AFSL 298626). Ironbark Asset Management (Fund Services) Limited ('Ironbark', 'we', 'us', 'our') is the Responsible Entity for the Funds offered in the PDS. The terms defined in the PDS have the same meaning in this Application Form.

Application Guide

Additional information required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ('AML/CTF Act'), the Foreign Account Tax Compliance Act ('FATCA') and the Common Reporting Standard ('CRS') Legislation.

In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (the 'AML/CTF Act'), the Foreign Account Tax Compliance Act (the 'FATCA') and the Common Reporting Standard legislation (the 'CRS'), the Responsible Entity is required to collect additional information about you. The Responsible Entity may also ask you to provide certified copies of certain identification documents along with the Application Form.

Under the AML/CTF Act, FATCA and CRS, the Responsible Entity is prohibited from processing your application until all of the information and supporting documentation requested in this form has been received. In most cases, the information that you provide in this form will satisfy the AML/CTF Act, FATCA and CRS. However, in some instances the Responsible Entity may contact you to request further information. It may also be necessary for the Responsible Entity to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act, FATCA and CRS.

Tax File Number ('TFN') or Australian Business Number ('ABN') notification or exemption (Section 9)

Quotation of your TFN or ABN is not compulsory¹ and it is not an offence if you decide not to supply us with this information. However if you do not supply us with your TFN or ABN, tax will be deducted from your income distributions at the highest marginal rate plus Medicare Levy, and forwarded to the ATO.

¹ This excludes individual investors investing as sole traders who are required by AML/CTF law to provide their ABN.

Whose TFN or ABN should be detailed in Section 9 of the Application Form?

Investor Type	Which TFN or ABN
Individual	Investor 1
Joint investors	Investor 1 and Investor 2
Company	The company's
Trust or super fund	The trust or super fund's
Partnership	The partnership's
Association or cooperative	The association or cooperative

Please note, if you wish to claim an exemption from quoting your TFN or ABN you must indicate the reason for doing so in Section 9 of the Application Form or tax will be deducted from your income.

Exemption reasons may include:

- Recipient of age, service, invalid, veteran, care, sole parent or special benefit pension – specify type
- Non-residency – please specify your country of residence
- Other – please specify

Appointment of an agent under a power of attorney

If you wish to appoint an agent under a power of attorney, please provide any identification document(s) required as outlined on page 5 of this Application Guide.

Please note, an investor agrees to the following terms and conditions when appointing an attorney:

- Your attorney must provide us with the original and or a certified copy of a valid power of attorney document, signed by the investor, to evidence the authority to act on the investor's behalf. The document must be current and permit the attorney to transact on behalf of the investor.
- You acknowledge and agree that you will be bound by all acts of your attorney including the making of additional investments on your behalf, redeeming all or part of your Fund investment, requesting the alternation of income distribution instructions, obtaining copies of information relating to your investment and changing your nominated bank account details.
- The exercise of any powers by a person reasonably believed by us to be your attorney or authorised to act on behalf of your attorney (in the case of an entity) will be treated as if you had personally exercised those powers.
- Your attorney does not have the power to appoint another attorney to act on your behalf.
- We reserve the right not to accept an instruction from your attorney.
- If you wish to cancel your appointment, you will provide us with an original signed instruction to that effect, together with evidence of revocation of the power of attorney.
- You indemnify us from and against all losses, liabilities, actions, proceedings, claims and demands arising from instructions we receive from your attorney, whether or not your attorney was acting as authorised by you.

Signing the Application Form (Section 18)

Applicant	Who should sign
Individual	▪ Investor 1
Joint investors	▪ Investor 1 and Investor 2
Company	▪ 2 directors; or ▪ 1 director and secretary; or ▪ Sole director (if applicable)
Trust or super fund	▪ Each individual acting as a trustee; or ▪ Company director acting as a trustee.
Partnership	▪ The partners
Association or cooperative	▪ Chairperson, president, secretary or treasurer; or ▪ If the association is an unincorporated association, member authorised to sign on behalf of the association as detailed in Section 7
Agent under power of attorney	▪ Individual acting as agent; or ▪ Company act as agent (following company requirements above).

What identification do I need to provide?

New investors

If you are a new investor, please refer to page 5 of this Application Guide to check what certified identification documents you need to provide together with your Application Form.

Existing investors

If you are an existing investor in the Fund, applying under the same name and in the same capacity, and:

- We have previously collected the necessary identification information and documentation from you in accordance with the AML/CTF Act; or
- You acquired an investment from Ironbark prior to 12 December 2007;

You will not be required to provide identification documents for AML/CTF purposes.

How to certify document

All identification documents must be certified copies. Ironbark are unable to accept originals.

Please note, we cannot accept a faxed, photocopied or scanned copy of the certified copy (ie only copies with the original penned signature of the certifier will be accepted).

If you need to certify a document, take your original document and a photocopy to one of the acceptable certifiers below, and ask them to certify that the photocopy is a true and correct copy of the original document eg 'I, certify that this is a true and correct copy of the original document', or similar wording.

Each certified copy must be legible and be signed and dated by an eligible certifier. The certifier must state which occupation or qualification makes them eligible.

If your financial adviser has a distribution agreement in place with Ironbark they may be able to collect and retain the certified documentation as required below on our behalf. Please indicate in Section 17 of the Application form if your financial adviser has a distribution agreement with Ironbark.

We reserve the right to request further documentation and have absolute discretion to accept or reject any application subject to the receipt of full documentation. Where any document is in a language that is not English it must be accompanied by an English translation prepared by an accredited translator.

Who can certify your documents?

Legal	<ul style="list-style-type: none">▪ A legal practitioner enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia▪ Judge of a court▪ Magistrate▪ Chief executive officer of a Commonwealth Court▪ Clerk of a court▪ Bailiff▪ Notary public
Police	<ul style="list-style-type: none">▪ Police officer
JP	<ul style="list-style-type: none">▪ Justice of the Peace
Post Office	<ul style="list-style-type: none">▪ Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public▪ 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.
Accountant	<ul style="list-style-type: none">▪ Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants, the National Institute of Accountants or the Association of Taxation and Management Accountants
Teacher	<ul style="list-style-type: none">▪ Teacher employed on a full-time basis at a school or tertiary education institution
Financial services	<ul style="list-style-type: none">▪ An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more years of continuous service with one or more licensees.▪ Bank/Credit Union/Building Society officer with 2 or more continuous years of service.▪ Finance company officer with 2 or more years of continuous service.
Professional	<ul style="list-style-type: none">▪ A person who, under law in force in a State or Territory, is currently licensed or registered to practise as a chiropractor, dentist, legal practitioner, medical practitioner, nurse, optometrist, pharmacist, physiotherapist, psychologist, veterinary surgeon.
Diplomatic service	<ul style="list-style-type: none">▪ An Australian Consular Officer▪ An Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
Parliament	<p>Member of:</p> <ul style="list-style-type: none">▪ The Parliament of the Commonwealth; or▪ The Parliament of a State; or▪ A Territory legislature; or▪ A local government authority of a State or Territory.

Individual identification documentation

Each individual investor will need to provide us with an **original certified copy**¹ of **one** primary document from **Column 1** in the table below. If you are unable to do so, please provide **original certified copies** of a secondary document from **each of columns 2 and 3** below. For joint investors, the necessary document(s) are required for each investor.

Primary Documents		Secondary Documents
Column 1	Column 2	Column 3
Driver's licence	Birth certificate issued by State or Territory or foreign government	A financial benefits notice issued by the Commonwealth, State or Territory (less than 12 months old)
Australian passport or foreign passport (must contain photograph and signature)	Citizenship certificate issued by the Commonwealth or a foreign government	Australian Tax Office notice (less than 12 months old)
State or Territory proof of age card containing photo	Pension card issued by Centrelink entitling the card holder to benefits.	Local government or utilities provider notice (less than 3 months old)

¹ Refer to 'Who can certify your documents?' for further information in relation to the certification process.

Non-individual investor requirements

Non-individual investors must supply identification documents as shown below:

Investor type	Proof of identify documents
'Other Australian trust' type or unregistered managed investment scheme as per Section 5	<ul style="list-style-type: none"> An original certified copy or extract of trust deed showing the full name of the trust, full name of the trustee and the signatures; OR A notice issued to the trust by the ATO within the last 12 months (eg notice of assessment); OR A letter from a qualified solicitor or accountant verifying the name of the trust; OR A PDS/Prospectus/Offering memorandum showing the full name of the trust; AND If the trust has individual trustee(s), provide the identification documents for individuals for ONE trustee.
Company or registered managed investment scheme, Australian regulated trust (including self managed super funds), and government super funds	<ul style="list-style-type: none"> No certified identification documents are required. We may however, request information at a later time if necessary, to fulfil our AML/CTF obligations. AND provide the identification documents for individuals for ONE partner, detailed in Section 7.
Partnership	<ul style="list-style-type: none"> An original certified copy or extract of the partnership agreement containing the full partnership name; OR An original certified copy of a certificate of registration of business name issued by a government or government agency in Australia; OR A certified copy or extract of minutes of a partnership meeting; AND provide the identification documents for individuals for ONE partner, detailed in Section 7.
Association	<ul style="list-style-type: none"> An original certified copy or extract of the rules or Constitution of the association, showing the unique identification number (if incorporated); OR If incorporated, information provided by ASIC or other entity responsible for incorporation, verifying the full name of the association and any identifying number issued; OR A certified copy or extract of minutes of meeting of the association; AND if unincorporated, provide the identification documents for individuals for ONE member, detailed in Section 7.
Co-operative	<ul style="list-style-type: none"> Information provided by the body responsible for the registration of the co-operative verifying the full name of the co-operative and any identifying number issued; OR An original certified copy or extract of the register maintained by the co-operative verifying the full name of the co-operative and any identifying number issued; OR A certified copy or extract of minutes of any meeting of the co-operative verifying the full name of the co-operative and any identifying number issued.

APPLICATION FORM

Ironbark Asset Management (FundServices) Limited

ABN 63 116 232 154

AFSL 298626

Existing investors should complete a copy of the Additional Application Form.

This Form enables investors to create an Investment Account, provide details of the people who are authorised to transact on your behalf. This Form also sets out identification information required from you to enable Ironbark to comply with the various legislative obligations.

Please post the original completed form to:

Ironbark Asset Management (Fund Services) Limited

C/- Link Market Services Limited

Locked Bag 5038

Parramatta NSW 2124

For further information please contact Ironbark at:

P: 1800 034 402

E: client.services@ironbarkam.com

Section 1 – Are you an existing or new investor?

Are you an existing investor?

☐ No *Go to Section 2*

☐ Yes - Is this investment to be in the same name and capacity?

☐ No *Go to Section 2*

☐ Yes Please provide your investor number

Section 2 – Investor type

Please select your investor type below and complete the relevant section(s)

Type of Investor	Sections to complete	Pages
ALL INVESTORS MUST COMPLETE	<input type="checkbox"/> Section 1 – 2	6
	<input type="checkbox"/> Section 8 – 18	12 – 21
Then complete the section relevant to you:		
<input type="checkbox"/> Individual / Joint investors / Sole trader	<input type="checkbox"/> Section 3	7
<input type="checkbox"/> Trust or Superannuation Fund with individual trustees	<input type="checkbox"/> Section 4	7 – 8
<input type="checkbox"/> Trust or Superannuation Fund with a corporate trustee	<input type="checkbox"/> Section 4	7 – 8
	<input type="checkbox"/> Section 5	9 – 10
<input type="checkbox"/> Company	<input type="checkbox"/> Section 5	9 – 10
<input type="checkbox"/> Government body	<input type="checkbox"/> Section 6	10
<input type="checkbox"/> Other Entity (Partnership / Association / Registered Cooperative / Estate / Custodian)	<input type="checkbox"/> Section 7	11
If you do not fit into these categories, or you are unsure which category relates to you, please call Client Services on 1800 034 402.		

Section 3 – Individual/Joint investor/Sole trader details

Investor 1

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Surname

Given Name(s)

Date of Birth (dd/mm/yyyy)

Occupation

Country of residence for tax purposes, if not Australia

Full business name (for sole traders only)

Investor 2

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Surname

Given Name(s)

Date of Birth (dd/mm/yyyy)

Occupation

Country of residence for tax purposes, if not Australia

Section 4 – Trust/Superannuation Fund details

Full name of trust/fund (eg ABC Trustees ATF ABC Superannuation Fund)

Full business name (if any)

Country established (if not Australia)

Principal business/industry in which the entity operates

Please select the type of trust by crossing one of the options below:

☐ Managed investment scheme

☐ Registered (please provide ARSN)

ARSN

or

☐ Unregistered

☐ Australian regulated trust (eg. self managed super fund)

☐ Government superannuation fund

Provide name of legislation establishing the fund

☐ Other Australian trust

Trust description eg. family charitable, estate

Section 4 – Trust/Superannuation Fund details (continued)

Beneficiary details to be completed only if you selected 'Other Australian trust' type

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

<input type="checkbox"/> Yes	Please provide class details (eg. family members of a named person)
	<input type="text"/>
<input type="checkbox"/> No	Please provide the full names of each beneficiary below. If required please provide additional details on a separate page and attach to your form.
Beneficiary 1	<input type="text"/>
Beneficiary 2	<input type="text"/>
Beneficiary 3	<input type="text"/>
Beneficiary 4	<input type="text"/>

For trusts with a corporate trustee, please complete Section 5 – Company/Corporate trustee details. For trusts with individual trustees, please list all trustee(s) below, including name(s) and address(es).

If you cannot fit all trustee information in the space provided below please provide details on a separate page and attach to your form.

Trustee 1

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Surname

Given Name(s)

Date of Birth (dd/mm/yyyy)

Residential address (PO Box not acceptable)

Suburb

State

Post Code

Country

Trustee 2

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Surname

Given Name(s)

Date of Birth (dd/mm/yyyy)

Residential address (PO Box not acceptable)

Suburb

State

Post Code

Country

Section 5 – Company/Corporate trustee details

Full name of company

ACN/ABN (ASIC registered)

Foreign registration number (not Australian registered)

Country established (ASIC registered)

Principal business/industry in which the entity operates

Is the company:

☐ Australian listed? ☐ A majority owned subsidiary of an Australian listed company? ☐ Regulated?

If you crossed any of the boxes above, please provide the name of the exchange OR regulator and license number

Please select the type of company by crossing the relevant box below:

☐ Public? ☐ Private/Proprietary?

If you selected Private/Proprietary (Australian or foreign), please complete the remainder of the section below.

Please list the full names and addresses of the shareholders who own 25% or more of the company.

Shareholder 1

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Surname

Given Name(s)

Residential address (PO Box not acceptable)

Suburb

State

Post Code

Country

Shareholder 2

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Surname

Given Name(s)

Residential address (PO Box not acceptable)

Suburb

State

Post Code

Country

Section 5 – Company/Corporate trustee details (continued)

Shareholder 3

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Surname

Given Name(s)

Residential address (PO Box not acceptable)

Suburb

State

Post Code

Country

Shareholder 4

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Surname

Given Name(s)

Residential address (PO Box not acceptable)

Suburb

State

Post Code

Country

Please list the directors' full names. If you cannot fit all directors in the space provided please provide details on a separate page and attach to your form or attach a copy of the current signatory list.

Director 1

Director 2

Director 3

Director 4

Section 6 – Government body

Full name of company

Please select the type of government body by crossing one of the options below:

☐ Commonwealth of Australia

☐ State or Territory

☐ Foreign Country

Section 7 – Partnership/Association/Registered co-operative

Full name of Partnership/Association/Registered co-operative

Country established, if not Australia

Business activity of Partnership/Association/Registered co-operative

Full business name (if any) and, if regulated the name and membership of the professional association (For Partnerships only)

Unique identifying number issued and government body responsible for the incorporation or registration (For Incorporated Associations/Registered co-operatives only)

Partnerships and unincorporated associations must complete the below details for the ONE partner/member signing the form and supply identification documents for this person (refer to page v of this Application Form). Unregulated partnerships must provide the full name and residential address details for all partners.

Please provide details on a separate page if necessary.

Partner 1 / Unincorporated association officer

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Surname

Given Name(s)

Residential address (PO Box not acceptable)

Suburb

State

Post Code

Country

Partner 2

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Surname

Given Name(s)

Residential address (PO Box not acceptable)

Suburb

State

Post Code

Country

Associations and co-operatives must provide the full names of the officers below

Name of chairperson/president

Name of secretary

Name of treasurer

Section 8 – Residential/Principal street address of investors

Individual/joint investors must provide their residential address and sole traders, their principal business address (if different). Company, corporate trustee, co-operative, association or government body investors must provide their principal business address and registered office address (if different).

Investor 1 / Sole Trader / Company / Association / Co-operative / Government body

Residential/Principal business address
(PO Box not acceptable)

Suburb

State

Post Code

Country

Investor 2 / Incorporated registered address (if applicable)

Residential/Principal business address
(PO Box not acceptable)

Suburb

State

Post Code

Country

Section 9 – Tax File Number ('TFN') or Australian Business Number ('ABN') notification or exemption

Please refer to page 1 of this application form for completing this section

Investor 1 TFN

Investor 2 TFN

OR ABN

Please note: Investors can only provide an ABN instead of a TFN where the investment is undertaken in the course of a business or trade.

OR, if you wish to claim an exemption from quoting a TFN, please specify the reason for your exemption (if foreign resident for tax purposes, specify the country of residence):

Section 10 – Foreign Tax Compliance: US Foreign Account Tax Compliance Act ('FATCA') and other jurisdictions Common Reporting Standards ('CRS') - ALL INVESTORS MUST COMPLETE THIS SECTION

What is FATCA and CRS?

FATCA and the Common Reporting Standard CRS are two ways in which a large number of governments are seeking the same thing – to improve global tax compliance. Both require financial institutions to capture relevant information on foreign taxpayers, as follows:

- FATCA promotes cross border tax compliance by US taxpayers, by implementing an international standard for the automatic exchange of information related to those taxpayers. Australia has entered into an inter-governmental agreement (IGA) with the US to implement FATCA in Australia, to be administered through the ATO. The AUS-USA FATCA IGA requires the ATO to obtain detailed account information for US citizens and/or taxpayers on an annual basis. The effect of this is that, to satisfy their FATCA obligations, relevant Australian financial institutions must identify any US taxpayers and report those taxpayers' financial account data to the ATO. The Tax Laws Amendment (Implementation of the FATCA Agreement) Act 2014 (Cth) gave domestic legal effect to the obligations by inserting Division 396-A FATCA into the Taxation Administration Act 1953 (Cth).
- CRS is a global reporting standard, developed by the OECD, for the automatic exchange of information (AEOI). Its goal is to allow tax authorities to obtain a clearer understanding of financial assets held abroad by their residents, for tax purposes. Over 96 countries have agreed to share information on residents' assets and incomes in accordance with defined reporting standards. Once again, this means that financial institutions around the globe must provide tax authorities with taxpayer financial account data, and the financial institutions must therefore collect this information from their customers and pass it on. The Tax Laws Amendment (Implementation of the Common Reporting Standard) Act 2016 (Cth) gave domestic legal effect to the obligations by inserting Division 396-C Common Reporting Standard into the Taxation Administration Act 1953 (Cth).

FATCA and CRS information - Who should complete this section?

This section should be completed by the person completing the application form who is authorised to provide tax residency and certification information for:

- all other applicants; and
- the underlying entity for example: trust or partnership etc; and
- the beneficial owners and controlling persons.

☐ Tick this box if you confirmed you are an existing investor in Section 1, and have certified your tax residency status for both FATCA and CRS since 1 July 2017. Your FATCA and CRS certification is complete and no further information is required.

Personal information collected for the purposes of the FATCA and the CRS will be:

- Used for the purpose of meeting the Issuer's obligations under CRS and the Intergovernmental Agreement ('IGA') between Australia and the US implementing the US legislation known as FATCA;**
- Used for other purposes relating to my holding such as to verify my identity and to review and correct discrepancies in the information recorded about me and my holdings**

FATCA and CRS certification of individual, joint individual, sole trader or deceased estate

If you are an individual, joint individual, a sole trader, or you will hold the account on behalf of another individual or a deceased estate, then please select the best option below and answer the associated questions. If your account is held on behalf of an entity, eg a company, trust, partnership etc, please go to the section on the next page 'FATCA and CRS certification of an entity.' If you do not provide this information, we will not be able to accept your application.

Is the following statement correct? (Tick if applicable)

☐ Your account is held by an individual or an entity acting in the capacity of executor or administrator of a deceased estate, where EITHER certified copies of the death certificate or Grant of Probate/Letters of Administration have already been provided to us, OR certified copies of these documents are attached to this application.

If you selected the above, your FATCA and CRS certification is complete and **no further information is required.**

Is/are all of the Individual applicant(s) (including the person/s for whom the account will be held eg a children's account) a citizen or a resident for tax purposes in a country other than Australia?

☐ Yes – please complete **10.1.2 Foreign Individual Investors and Individual Beneficial Owner** details below. **Note:** If an individual is both an Australian and a foreign tax resident, or a tax resident of more than one foreign country, you must also provide this information.

☐ No – your FATCA & CRS certification is complete and **no further information is required.**

☐ Only some of the individuals are Australian tax residents:

- For those Individuals who are Australian tax residents only (including the person/s for whom the account is held), please complete 10.1.1 Australian tax resident information below.
- For the remaining individuals (ie who are NOT solely Australian tax residents), please complete 10.1.2 Foreign Individual Investors and Individual Beneficial Owner details below.

10.1.1 Australian tax resident information (if more than 3 Australian Tax residents please provide information in an attachment)

Full name of Australian resident 1

Full name of Australian resident 2

Full name of Australian resident 3

10.1.2 Foreign Individual Investor(s) and Individual Beneficial Owner(s) details (if more than 3 individual investors and beneficial owners please provide information in an attachment)

Please provide ALL information, including your foreign Taxpayer Identification Number ('TIN'), or exclusions, as relevant. Where a TIN is issued by your jurisdiction, failure to provide this information may result in your application not being processed.

Full name of individual 1

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN 1

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

Full name of individual 2

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN 1

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

Full name of individual 3

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN 1

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐

Country does not issue TINs

☐

TIN is available but, has not obtained or has not been issued a TIN

10.1.3 FATCA and CRS certification of an entity

If you are an investor that is one of the following:

- A company or other incorporated body, or
- Another type of entity eg a trust, partnership, cooperative or association etc; or
- An individual/s that will hold the Account on behalf of another entity that is a superannuation fund, trust, partnership, government body, co-operative, association or other type of entity, please select ONE option that best describes your organisation from the following:

☐ **An Australian regulated superannuation fund** (including a complying SMSF), retirement or pension fund.

Please provide the superannuation fund's ABN to complete your certification.

If you selected this option, your certification is complete and no further information is required.

☐ **Public Listed Company, or a Majority Owned Subsidiary of a Public Listed company**, (includes public listed companies or majority owned subsidiaries of listed companies that are not Financial Institutions)

Please provide the name of the market or stock exchange where your company is listed.

Please provide your company's unique exchange code here, e.g. ASX code, ticker code.

If you selected this option, your certification is complete and no further information is required.

☐ **Not a Financial Account.** Certain accounts are NOT considered to be 'Financial Accounts' for the purposes of FATCA and CRS. These include:

- An Employee Share Scheme or Trust as defined in the Income Tax Assessment Act 1997
- An Escrow Account established in connection with a court order or judgment, or a sale, exchange, or lease of real or personal property where certain requirements have been met.

If you selected this option, your certification is complete and no further information is required.

☐ **Exempt Beneficial Owner.** Under CRS and FATCA, an Exempt Beneficial Owner includes, but is not limited to:

- Australian government organisation or agency
- Reserve Bank of Australia
- International (including intergovernmental) organisation

If you selected this option, your certification is complete and no further information is required.

☐ **Financial institution.** Includes:

- Depository institution
- Investment entity
- Specified insurance company
- Custodian institution.

If you selected this option, please complete **10.2.1 Financial Institution below**.

☐ **Non-Financial Entity (NFE) or (NFFE).** This includes the following entity types:

- Private or proprietary company that is NOT a financial institution
- Public unlisted company that is NOT a financial institution
- Partnership
- Trust
- Co-operative
- Association or club
- Registered or non-registered charitable organisation
- Other type of entity

If you selected this option, please complete **10.2.2 NFE/NFFE entities below**.

10.2.1 Financial Institution

What is your Global Intermediary Identification Number ('GIIN')?

If you do not have a GIIN, what is your financial institution status? (tick one):

- ☐ Deemed Compliant Foreign Financial Institution ('FFI')
☐ Excepted FFI
☐ Non-participating FFI
☐ Other (please specify)

Are you an Investment Entity (financial institution) located in a non-CRS participating jurisdiction and professionally managed by another financial institution?

- ☐ Yes ☐ No

If you answered YES, please complete the remainder of this section AND **10.2.2 NFE/NFFE entities**.

Is the registered holder of this account also a financial institution?

- ☐ Yes ☐ No

If you answered YES, please provide the GIIN.

If the registered holder does not have a GIIN, what is its financial institution status (tick one):

- ☐ Deemed Compliant Foreign Financial Institution ('FFI')
☐ Excepted FFI
☐ Non-participating FFI
☐ Other (please specify)

This completes the required information for Financial Institutions.

10.2.2 NFE/NFFE entities

An entity is Active if it derives more than 50% of its income from the sale of goods or services AND it uses more than 50% of its assets to generate income from the sale of goods or services. An NFE is Passive if it does not fit the description of an Active entity, OR is a professionally-managed investment entity located in a non-participating CRS (Common Reporting Standard) jurisdiction.

Is the NFE/NFFE Active or Passive?

- ☐ Active If Active, please complete **10.2.3 Entity foreign tax residency information**
☐ Passive If Passive, please complete **10.2.3 Entity foreign tax residency information and 10.2.4 Entity foreign beneficial owner(s) or Controlling Persons¹ details**

10.2.3 Entity foreign tax residency information

Is this entity a resident for tax purposes in a country other than Australia?

- ☐ Yes ☐ No

If you answered **No**, your certification is complete and no further information is required.

If you answered **Yes**, please provide **ALL** information, including your foreign or exclusions, as relevant. Where a TIN is issued by your jurisdiction, failure to provide this information may result in your application not being processed.

Country of tax residency 1

Address

- | | | |
|---|----|--|
| <input type="checkbox"/> TIN 1 <input type="text"/> | OR | <input type="checkbox"/> Country does not issue TINs |
| <input type="checkbox"/> TIN 2 <input type="text"/> | OR | <input type="checkbox"/> TIN is available but, has not obtained or has not been issued a TIN |
| <input type="checkbox"/> TIN 3 <input type="text"/> | OR | <input type="checkbox"/> Country does not issue TINs |
| | | <input type="checkbox"/> TIN is available but, has not obtained or has not been issued a TIN |
| | | <input type="checkbox"/> Country does not issue TINs |
| | | <input type="checkbox"/> TIN is available but, has not obtained or has not been issued a TIN |

10.2.4 Entity foreign beneficial owner(s) or Controlling Persons¹ details

Is/Are any of the beneficial owner(s) or controlling person(s)(including the settlor or protector of a trust) a resident for tax purposes in a country other than Australia?

☐ Yes ☐ No

If you answered **No**, your certification is complete and no further information is required.

If you answered **Yes**, please provide ALL information, including your foreign TIN or exclusions, as relevant. Where a TIN is issued by your jurisdiction, failure to provide this information may result in your application not being processed.

Full name of individual 1

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN 1

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

Full name of individual 2

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN 1

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

Full name of individual 3

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

☐ TIN 1

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 2

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

☐ TIN 3

OR

☐ Country does not issue TINs

☐ TIN is available but, has not obtained or has not been issued a TIN

¹ A Controlling Person means any individual who ultimately beneficially owns 25% or more of an entity or controls the entity, including control through a chain of ownership or by means of control other than direct control.

Note: Capitalised terms used in this section have the meanings defined in the intergovernmental agreement between the Australian and governments to improve international tax compliance and to implement FATCA dated 28 April 2014.

Section 11 – Contact details

Please advise the email address for all correspondence in regards to your investments, including statements. The contact person must be one of the signatories on your account. Joint investors please include one set of contact details only.

Contact name

Email

Fax No.

Phone (Business/Home)

Phone (Mobile)

Mailing address

Suburb

State

Postcode

☐ Cross here if you wish to receive correspondence via post to the mailing address above.

Section 12 – Source of investment funds

Please identify the source of your investable assets (this is a requirement under the AML/CTF law):

☐ Gainful employment

☐ Inheritance/gift

☐ Business activity

☐ Superannuation savings

☐ Financial investments

Other (please specify

Section 13 – Investment details

Please select the Fund(s) you wish to invest in. Please include the Australian dollar amount you wish to invest in the table below. You may elect to receive distributions as cash into your nominated Australian bank account or reinvest them as additional units in the Fund(s). Please indicate your preference below. If you do not select a distribution method, distribution will be reinvested in the Fund(s) from which the distribution was made. Please refer to the PDS for further information on minimum initial and additional investment amounts.

Fund name	APIR code	Minimum initial investment amount	Investment amount	Distribution option	
				Reinvestment	Cash Payment
Fulcrum Diversified Absolute Return Fund	ETL0424AU	\$5,000,000	\$	<input type="checkbox"/>	<input type="checkbox"/>

Section 14 – Application payment method

Please select your payment method below. All payments are to be made in Australian dollars and should be made at the same time as when your application is submitted.

☐ Electronic payment via applicable Fund(s) account (Provide reference information below)

Fund and Account name	Swift/BIC	BSB	Account No.
IRONBARK AS RE FOR FULCRUM	CHASAU2X	212-200	16044833

Section 15 – Bank account details

All redemption payments (and distributions if elected in Section 13) will be paid into the bank account nominated below. This account must be in the name of the applicant. No third party payments are allowed.

Name of Australian bank or financial institution

Account name (must be in the name of the applicant)

Branch

BSB

Account number

Section 16 – Additional contact details

I/We agree that information relating to my/our investment be supplied to certain third parties as noted below (please refer to the Privacy Policy available at www.ironbarkam.com).

Additional contact

Additional contact email

Section 17 – Additional information for AML/CTF purposes

In addition to completing the Application Form it is necessary to provide additional information and documentation to assist with customer verification procedures in regard to the AML/CTF Act and Rules. Please ensure the correct information in accordance with the investor type accompanies the Application Form where applicable. Ensuring that the required information has been included will enable a smooth application process.

Section 18 – Declaration and signature

I/we acknowledge that:

- I/we are 18 years of age or over;
- I/We declare all the details in this application are correct;
- I/We have read the PDS to which this Application Form applies (including the Reference Guide and/or the Benchmark and Disclosure Report) and agree to be bound by the terms and conditions of the PDS and the Constitution of the Fund in which I/we have chosen to invest;
- I/We acknowledge that the Responsible Entity is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank;
- I/We hereby consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services which I/we have engaged the services of the Responsible Entity or its related bodies corporate and to foreign government agencies (if necessary);
- I/We hereby acknowledge and agree that the Responsible Entity have outlined in the Product Disclosure Statement and/or the accompanying Reference Guide provided to me/us how and where I/we can obtain a copy of the Privacy Policy;
- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify Ironbark from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application;
- I/We have received and accepted this offer in Australia;
- If this is a joint application each of us agrees that our investment is held as joint tenants;
- I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:
 - I/we are ineligible to hold units in a Fund or have provided misleading information in my/our Application Form; or
 - I/we owe any amounts to Ironbark, then I/we appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund;
- The Responsible Entity, the Investment Manager nor any other person guarantees the performance of the Fund or the return or payment of capital or income;
- Investing in the Fund is subject to investment risk, including possible delays in repayment and loss of income and principal invested;
- I/we agree to provide Ironbark with any information that may be required for the purposes of AML/CTF law;
- I/we acknowledge that by signing this application form I/we agree to provide any additional information and/or documentation required by Ironbark for FATCA and CRS purposes (in addition to that provided in Section 10 of this form) upon request, and to inform Ironbark if a change in circumstances means that any of the information or documentation provided is no longer correct;
- Joint applicants or signatories who allow either investors or signatories to give instructions in relation to an investment in the Fund will bind other investors or signatories for all transactions in connection with the investment, including changes to account details; and
- If this application is signed under a power of attorney, I/We have read the terms and conditions applying to the appointment of an attorney on page iii of the Application Guide, and agree to those conditions on behalf of the investor.

If signing under power of attorney, the attorney verifies that he/she is authorised to sign this form and no notice of revocation of that power has been received and original certified copies of the power of attorney and identification documents (as stated on page v of this Application Guide), are being provided with this Application Form.

Section 18 – Declaration and signature (continued)

Please refer to page iii of this Application Form Booklet to see who should sign below and cross the relevant boxes below to indicate who is to sign transaction instructions and change of detail requests.

If you do not indicate a choice, Ironbark will assume any one signatory can sign.

Investor 1

Authorised signatory 1

Title (if applicable) eg. Director/Company Secretary

Date

Investor 2

Authorised signatory 2

Title (if applicable) eg. Director/Company Secretary

Date

Investor 3

Authorised signatory 3

Title (if applicable) eg. Director/Company Secretary

Date

Investor 4

Authorised signatory 4

Title (if applicable) eg. Director/Company Secretary

Date

☐

Certified identification documents are attached