



Application form

Welcome and thank you for choosing Fortlake Asset Management. This pack provides you with the documents and forms that you need to create your investment account and provides us with details of the people who are authorised to transact on the account. It also sets out identification information required from you to enable us to comply with Australian anti-money laundering and counter-terrorism financing laws. In this application form, 'I/we', 'you', 'your' and 'my/our' refers to the investor/joint investors.

Before you begin

Please ensure that you have read the relevant Product Disclosure Statement (PDS) or Information Memorandum (IM) and additional information documents, which contain important information about investing in Fortlake Asset Management funds. You can access these on our website, fortlake.com.au, or request a copy by calling our Client Services team on 1300 110 344.

Depending on the fund you are investing in you may be required to prove you are a "wholesale client" for the purposes of Section 761G of the Corporations Act 2001. Section H identifies the funds that require you to be classified as a "wholesale client". You can download an Australian Wholesale Client Certificate on our website, fortlake.com.au.

Neither this document or the PDS or the IM constitute an offer in any jurisdiction in which, or to any person to whom, it would not be lawful to make such an offer. No action has been taken to register or qualify the interests or the offer to any jurisdiction outside Australia.

We use the information you provide to verify your identity and establish your account(s). Please provide ALL of the information requested on the following pages. If you are unable to provide any particular piece of information please explain this or insert Not Applicable. Information (including client identification details and personal information) may be provided to agents appointed by Fortlake Asset Management to carry out relevant procedures and services, in order for Fortlake Asset Management and those entities to meet their obligations under the Anti Money Laundering/Counter Terrorism Financing Act 2006. Information may also be provided in order to meet its obligations in respect of tax reporting under the Intergovernmental Agreement ("IGA") between the Australian and U.S. Governments, implementing the Foreign Account Tax Compliance Act ("FATCA"), dated 28 April 2014, and under the OECD's Common Reporting Standard for Automatic Exchange of Financial Account Information ("CRS"). Information gathered to meet Fortlakes's obligations under the IGA and CRS may be provided to the ATO.

Five steps to open your investment account with us

- 1 Complete the relevant sections of this Application form.
- 2 Sign and date this Application form.
- 3 Collect and certify your identification documents as instructed in Section O of this document, including your Wholesale Certificate, if required.
- 4 We require original documents so please send your documents to us by post to:
Fortlake Asset Management, C/- LINK Market Services Limited, Locked Bag 5038, Parramatta NSW 2124
- 5 Transfer your application money to us.
Fortlake Application Account, BSB 012006, Account no. 838285062, Reference: Your account name.

If you have any questions, please contact our Client Services team on 1300 110 344 or email enquiries@fortlake.com.au



What type of investor are you?

Please select your investor type from the options below and complete all applicable sections:

Investor type	Description	Sections to complete
<input type="checkbox"/> Individual and joint investors	A natural person or persons.	<ul style="list-style-type: none">• Section A• Sections G through O
<input type="checkbox"/> Sole trader	A natural person operating a business under their own name with a registered business name.	<ul style="list-style-type: none">• Section A and B• Sections G through O
<input type="checkbox"/> Company	A company registered as an Australian public company, an Australian proprietary company, or a foreign company.	<ul style="list-style-type: none">• Section C• Sections G through O
<input type="checkbox"/> Custodian of an investment platform/vehicle	Custodians opening an account on behalf of a managed investment scheme, superannuation fund, managed discretionary account (MDA) service, investor directed portfolio service (IDPS) or IDPS-like scheme.	<ul style="list-style-type: none">• Section C• Sections G through O
<input type="checkbox"/> Custodian acting in the capacity of a trustee	Custodians as defined in paragraph 4.4.19(1) of the Anti-Money Laundering and Counter-Terrorism Financing Rules Instrument 2007 (No.1) (AML/CTF Rules) opening an account on behalf of an underlying trust.	<ul style="list-style-type: none">• Section C and D• Sections G through O
<input type="checkbox"/> Trust	Trusts include self-managed superannuation funds (SMSF), registered managed investment schemes, unregistered wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts).	<ul style="list-style-type: none">• Section A and C (if applicable)• Section D• Sections G through O
<input type="checkbox"/> Partnership	A partnership created under a partnership agreement.	<ul style="list-style-type: none">• Section A and C (if applicable)• Section E• Sections G through O
<input type="checkbox"/> Association	Incorporated associations are those registered under state – or territory–based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an unincorporated association statute, and the member(s) of such associations will be deemed the legal owner of the account.	<ul style="list-style-type: none">• Section A• Section F• Sections G through O
<input type="checkbox"/> Registered co-operative	An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly owned and democratically controlled enterprise registered under a registry system maintained by a state or territory.	<ul style="list-style-type: none">• Section A• Section F• Sections G through O
<input type="checkbox"/> Government body	The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country.	<ul style="list-style-type: none">• Section F• Sections G through O



Section A – Investor details

This section applies to all individuals, sole traders, individual trustees and beneficial owners as well as each public officer (if any), chairperson, secretary, two directors, and treasurer (or equivalent officer) of incorporated or unincorporated associations and registered co-operatives. Please use a separate sheet if necessary.

Investor 1

Title Given name(s)

Surname

Date of birth

Country of birth

Residential address (PO Box is not acceptable)

State Postcode

Country of residence

Country of citizenship

Occupation/business

You are only required to provide your TFN below if you are completing this section in the capacity of an individual or sole trader.

Tax file number or exemption

- Individual Secretary
 Chairperson Individual trustee
 Sole trader (go to [Section B](#))
 Beneficial owner
 Other (please specify) _____

Investor 2

Title Given name(s)

Surname

Date of birth

Country of birth

Residential address (PO Box is not acceptable)

State Postcode

Country of residence

Country of citizenship

Occupation/business

You are only required to provide your TFN below if you are completing this section in the capacity of an individual or sole trader.

Tax file number or exemption

- Individual Secretary
 Chairperson Individual trustee
 Sole trader (go to [Section B](#))
 Beneficial owner
 Other (please specify) _____

Section B – Sole traders

This section applies to sole traders only.

Business name

ABN

Principal place of business (PO Box is not acceptable)

State

Postcode



Section C – Companies or custodians of an investment platform/vehicle

This section applies to all companies, including corporate trustees. For corporate trusts with multiple corporate trustees, please provide full details as set out in Section C for each corporate trustee on a separate sheet.

Custodians of a managed investment scheme, superannuation fund, MDA service, IDPS or IDPS-like scheme should complete Section C with their own details, as well as the section titled 'Custodian of an investment vehicle or platform' on page 6.

Custodians who are also trustees of a trust should complete Section D with the trust's details.

Full company name as registered by ASIC

ABN/ACN/ARBN

Are you a charity? Yes No

Nature of business activity: Corporate trustee Other (please specify) _____

ASIC registered office address (PO Box is not acceptable)

State

Postcode

Principal place of business (PO Box is not acceptable)

State

Postcode

Company type: Public company Proprietary or private company

Other (please specify) _____



Directors

To be completed for a proprietary company.

Provide their name, address and date of birth in Section A.

How many directors are there? _____ (Please provide the full name of each director below.)

Director 1

Director 2

Director 3

Director 4

If there are more than four directors, please provide their details on a separate sheet and tick this box.

Shareholders/Beneficial owners

To be completed by unlisted public companies and proprietary companies that are not licensed and regulated or foreign private companies. Please provide details of each individual who ultimately owns 25% or more of the issued capital of the company through direct or indirect shareholdings or any individual who is entitled (directly or indirectly) to exercise 25% or more of the voting rights. If no one satisfies either of these categories, it applies to the most senior managing official(s) (or equivalent) of the company (such as the managing director or directors who are authorised to sign on behalf of the company).

Individual 1

Title Given name(s)

Surname

Date of birth

Residential address (PO Box is not acceptable)

State Postcode

Country

Individual 2

Title Given name(s)

Surname

Date of birth

Residential address (PO Box is not acceptable)

State Postcode

Country

Individual 3

Title Given name(s)

Surname

Date of birth

Residential address (PO Box is not acceptable)

State Postcode

Country

Individual 4

Title Given name(s)

Surname

Date of birth

Residential address (PO Box is not acceptable)

State Postcode

Country



Custodian of an investment vehicle or platform (if applicable)

Please provide details of the operator/issuer of the relevant managed investment scheme, superannuation fund, managed discretionary account service, IDPS or IDPS-like scheme for which you are the custodian.

Full company name as registered by ASIC

ABN/ACN/ARBN

Registered office address (PO Box is not acceptable)

State

Postcode

Licence number (e.g. AFSL or RSE)

Registration details
(e.g. ARSN, Super Fund Reg'n No.)

Type of investment platform:

Registered managed investment scheme

Superannuation fund

IDPS

IDPS-like scheme

Other (please specify) _____

Section D – Trusts

Trustee

Select the relevant type of trustee below.

Individual trustee(s)
(Complete Section A for each trustee)

Corporate trustee(s)
(Complete Section C for each trustee)

Trust

Full name of trust:

Business name of trustee (if applicable)

Tax file number or exemption

Country of establishment



Type of trust (Select one of the following types of trusts.)

<input type="checkbox"/> Self-managed superannuation fund (SMSF)	Specify the SMSF's ABN <input type="text"/>
<input type="checkbox"/> Registered managed investment scheme	Specify ARSN <input type="text"/>
<input type="checkbox"/> Unregistered managed investment scheme that has only wholesale clients and does not make small-scale offerings to which section 1012E of the Corporations Act 2001 applies	
<input type="checkbox"/> Government superannuation fund established by legislation	Specify the name of the legislation establishing the fund <input type="text"/>
<input type="checkbox"/> Other regulated trust (i.e. registered and subject to the regulatory oversight of a Commonwealth statutory regulator)	Specify the name of the regulator (e.g. ASIC, APRA, ATO, ACNC) <input type="text"/>
	Specify the trust's ABN or registration/licensing details <input type="text"/>

If you have made a selection from the types of trust above, proceed to **Section G**. If not, continue below.

Other trust type

Is the contribution to the trust by the settlor less than \$10,000?

Yes No

Is the settlor deceased?

Yes No

*If you answered 'No' to either of the questions above, please provide the full name of the settlor.

Trust description (eg family trust)

Nature of trust activity

Full name of settlor*

Beneficiary details

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

Yes

Describe the class or classes of beneficiaries (e.g. holders of different classes of units, family members or named persons).

No

Provide the full name of each person or entity that is a beneficiary of the trust.

Beneficiary 1

Beneficiary 2

Beneficiary 3

Beneficiary 4

If there are more than four beneficiaries, please provide their details on a separate sheet and tick this box.



Appointer Beneficial owners

Does the trust have an appointer? (An appointer is an individual who has been granted specific powers by the trust deed.)

- Yes Provide their name, address and date of birth in [Section A](#).
- No Continue below.

Is there anyone else who directly or indirectly controls the trust who is different from the trustees/appointer already provided? (This includes control by acting as trustee by means of agreements, arrangements, understandings and practices or by exercising control through the capacity to direct the trustees.)

- Yes Provide their name, addresses and dates of birth in [Section A](#).
- No Proceed to [Section G](#).

Section E – Partnership

Full name of partnership

Registered business name of partnership (if any)

ABN

Tax file number or exemption

Country of establishment

Nature of business activity

Is the partnership regulated by a professional association?

- Yes Provide their name, addresses and dates of birth in [Section A](#).
- When Section A has been completed, provide the professional association name and membership details below, then proceed to the 'Beneficial owners' section.
- No Provide the names, addresses and dates of birth of all partners in [Section A](#), or if the partners are a company, complete [Section C](#).
- When Section A or C have been completed, proceed to the '[Beneficial owners](#)' section below.

Name of professional association

Membership details

Beneficial owners

Are the beneficial owners different from the partners already entered in Section A?

Beneficial owners are those who ultimately own 25% or more of the partnership or are entitled, either indirectly or directly, to exercise 25% or more of the voting rights of the partnership, including power of veto. If no one satisfies either of these categories, it applies to each individual who directly or indirectly controls the partnership through the capacity to determine decisions about financial or operating policies or by other means. If none of the above, then it applies to each of the most senior managing official(s) of the partnership.

- Yes Provide their names, addresses and dates of birth in [Section A](#) and ensure you tick 'Beneficial owner' at the end of the section.
- No Proceed to [Section G](#).



Section F – Associations, registered co-operatives or government bodies

Each public officer (if any), chairperson, secretary and treasurer (or equivalent officer) of incorporated or unincorporated associations and registered co-operatives must provide their name, address and date of birth in [Section A](#). If you are applying in the capacity as a member of an unincorporated association, you must complete [Section A](#).

Select your investor type:

- Incorporated association
 Unincorporated association
 Registered co-operative
 Government body

Entity name

ABN

Are you a charity?

- Yes
 No

Nature of business activity

Tax file number or exemption

Country of establishment

Principal place of administration/ operations or registered office (PO Box is not acceptable)

State

Postcode

For registered co-operatives and incorporated associations

Registration number

State/territory of registration

For all associations and registered co-operatives

Are the beneficial owners (those who have direct or indirect control of the association or registered co-operative) different from the public officer, chairperson, secretary or treasurer whose details are entered already in [Section A](#)?

- Yes Provide the name, address and date of birth of the beneficial owners in [Section A](#) and ensure you tick 'Beneficial owner' at the end of the section.
 No Proceed to [Section G](#).

For government bodies

Is the government body established under Commonwealth or state/territory legislation?

- Yes
 No

Specify the legislation or method of establishment

Specify the state/territory or Commonwealth of establishment

If you are a foreign government body, we may also ask you for information about the ownership or control of you as a foreign government body.



Section G – Tax information (mandatory)

The collection of tax status is in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard (CRS). Under the CRS, we are required to determine where an account holder is 'tax resident'. (This will usually be where you are liable to pay income taxes.)

Completing this form will ensure that we hold accurate and up-to-date information about your tax residency. If your circumstances change and any of the information provided in this form becomes incorrect, please let us know immediately.

If you do not provide the below information, we will not be able to accept your application.

We will not accept applications from US citizens or US residents who have an obligation to pay tax to the US tax authorities on their worldwide income.

Individual self-certification tax form

Please complete this section if you are an individual, joint investors or sole trader.

Individual 1

Full name _____

Are you a tax resident of Australia?

Yes No

Are you a tax resident of another country?

Yes Provide the country and Tax Identification Number (TIN) or equivalent below.

No Your tax certification is complete. Proceed to [Section H](#).

Individual 2

Full name _____

Are you a tax resident of Australia?

Yes No

Are you a tax resident of another country?

Yes Provide the country and Tax Identification Number (TIN) or equivalent below.

No Your tax certification is complete. Proceed to [Section H](#).

A TIN is the number assigned by each country for the purpose of administering tax laws. This is the equivalent of a Tax File Number in Australia. If you do not provide a TIN, please list one of the three reasons specified below (A, B or C) for not providing a TIN.

Reason A The country of tax residency does not issue TINs.

Reason B The individual has not been issued with a TIN.

Reason C The country of tax residency does not require the collection of TINs.

Country _____

TIN _____

If no TIN, list reason A, B or C. _____

If there are more countries of tax residency, please provide details on a separate sheet and tick this box.

Your tax self-certification is complete. Proceed to [Section H](#).

Country _____

TIN _____

If no TIN, list reason A, B or C. _____

If there are more countries of tax residency, please provide details on a separate sheet and tick this box.

Your tax self-certification is complete. Proceed to [Section H](#).



Entity self-certification tax form

Please complete this section if you are a company, trust (not the trustee), partnership, association, registered co-operative or government body.

Identification of entity

Legal name of entity _____

Tax Status

Please provide the entity's status by ticking any one of the following boxes.

<input type="checkbox"/> An Australian regulated superannuation fund (including a complying SMSF, retirement or pension fund)	If you selected this option, your tax certification is complete. Proceed to Section H .
<input type="checkbox"/> Financial institution <ul style="list-style-type: none"> • Investment entity • Specified insurance company • Custodian institution • Depository institution 	Provide the entity's Global Intermediary Identification number (GIIN) if applicable: <input style="width: 100%;" type="text"/> If you do not have a GIIN, what is your financial institution status? <input type="checkbox"/> Deemed Compliant FFI (foreign financial institution) <input type="checkbox"/> Excepted FFI <input type="checkbox"/> Non-participating FFI <input type="checkbox"/> Other (please specify below) <input style="width: 100%;" type="text"/> Are you an investment entity (financial institution) located in a non-CRS participating jurisdiction and professionally managed by another financial institution? <input type="checkbox"/> Yes Please complete the country of tax residency and beneficial owners or controlling persons sections. <input type="checkbox"/> No Your tax certification is now complete. Proceed to Section H .
<input type="checkbox"/> A public listed company or a majority owned subsidiary of a public listed company (that is not a financial institution)	Provide the name of the market or stock exchange where your company is listed: <input style="width: 100%;" type="text"/> Provide your company's unique exchange code; e.g. ASX code, ticker code: <input style="width: 100%;" type="text"/> Your tax certification is now complete. Proceed to Section H .
<input type="checkbox"/> Governmental entity, international organisation, central bank or deceased estate	Your tax certification is now complete. Proceed to Section H .
<input type="checkbox"/> Non-financial entity (NFE) or non-financial foreign entity (NFFE) <ul style="list-style-type: none"> • Private or proprietary company that is not a financial institution • Public unlisted company that is not a financial institution • Trust, partnership, association or co-operative • Registered or non-registered charitable organisations • Other type of entity 	Is the NFE/NFFE active or passive? An entity is an active NFE if less than 50% of its income is passive and less than 50% of its assets produce or are held for the production of passive income. An NFE is passive if it does not fit the description of an active entity. <input type="checkbox"/> Active Please complete the country of tax residency section. <input type="checkbox"/> Passive Please complete the country of tax residency and beneficial owners or controlling persons sections.



Country of tax residency

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

- Yes Please provide the entity's country of tax residency and tax identification number (TIN) or equivalent below. If the entity is a tax resident of more than one country, please list all relevant countries.
- No Please proceed to the next applicable section.

A TIN is the number assigned by each country for the purpose of administering tax laws. This is the equivalent of a Tax File Number in Australia. If you do not provide a TIN, please list one of the three reasons specified below (A, B or C) for not providing a TIN.

- Reason A The country of tax residency does not issue TINs.**
Reason B The individual has not been issued with a TIN.
Reason C The country of tax residency does not require the collection of TINs.

Country	TIN
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If no TIN, list reason A, B or C. _____

If there are more countries of tax residency, please provide details on a separate sheet and tick this box.



Beneficial owners or controlling persons (individuals)

For a trust, this includes all trustees, settlors, appointers or beneficiaries. For a company, this includes any beneficial owners controlling 25% or more of the shares in the company or senior managing officials. For a partnership, this includes partners.

Does the entity have any beneficial owners or controlling persons (i.e. any individual who directly or indirectly exercises control over the entity) who are tax residents in countries other than Australia?

- Yes Provide details of all these individuals below, including their TIN or reason for not providing one.
- No Your tax self-certification is now complete. Proceed to [Section H](#).

Individual 1

Full name

Date of birth

Residential address (PO Box is not acceptable)

State Postcode

Are you a tax resident of Australia?

- Yes No

Are you a tax resident of another country?

- Yes Provide the country and Tax Identification Number (TIN) or equivalent below.

- No Your tax certification is complete. Proceed to [Section H](#).

Individual 2

Full name

Date of birth

Residential address (PO Box is not acceptable)

State Postcode

Are you a tax resident of Australia?

- Yes No

Are you a tax resident of another country?

- Yes Provide the country and Tax Identification Number (TIN) or equivalent below.

- No Your tax certification is complete. Proceed to [Section H](#).

A TIN is the number assigned by each country for the purpose of administering tax laws. This is the equivalent of a Tax File Number in Australia. If you do not provide a TIN, please list one of the three reasons specified below (A, B or C) for not providing a TIN.

Reason A The country of tax residency does not issue TINs.

Reason B The individual has not been issued with a TIN.

Reason C The country of tax residency does not require the collection of TINs.

Country

TIN

If no TIN, list reason A, B or C. _____

If there are more countries of tax residency, please provide details on a separate sheet and tick this box.

Your tax self-certification is complete. Proceed to [Section H](#).

Country

TIN

If no TIN, list reason A, B or C. _____

If there are more countries of tax residency, please provide details on a separate sheet and tick this box.

Your tax self-certification is complete. Proceed to [Section H](#).



Section H – Investment details

Select the fund(s) and Australian dollar amount(s) you wish to invest below.

You may elect to receive distributions as cash or reinvest them as additional units in the fund(s). Please indicate your preference below. If you do not select a distribution method, distributions will be reinvested by default.

Fund name	APIR Code	Investment amount (A\$)	Distribution option	
			Reinvest	Deposit into bank account
Fortlake Real-Income Fund	TALO590AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
Fortlake Real-Higher Income Fund	TALO284AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
Fortlake Sigma Opportunities Fund (Wholesale Investors)	TAL1576AU	\$	<input type="checkbox"/>	<input type="checkbox"/>

Source of funds

Please tick appropriate options for both investors if it is a joint account.

- | | |
|---|---|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Superannuation | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Proceeds from asset sale | <input type="checkbox"/> Other (please specify) _____ |

Section I – Application payment method

We accept payments in Australian dollars only.

Electronic funds transfer

Please transfer funds, with your **investor name as the reference/description***, at the same time you post your application to avoid delays in the account opening process

Account name	Fortlake Application Account
BSB	012006
Account no	838285062
Reference/Description*	Enter your account name

*This will appear on our transaction statement and we use it to identify who the payment has come from. If the reference/description is left blank or is unclear, this might delay the processing of the application.



Section J – Bank account details

We will hold on record the bank account details you provide below to pay any further withdrawal proceeds and income distributions (if applicable). This must be an Australian account and be in the name of the investor. Fortlake will not pay a third-party bank account.

Please transfer funds, with your **investor name as the reference/description***, at the same time you post your application to avoid delays in the account opening process

Account name

BSB - Account no

Institution

Section K – Contact details (mandatory)

Contact name

Postal address

State Postcode

Mobile telephone (mandatory) Other telephone (optional)

Email address (mandatory)

Please complete the details below only if you are the secondary joint investor/individual trustee.

Mobile telephone

Email

Method of communication

Please indicate your preference for receiving all investor correspondence by ticking one of the below boxes. Access to Fortlake’s secure website enables you to view your account details online, including your current valuation, transaction history, and statements. We will send you a notification email as soon as a new statement is ready to view.

- Secure website (default) I consent to receive all investor correspondence from you via the email address(es) I have provided, and I acknowledge that I can access my statements only via the Fortlake secure website for which I will be required to register. Joint investors/individual trustees are required to register separately. All other investor types can have only one primary account holder with online access.

Financial reports

All of our funds issue financial reports. You may access these reports free of charge on our website at www.fortlake.com.au . If you would like to receive a notification email when a new financial report is available, please tick the box below.

- Email I consent to receive a notification via email when a financial report is issued for the fund(s) in which I am invested.



Investment and marketing updates

Fortlake produces a range of regular investment and market updates that you might find useful in managing your investments.

- Please tick the box if you would like to receive regular investment and market updates as well as updates on new Fortlake products and services. This will be in addition to your regular account statements and notifications.

Section L – Adviser details (if applicable)

Provide your financial adviser's details below if applicable. By completing this section, you consent to your financial adviser making enquiries on your behalf, and accessing your investment details and statements via the Fortlake secure website for which they must be registered. In order for us to provide this service to your financial adviser, you are also consenting to Colonial First State Investments Limited and Link Market Services disclosing information about your investment to other third-party service providers.

Adviser details

Adviser name

Adviser firm name

Adviser firm address (PO Box is not acceptable)

State

Postcode

Email address (mandatory)

Business telephone (mandatory)

Mobile number

AFSL number

Dealer group name



Section M – Terms and conditions

Privacy notices

If you are investing in a fund, by signing this Application form or any other forms you give to us, you agree to Colonial First State Investments Limited (CFSIL), Link Market Services and other third-party service providers we may engage to provide fund-related services, and their respective related bodies corporate and associates (who may be outside Australia), collecting, holding and using your personal information to process your application, deal with transactions in relation to your investments and manage the products and services provided. This includes monitoring, auditing, evaluating and modelling data, dealing with complaints and answering queries. Without this information, it might not be possible to process your application or provide an appropriate level of service to you. If you do not provide the information requested, your application might not be able to be processed efficiently or at all.

Your information may be disclosed to your financial adviser and to our agents and service providers on the basis that they deal with such information in accordance with the relevant entity's privacy policy. Information may also be disclosed to third parties if that disclosure is required or authorised by law.

If you become an investor in a fund, your information might also be used or disclosed from time to time to inform you about our products, services or offers that we think might be of interest to you.

Under the Privacy Act 1988 (Cth), you may request access to your personal information held by us or our related bodies corporate and associates. You can obtain a copy of our privacy policy electronically at fortlake.com.au. You can also contact us to make such a request or to arrange for a copy of the relevant entity's privacy policy to be sent to you (free of charge) by calling our Client Services team on 1300 110 344 or by writing to:

CFS Complaints Resolution
Reply Paid 27
Sydney, NSW, 2001
Australia

Anti-money laundering and counter-terrorism financing laws

Under anti-money laundering and counter-terrorism financing laws, we have obligations to address money laundering and terrorism financing risks. We reserve the right to request such information as is necessary to enable us to:

- Comply with our obligations under relevant laws, including reporting relevant matters to the Australian Transaction Reports and Analysis Centre (AUSTRAC).
- Verify the identity of an investor and (if appropriate) any beneficial owner of the investor, and collect details such as an investor's occupation (for individuals) or business activity (for companies/other entities) as well as investor's source of investment funds.

In the event of a delay or failure by the investor to produce any information required for verification purposes, we may refuse to accept an application. We may also refuse to process a transaction in relation to your investments, or delay or block or refuse a transaction, where we have reasonable grounds for believing that the transaction will breach relevant laws.

By signing this Application form, you acknowledge, understand and agree that:

- CFSIL and Link Market Services might be required to carry out a procedure to verify your identity before processing your application and carrying out your investment instructions from time to time thereafter.
- CFSIL may request or require additional personal or entity information in order to fulfill its legislative obligations, and failure by you to supply the required information in a timely manner might result in CFSIL being prevented by law from processing your application and carrying out your investment instructions from time to time. Where the processing of your application or the carrying out your investment instructions is delayed or refused, CFSIL and its associated entities are not liable for any loss you might suffer (including consequential loss) howsoever caused in connection with our investment in a fund.
- Transactions might be delayed, blocked or refused where CFSIL has reasonable grounds to believe that the transaction breaches relevant laws, including sanctions or the laws or sanctions of any other country. Where transactions are delayed, blocked or refused, CFSIL and its associated entities are not liable for any loss you might suffer (including consequential loss) howsoever caused in connection with our investment in the a fund.
- CFSIL has certain reporting obligations under anti-money laundering and counter-terrorism financing laws, including the reporting of 'suspicious matters' to AUSTRAC, and that the laws might prevent CFSIL from informing you that any such reporting has taken place.
- Where legally obliged to do so, CFSIL may disclose the information gathered to regulatory and/or law enforcement agencies, including the AUSTRAC.

Tax file number

If you choose not to quote your TFN/ABN or claim an exemption, we are required to deduct tax at the highest marginal rate plus the Medicare levy from any income payable to you. If provided, your TFN/ABN will apply automatically to any future investment in the fund(s) unless you indicate otherwise. You can choose not to quote your TFN/ABN or claim an exemption. Deciding not to quote a TFN is not an offence. We are authorised to receive TFN information under tax law. For more information about TFNs/ABNs, please contact the Australian Taxation Office.



Tax file number exemption details

Any applicant who has a TFN but is exempt from tax should still quote their TFN. Exempt applicants should then indicate their exemption in the relevant section of this form to avoid tax being deducted from any income distribution. Applicants in the name of a trustee on behalf of a minor should quote their TFN.

Email terms and conditions

By signing this Application form, you acknowledge, understand and agree that if you send us or Link Market Services (each a 'Recipient') information by email:

- Electronic communication is inherently unreliable and confirmation of receipt by Fortlake of any email should be sought by contacting Client Services. Fortlake will not accept your email record as evidence of our receipt of any electronic communication via facsimile or email.
- Only persons authorised by you may give email instructions, notices or forms (each a 'Communication') to a Recipient.
- Each Recipient is entitled to assume that you have authorised any Communication given by email that purports to have been sent by you, or on your behalf, and that each Recipient is not required to investigate or confirm that authority. This applies whether or not there are circumstances that might suggest that the Communication was unauthorised, unless the Recipient has actual knowledge that the Communication was unauthorised.
- No Recipient will have any liability to you or any other person for the Recipient's reliance on any Communication given by email, whether or not you authorised the Communication.
- A Recipient may refuse to act on any Communication given by email for any reason, or refuse to act until the Recipient receives confirmation of the Communication (or the instructions stated therein) from you by other means.
- A Recipient need not confirm the validity of the Communication or its contents, and will have no liability to you or any other person for any consequences resulting from its refusal to act on any Communication.
- You release and indemnify each Recipient and its associates against any cost, expense, liability or claim suffered or incurred by any of them as a consequence of accepting and acting on a Communication given by fax or email.
- We may determine, from time to time, which instructions, notices or forms will be considered to be Communications that we can receive by email or which a Recipient is bound to honour. Generally, only those forms that expressly state can be sent to a Recipient by email may be given to a Recipient in this manner.
- We reserve the right to suspend or cancel the facility by which an email can be given to a Recipient.

- You agree to comply with our terms and conditions, as they may change from time to time, in relation to sending Communications by fax or email, including complying with any security or verification procedures established or required by a Recipient from time to time.

Declaration

By submitting this form, you:

- (a) confirm that you are not a US citizen, that you are not resident in the US, and that you do not have an obligation to pay tax to the US tax authorities on your worldwide income;
- (b) confirm that you have provided your tax residency status, including all countries in which you are a tax resident and the respective TIN or relevant excuse;
- (c) confirm you will advise CFSIL within 30 days of any change in circumstances that affect your tax residency status;
- (d) confirm you are not a politically exposed person;
- (e) declare that you received an electronic or paper copy of the PDS before or at the same time as you received this Application form and have read and understood the PDS for the relevant fund(s) to which this Application form relates;
- (f) agree to be bound by the terms and conditions of the PDS, this Application form and the terms of the constitution of the relevant fund(s) in which you are invested (as amended from time to time);
- (g) have received and accepted this offer in Australia;
- (h) acknowledge that CFSIL reserves the right to accept or reject this application in whole or in part for any reason;
- (i) confirm that you are 18 years of age or over (for individual or joint investors);
- (j) confirm that you have the legal power and are duly authorised to make this application;
- (k) confirm that you will receive information from CFSIL about the fund(s) and your investments in a fund via Fortlake secure website access;
- (l) confirm that the Annual Financial Reports for the fund(s) in which you invest will be delivered or otherwise made available in the manner described in Section K above;
- (m) confirm that your financial adviser will receive information about your investments, where you have expressly agreed to this in Section L above;
- (n) confirm that you have read the privacy information in the terms and conditions and consent to the collection, use, storage and disclosure of your personal information as described in this form. In addition, any personal information collected for the purposes of the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS) will be:



- (i) used for the purpose of meeting the Issuer’s obligations under CRS and the Intergovernmental Agreement (IGA) between Australia and the U.S. implementing the U.S. legislation known as FATCA;
- (ii) used for other purposes relating to your holding such as to verify your identity and to review and correct discrepancies in the information recorded about you and your holdings;
- (o) confirm that you acknowledge, understand and agree to the matters set out in the anti-money laundering and counter-terrorism financing laws section above in respect of the application of those laws;
- (p) declare that you are not aware and have no reason to suspect that your application monies have been derived from, or are related to, money laundering or the financing of terrorism;
- (q) acknowledge that neither Fortlake nor CFSIL make any representation as to the performance of, or the rate of income or capital return from, or recovery of money invested in, a fund;
- (r) agree to submit this form by post;
- (s) agree to submit additional application instructions by email or post;
- (t) agree to submit withdrawal instructions by post or email if your nominated bank details have not changed;
- (u) where instructions are given by email, agree to be bound by the email terms and conditions set out in the email terms and conditions section above;
- (v) authorise Link Market Services to act upon instructions by post or email (as applicable) with regard to the units in fund(s) subscribed for (and any further units acquired) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done in accordance with such instructions and notwithstanding the same was not signed or sent by you. You agree that this authorisation shall remain in force until Link Market Services receives notice in writing of its termination;
- (w) declare that, at the time of signing, you have not received notice of revocation of the power of attorney (if you are signing this form under a power of attorney); and
- (x) acknowledge that the Corporations Act 2001 (Cth) prohibits any person from passing on to another person this Application form unless it is attached to or accompanied by the complete and unaltered PDS for the relevant fund.
- (y) confirm that you acknowledge and understand that CFSIL will not issue units until money is received from your nominated financial institution. Units will be issued at the unit price on the day payment is received subject to the daily cut-off times of the applicable fund(s). As a result there might be a delay between the day an electronic transaction is initiated by you and the day units are issued by CFSIL;
- (z) confirm that you will obtain and read the current Product Disclosure Statement (PDS) or Information Memorandum (IM) for the relevant fund together with other important information taken to form part of the PDS when making an additional application.

Signatures

When you sign below, you are executing this document as a deed.
Please ensure you provide certified ID for all signatories as per [Section N](#).

Investor type	Who should sign
Individual	Where the investment is in one name, the investor must sign
Joint investors	Where the investment is in more than one name, all investors must sign.
Company	Two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary.
Trust	Each trustee must sign or, if a corporate trustee, then as for a company.
Partnership	Each partner.
Association or registered co-operative	Each office bearer.
Government body	Relevant authorised signatory(ies).
Power of Attorney	Relevant authorised signatory(ies).



Signature 1

Name

Date

Signature

- Investor 1 (individual) Director
- Secretary Sole director & secretary
- Partner Non-corporate trustee
- Other office bearer or attorney (please specify)

Signature 2

Name

Date

Signature

- Investor 2 (individual) Director
- Secretary Partner
- Non-corporate trustee
- Other office bearer or attorney (please specify)

If there are more than two trustees, partners or office bearers, please provide their signatures and details on a separate sheet and tick this box.

If applicable, please provide an original certified copy of a power of attorney or board resolution evidencing the authority of signatories to transact on this account.

Checklist – Before sending this form, make sure you have:

- Completed each section that applies to you. (Refer to page 2 for further information.)
- Signed and dated the form (Section M).
- Provided all applicable certified investor identification documents (Section O).
- Include

Please post this form and identification documents to the following address:

Fortlake Asset Management
C/- LINK Market Services Limited
Locked Bag 5038
Parramatta NSW 2124

Or email enquiries@fortlake.com.au

If you have any questions, please contact our Client Services team on 1300 110 344 or email enquiries@fortlake.com.au



Section N – Investor identification verification

To enable us to comply with the Australian anti-money laundering and counter-terrorism financing laws and other regulatory requirements, you will need to provide us with some identification documents as outlined in [Section O](#).

Please do not send original documents. Send only certified copies of original documents as documents will not be returned. We do not accept copies sent by fax or email.

How to certify your documents

On the first page of the copy of the original document, the acceptable independent certifier must follow in writing the below certification guideline:

I, (full name), of (address), (occupation), certify on this (date) day of (month and year) that this document is a complete and accurate copy of the original document sighted by me.

Signed (signature), (contact number)

The certification date on identification documents should not be older than 12 months when it is received by us in the post.

Who can certify your documents

- A legal practitioner who is enrolled with the Supreme Court of a state or territory, or the High Court of Australia.
- A judge, master of a court, or magistrate.
- A registrar, deputy registrar or clerk of a court.
- A Justice of the Peace or notary public.
- A police officer.
- A member of an Australian parliament or legislature.
- An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public.
- An Australian Consular Officer or Australian Diplomatic Officer
- A bank, credit union, building society or finance company officer with two or more continuous years of service.
- An officer with, or authorised representative of, a holder of an Australian financial services or credit licence, having two or more continuous years of service with one or more licensees.
- A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants.
- A member of the Association of Taxation and Management Accountants or fellow of the National Tax Accountants' Association.
- A teacher employed on a full-time basis at a school or tertiary education institution.
- Any other person as permitted by the AML and CTF laws.



Section O – Supporting documents

Please refer to the applicable section below, as per your investor type, and provide the relevant identification documents.

All foreign language documents must be accompanied by an English translation prepared by an accredited translator.

Individuals, sole traders, individual trustees, beneficial owners, appointers, partners, individual governing members of an association or registered co-operative

Select Option 1 or Option 2 below.

For an applicant who is a natural person, the document you provide must not have expired (unless it is an Australian passport).

Option 1 – Provide one certified primary photographic identity document from the list below.

Primary photographic identity documents

- Driver's licence or permit under an Australian State/Territory Government or an equivalent authority of a foreign country.
- Australian passport (current or expired within the last two years).
- Foreign passport or other international travel document that has a photograph and signature of the individual
- Proof of age card issued by an Australian State/Territory Government.
- National identity card issued by a foreign government that has a photograph and signature of the individual.

Option 2 – Provide one certified primary AND one certified secondary non-photographic identity document from the lists below.

Primary non-photographic identity documents

- Australian or foreign birth certificate.
- Australian or foreign citizenship certificate.
- A Centrelink Pension card or a Centrelink Healthcare card.

Secondary non-photographic identity documents

- Local government notice (e.g. council rates) or utilities notice (e.g. electricity or phone bill) issued within the last 3 months.
- Income tax assessment notice issued within the last 12 months containing your name and address.
- Financial benefit notice issued by the Commonwealth, state or territory within the last 12 months containing your name and address.

Companies

Follow instructions for the company type below.

- Australian companies or Australian corporate trustees:** We will perform the verification process to establish the identity. (You do not need to provide documentation.)
- Foreign companies:** Provide a certified certificate of registration, licence or other records issued by your foreign regulator

Custodians

Provide one of the first two document options below, and the third document if applicable.

- A certified extract of the custody agreement.
- Letter from the operator/issuer of the relevant fund/scheme.
- Custodians who are acting in the capacity of a trustee: Also provide written certification that you have carried out all applicable customer identification procedures and ongoing customer due diligence requirements in accordance with Chapter 15 of the AML/CTF Rules in relation to your underlying customers prior to, or at the time of, investing in our funds.



Self-managed superannuation funds (SMSF)

Follow instructions for the SMSF trustee type below.

- Individual trustees:** Provide identity documents as per the individual trustees section.
- Corporate trustees:** We will perform the verification process to establish the identity. (You do not need to provide documentation.)

Trusts (not including SMSF)

Provide the documents below for each trust type.

- Unregulated trusts:** (e.g. family trusts, but not testamentary trusts; please see below): A certified copy of the trust deed or a certified copy of an extract(s) from the trust deed that identifies the name of the trust, trustee(s), settlor and appointer (if applicable), place of establishment of the trust and identity of the beneficiaries.
- Testamentary trust:** Either a certified copy of the trust deed or a certified copy of the will and grant of probate.
- Registered managed investment scheme:** A copy of the offer document or PDS.
- Unregistered managed investment scheme:** (as described in [Section D](#) on page 6): A certified copy of the trust deed/constitution and a copy of the offer document.
- Government superannuation fund:** A copy or extract of the legislation establishing the fund.

Partnerships

Provide one of the documents below and identification documents for all partners as per the applicable partners section.

- A certified copy or certified extract of a current partnership agreement or minutes of a partnership meeting including the full name of the partnership, country of establishment, registered business name, and full name and residential address of each partner.

Associations and registered co-operatives

Provide one document below and identification documents for all individual governing members as per the applicable section.

- A certified copy of the constitution or rules of the association or co-operative.
- A certified copy of a certificate issued to the association or co-operative by ASIC or other regulator.
- A certified copy of the minutes of an association or co-operative meeting.

Government body

Provide the document below.

- A copy or extract of the legislation establishing the government body.

Power of Attorney

Provide both of the documents below.

- A certified copy of the Power of Attorney holder's driver's licence, passport or other photographic identification that confirms the full name, residential address and signature.
- A certified copy of the Power of Attorney that confirms that any attorney completing and signing this form is authorised to do so under the Power of Attorney. If the Power of Attorney document does not contain a sample of each attorney's signature, please also provide a list containing the name of each attorney and a sample of each attorney's signature.