Colonial First State | FORTLAKE ASSET MANAGEMENT

Fortlake Funds

Application forms

Issue No 2026/1, dated 22 June 2026
Issued by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468

Application form checklist and forms

Indirect investors should contact their IDPS operator to find out what forms they need to complete to invest in the funds.

Direct investors should submit this form via our secure online system by logging in to FirstNet at cfs.com.au
Once logged in, select **e-Post** or **My Account**, and select **e-post a request or upload scanned form**.

Application form (refer to page A5)

To ensure that we are able to process your application quickly and efficiently, please check that you have completed the following steps:

Step 1 – Part A	**Your details** – Complete sections 1–8
Account details	Nominate to open a new account or invest additional funds in an existing account.
Investor details	Provide your full name, date of birth, occupation, industry and Tax File Number (TFN) or exemption (refer to alternate codes in bold below): **E** Exemption – please write the full name of the benefit that you receive (e.g. 'Age Pension') **N** Non-resident – please write the full name of your country of residence **O** Not for profit organisations – who are not required to lodge a TFN **D** No TFN or do not wish to quote a TFN
Contact details	Provide your contact details, including residential address.
Tax details	Please complete this section if you are a resident, or tax resident, of a country other than Australia.
Online services	You are automatically provided with access to online services.
Bank account details	Provide your bank account details (if applicable).
Income distributions	Nominate your distribution payment instructions.

Step 2 – Part B	**Your investment** – Complete sections 9–10
Payment details	Indicate your method of payment. If investing by direct debit, please complete your bank details in section 7.
Investment allocation	Complete your investment allocation details including the percentage to be attributed to each fund.

Step 3 – Parts C & D	**Other information and declaration** – Complete sections 11–12
Adviser service fee	You only need to complete this section if you have agreed with your financial adviser to have an ongoing and/or one-off adviser service fee deducted from your investment.
Declaration and signature	Sign the declaration. If you are signing under an authority provided under a legally binding authority, such as a Power of Attorney or a Guardianship, please comply with the following: • Attach a certified copy of the document. • Each page of the document must be certified by a Justice of the Peace, Notary Public or Solicitor. • Should the document NOT contain a sample of the authority holder's signature, please also supply a certified copy of the identification documents for the authority holder, containing a sample of their signature, e.g. Driver's Licence, Passport, etc. • The authority holder will also need to complete a 'Power of Attorney (POA) & Guardianship Order' form (to enable us to establish the identity of the authority holder) which can be obtained from our forms library at cfs.com.au or by phoning Investor Services on 13 13 36.

Step 4	**Identification and verification**
For individual/joint accounts (including sole traders)	You or your adviser must also complete the identification and verification form on page B1 so that we can establish your identity or the identity of other people associated with your account.
Australian companies	CFSIL will perform the verification procedure, however, if we cannot access the information to complete the procedure, we may ask you to provide us with further information.
Registered managed investment schemes/regulated trusts (e.g. an SMSF)/Government Superannuation Fund	CFSIL will perform the verification procedure, however, if we cannot access the information to complete the procedure, we may ask you to provide us with further information. If the responsible entity/trustee is a foreign company, you or your adviser must also complete the appropriate identification form which can be found in our forms library at cfs.com.au/forms
Foreign companies, partnerships, non-regulated trusts and other entity types	You or your adviser must also complete the appropriate identification form which can be found in our forms library at cfs.com.au/forms so that we can establish your identity or the identity of other people associated with your account.
For your agent	If you are appointing an agent, the appointment of agent form (which includes the identification form) must be completed so that we can establish their identity. This form can be found in our forms library at cfs.com.au/forms
For verifying officers	If you are appointing a verifying officer (for non-individual investors), then the verifying officer form must be completed so that we can establish their identity. This form can be found in our forms library at cfs.com.au/forms

Additional information on setting up alternative account types

Joint accounts

If this is a joint application and you have not advised us otherwise, either applicant may operate and transact on the account without the authority of the other applicant.
Note: If there is a dispute relating to your account (for example, inconsistent instructions given by the applicants), we reserve the right not to process the transaction until we receive a court order, which advises us on how to deal with your account.

Accounts on behalf of a minor

We do not accept any investments in the name of a minor (under 18 years of age); however, the investment may be held 'as designation' for the minor. In order to set up an account as designation for a minor, please insert the minor's name in the 'Account designation' field under **section 3**. It is important that you also complete Investor 1 and/or Investor 2 as owner(s) of the account, and provide the TFN(s) of the investor(s) rather than the minor. If you would like to set up accounts for more than one minor, then you will need to complete a new application form for each minor.

Superannuation fund or trust

Please insert the entity's name under 'Superannuation fund/ trust'. We will also require information of the trustees. To supply this trustee information, please complete Investor 1 and/or Investor 2 if trustees are individuals. If the trustee is a company, please complete the 'Company name' field.

Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Colonial First State Investments Limited, User ID 619909, ABN 98 002 348 352 (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation. By agreeing to a Direct Debit request by the method presented, you authorise Colonial First State Investments Limited, User ID 619909 to arrange for funds to be debited from your nominated Account in accordance with the Agreement. Billing advice will be issued in accordance with the Agreement.

Our commitment to you

- We will send you regular transaction statements in addition to the initial confirmation of your drawings.
- Where the due date for a drawing falls on a non-business day, we will draw the amount on the next business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least thirty (30) days written notice sent to the preferred email or address you have given us. If you are unhappy with any changes we make, you may cancel your direct debit arrangement without fee or charge by providing us with written notice as outlined under the heading 'Your rights'.
- We may terminate your direct debit arrangement if drawings are returned unpaid, or if debit is unsuccessful three times in any 12-month period.
- We may disclose your direct debit and related account details at the request of your financial institution in connection with a claim made for an alleged incorrect or wrongful debit, or to the extent specifically required by law. Otherwise, we will keep all information provided by you, and details of your nominated account at the financial institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 21 business days.

Your commitment to us

- It is your responsibility to check with your financial institution whether direct debiting is available from your account as direct debiting is not available through BECS on all accounts offered by financial institutions.
- It is your responsibility to ensure that the authorisation on the direct debit request is identical to the account signing instruction held by the financial institution of the nominated account.
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternative payment method if the drawing arrangements are stopped either by you or by the nominated financial institution.
- It is your responsibility to meet any charges resulting from the use of the direct debit system. This may include fees charged by us as a result of drawings returned unpaid, such fees being equal to actual costs we incur.

Your rights

- You may request to defer or alter the agreed drawing schedule by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing.
- You may cancel the direct debit arrangement at any time by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing.
- Your nominated financial institution may also accept a request to cancel your direct debit arrangement with us.
- All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 21 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account. Alternatively you can contact your financial institution for assistance.

Please phone Investor Services on 13 13 36 with any enquiries or send an email to contactus@cfs.com.au

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Colonial First State

Fortlake Funds Application Form

Save

Print

22 June 2026

Units in the fund will only be issued on receipt of this application form and any documents required to be attached, issued together with the PDS for this fund dated 22 June 2026. Please phone Investor Services on **13 13 36** with any enquiries.

Prior to submitting this form, please ensure you have filled out all the necessary sections and signed and dated the declaration. All fields marked with an asterisk (*) are mandatory for the completion of this request.

Please phone Investor Services on 13 13 36 with any enquiries.

If you are an **individual investor** (including sole trader), go to sections 1, 3, 4, 6, 7, 8, 9, 10, 11 and 12.

If you are an **Australian company,** go to sections 1, 2, 4, 5, 6, 7, 8, 9, 10, 11 and 12.

If you are a **Trust,** go to sections 1, 2, 4, 5, 6, 7, 8, 9, 10, 11 and 12. You may also need to go to section 3 or 5 as outlined in the instructions below.

All other investors, go to sections 1, 2, 4, 5, 6, 7, 8, 9, 10, 11 and 12, as well as the appropriate identification form which can be found in our forms library at cfs.com.au/forms

The Target Market Determinations (TMD) for our financial products can be found at cfs.com.au/tmd and include a description of who the financial product is appropriate for.

How to return your form

Submit this form via our secure online system by logging in to FirstNet at cfs.com.au. Instructions are available at cfs.com.au/online-access

1 ACCOUNT DETAILS

Type of investment

New ☐ Go to **Section 2 (non-individual investors including all Trusts)** or **Section 3 (individual investors)** and complete sections required

Additional ☐ Please provide account details below and go to **Section 6**

Existing account name

Existing account number: 1 2 0

2 NON-INDIVIDUAL INVESTORS DETAILS – Company/trusts/partnership/superannuation fund or other entity

Select the appropriate box to indicate the type of investor you are:

☐ Self Managed Super Fund ☐ Trust ☐ Company ☐ Partnership

Other, please specify

Full name of company/partnership/trustee/other entity*

Full name of superannuation fund/trust*

Primary business/trust activity*

Are you a charity?* Yes ☐ No ☐

Is your entity's primary business activity investing? Select 'Yes' if:

- of the total income the entity earns, more than 50% of this income is from investment activities; for example, rent, interest or dividends, and/or
- of the assets the entity holds, more than 50% of these assets produce or are held for producing investment income Yes ☐ No ☐

Country established, if not Australia*

ABN/ARBN/ARSN (if any)

Tax File Number (superannuation fund/trust/company – if applicable)

Postal address

Unit number | Street number | PO Box | Street name

Suburb | State | Postcode

Country

32383/FS8521A/0526

2 NON-INDIVIDUAL INVESTORS DETAILS – Company/trusts/partnership/superannuation fund or other entity (Continued)

Work phone number

Home phone number

Mobile phone number

Email address

We will use your contact details in the following way:

By providing your email address and mobile number you are consenting to receive important information about your account including statements, transaction confirmations, significant event notices and other information and notices that we are legally required to provide via your account online. You are also consenting to receive education, market updates and marketing communications about our products and services via email, your account online, SMS, CFS app or other electronic means.

You are able to change your communications preferences at any time via your secure online login or by calling us on 13 13 36. However, you are unable to opt out of receiving communications which we are required to send you by law.

Your contact details will also be used for security validations and to provide secure access to your account. For more information refer to the CFS Privacy Policy, which is available on our website at cfs.com.au/privacy

If you are:

- a trust, complete the trusts section below or
- an Australian company, go to section 5.

For all other entity types, complete the appropriate identification form which can be found in our forms library at cfs.com.au/forms and go to section 6.

TRUSTS

Complete this additional section **only** if you are a Trust.

GENERAL INFORMATION

Full name of superannuation fund/trust*

Full business name (if any)

Country where trust established*

Type of Trust (select only one of the following trust types and provide the information requested)

☐ **Registered managed investment scheme**

Provide Australian Registered Scheme Number (ARSN)

☐ **Regulated trust (e.g. an SMSF)**

Provide name of the regulator (e.g. ASIC, APRA, ATO)

Provide the trust's ABN or registration/licensing details

☐ **Government superannuation fund**

Provide name of the legislation establishing the fund

If the trust is a registered management investment scheme, regulated trust (e.g. an SMSF) or government superannuation fund, you need to provide additional information about only **one** of the trustees, that is:

- where the selected trustee is an individual trustee go to section 3 or
- where the selected trustee is an Australian company trustee go to section 5.

☐ **Other trust type**

Trust description (e.g. family, unit, charitable, estate)

If you have selected 'other trust type' or you are a foreign company trustee you need to complete the appropriate Trust Identification form which can be found in our forms library at cfs.com.au/forms and then go to section 6.

3 INDIVIDUAL INVESTOR DETAILS

If you are an investor that is an individual (including a sole trader) or an individual Trustee, please complete this section.

INVESTOR 1 (INDIVIDUAL ACCOUNTS)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full given name(s)*

Surname*

Date of birth* (dd/mm/yyyy)

Gender Male ☐ Female ☐

Occupation*

Your main country of residence, if not Australia*

Tax File Number or reason for exemption (refer to page A2)

or code

Are you a tax resident of another country?* Yes ☐ No ☐

If you are tax resident of another country, please also complete section 4.

Australian or New Zealand residential address (PO Box is NOT acceptable) – Investor 1 (including sole trader)*

Unit number Street number

Street name

Suburb

State Postcode

Country

Email address for investor 1

INVESTOR 2 (JOINT ACCOUNTS)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full given name(s)*

Surname*

Date of birth* (dd/mm/yyyy)

Gender Male ☐ Female ☐

Occupation*

Your main country of residence, if not Australia*

Tax File Number or reason for exemption (refer to page A2)

or code

Are you a tax resident of another country?* Yes ☐ No ☐

If you are tax resident of another country, please also complete section 4.

Australian or New Zealand residential address (PO Box is NOT acceptable) – Investor 2 (if applicable and different to Investor 1)*

Unit number Street number

Street name

Suburb

State Postcode

Country

Email address for investor 2 (if applicable)

Note: You are not obliged to disclose your TFN, but there may be tax consequences. Refer to the PDS for information on the implications of not providing your TFN.

Postal address (if different to residential address)

Unit number Street number PO Box Street name

Suburb State Postcode

Country

Work phone number

Home phone number

Mobile phone number

We will use your contact details in the following way:

By providing your email address and mobile number you are consenting to receive important information about your account including statements, transaction confirmations, significant event notices and other information and notices that we are legally required to provide via your account online. You are also consenting to receive education, market updates and marketing communications about our products and services via email, your account online, SMS, CFS app or other electronic means.

You are able to change your communications preferences at any time via your secure online login or by calling us on 13 13 36. However, you are unable to opt out of receiving communications which we are required to send you by law.

Your contact details will also be used for security validations and to provide secure access to your account. For more information refer to the CFS Privacy Policy, which is available on our website at cfs.com.au/privacy

3 INDIVIDUAL INVESTOR DETAILS (CONTINUED)

SOLE TRADER (complete this additional section only if you are a sole trader)

Full business name of sole trader*

Full address (PO Box is NOT acceptable) of principal place of business*

Unit number | Street number | Street name

Suburb | State | Postcode

Country

ABN (if any) of sole trader*

ACCOUNT DESIGNATION

Only use to indicate a minor's name for an account designation (refer to page A3)

Please go to section 6.

4 TAX DETAILS

If you answered 'Yes' to 'Are you a tax resident of another country?', please complete this section.

If you are a tax resident of a country other than Australia, please provide your Tax Identification Number (TIN) or equivalent below. If you are a tax resident of two or more countries, please list them below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia. If no TIN is provided, please list one of the codes specified, A, B or C. For US Citizens, we are not able to process an application without a TIN.

INVESTOR 1

Are you a tax resident of Australia? Yes ☐ No ☐

Country

TIN | Code

Country

TIN | Code

Country

TIN | Code

INVESTOR 2

Are you a tax resident of Australia? Yes ☐ No ☐

Country

TIN | Code

Country

TIN | Code

Country

TIN | Code

If there are more countries, provide details on a separate sheet and cross this box. ☐

If no TIN is listed, write:

Code A The country of tax residency does not issue TINs to tax residents

Code B The individual has not been issued with a TIN

Code C The country of tax residency does not require the TIN to be disclosed.

5 AUSTRALIAN COMPANY DETAILS

If you are an Australian company or the Trustee (of a Trust) that is an Australian company, please complete this section. If you are a foreign company or a trustee that is a foreign company, complete the identification form which can be found in our forms library at cfs.com.au/forms and go to section 6.

5.1 GENERAL INFORMATION

Full name as registered by ASIC*

Australian Company Number (ACN)*

Registered office address (PO Box is NOT acceptable)*

Unit number | Street number | Street name

Suburb | State | Postcode

Country

Principal place of business (if any) (PO Box is NOT acceptable)

Unit number | Street number | Street name

Suburb | State | Postcode

Country

5.2 REGULATORY/LISTING DETAILS (select if any of the following categories apply to the company and provide the information requested)

☐ **Regulated company** (A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'Regulated' means subject to supervision beyond that provided by ASIC as a company registration body) Examples include: Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees.

Regulator name

Licence details

☐ **Australian listed company**

Name of market/exchange

☐ **Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market/exchange

☐ **None of the above**

5.3 COMPANY TYPE (select only one of the following categories)

☐ **Public** (companies whose name does NOT include the word Pty or proprietary; generally listed companies) Go to section 6.

☐ **Proprietary** (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies) Go to sections 5.4 and 5.5 and then go to section 6.

5.4 DIRECTORS (only needs to be completed for proprietary companies)

This section does NOT need to be completed for Australian public and listed companies.

How many directors are there? ☐ provide full name of each director

Full given name(s)*	Surname*

If there are more directors, provide details on a separate sheet.

5 AUSTRALIAN COMPANY DETAILS (CONTINUED)

5.5 BENEFICIAL OWNERS (only needs to be completed for proprietary companies)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

Beneficial owner 1

Full given name(s)*

Surname*

Date of birth*

(dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)*

Unit number | Street number | Street name

Suburb | State | Postcode

Country

Beneficial owner 2

Full given name(s)*

Surname*

Date of birth*

(dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)*

Unit number | Street number | Street name

Suburb | State | Postcode

Country

Beneficial owner 3

Full given name(s)*

Surname*

Date of birth*

(dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)*

Unit number | Street number | Street name

Suburb | State | Postcode

Country

6 ONLINE SERVICES

Please note that you will be automatically granted access to manage your investment over the internet through FirstNet. Online access is provided under the 'Terms and Conditions' section in this PDS or online.

7 BANK ACCOUNT DETAILS

You can only nominate a bank account that is held in your name(s). If you wish to nominate a bank account that is held in different name(s), please complete the separate Direct Debit Request form on page C1. By providing your bank account details in this section, you authorise CFSIL to use these details for all future transaction requests that you nominate.

BANK ACCOUNT 1

Please provide your account details in this section if you have requested us to debit or credit your bank account.

Name of Australian financial institution

Branch name

Branch number (BSB) | Account number

Name of account holder

BANK ACCOUNT 2

Only complete your account details in this section if you would like your **regular investment plan** debited from a **different** bank account.

Name of Australian financial institution

Branch name

Branch number (BSB) | Account number

Name of account holder

8 INCOME DISTRIBUTIONS

A nomination in this section overrides any previous nominations. Distributions will be reinvested unless otherwise stated. Select one box only.

How would you like your income distributions to be paid?

Reinvested in the fund ☐

Credit to my/our bank account ☐ Make sure you also complete your bank account details in **section 7**.

PART B – YOUR INVESTMENT

9 PAYMENT DETAILS

How will this investment be made? **NOTE:** Cash is not accepted.

A minimum total investment of $25,000 is required to establish an account. A $10,000 minimum initial balance is required if a regular investment plan is set up at commencement of the account. The minimum regular investment plan amount is $500 per month.

Total amount to be invested $ _____ including any internal transfers shown below.

We can only accept funds in Australian dollars.

Direct debit ☐ Earliest date funds are to be direct debited (leave blank if we can direct debit when your application is processed) _____ (dd/mm/yyyy)

Internal transfer ☐ Funds coming from a Colonial First State account _____ Please attach a redemption request.

If you're looking to make a BPay payment, please use the following details:

Biller code: 625285

Reference number: 1 + account number

10 INVESTMENT ALLOCATION

The minimum initial investment is $25,000. Your regular investment plan will not commence until an initial investment is received.

Risk measure categories

The table below outlines the different risk measure categories of the investment funds. Please refer to the PDS for more information on risk measure categories.

Risk band	Risk label	Estimated number of negative annual returns over any 20-year period
1	**Very low**	Less than 0.5
2	**Low**	0.5 to less than 1
3	**Low to medium**	1 to less than 2
4	**Medium**	2 to less than 3
5	**Medium to high**	3 to less than 4
6	**High**	4 to less than 6
7	**Very high**	6 or greater

Fund name	Fund code	Minimum suggested timeframe	Risk band	Initial or additional investments	Regular investment plan (per month) ($500 minimum per month)
Fortlake Real-Income Fund	120/97	At least 3 years	5	$	$
Fortlake Real-Higher Income Fund	120/98	At least 5 years	6	$	$

☐ Select this box if you would like to increase your regular investment plan amount in line with inflation (CPI), up to a maximum of 3% each year.

PART C – OTHER INFORMATION

11 ADVISER SERVICE FEE

Would you like to nominate an adviser service fee?

☐ Yes ☐ No

To add an adviser service fee to your account, please fill out a standalone adviser service fee consent form.

PART D – DECLARATION

12 DECLARATION AND SIGNATURE

We are required by law to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g. passport, driver's licence, birth certificate, Medicare, social security) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at www.dvs.gov.au

About your application

You acknowledge that if your application to become a unitholder is accepted, your unitholding will be subject to the terms of the Constitution.

By applying for Fortlake Funds, you:

- confirm that you have received and read the Fortlake Funds Product Disclosure Statement
- confirm that you have accepted this offer in Australia
- confirm that you have received the PDS personally or electronically and it was included with or accompanied by this application form
- declare that answers to all questions, declarations and all information supplied by you or on your behalf in relation to this application is true and correct
- declare that you have legal power to invest
- understand that if this is a joint application, each of you agrees that your investment is as joint tenants, unless otherwise indicated on this application or in the relevant investment fund's terms and conditions; this means each of you is able to operate the account and bind the other(s) to any transaction, including investments or withdrawals by any available method
- confirm that if you are investing as trustee on behalf of superannuation fund or trust, you are acting in accordance with your designated powers and authority under the trust deed; in the case of superannuation funds, you also confirm that it is a complying fund under the *Superannuation Industry (Supervision) Act 1993*
- when you give us personal information about another person, you represent that you are authorised to do so and agree to inform that person of the contents of this statement as it relates to them

12 DECLARATION AND SIGNATURE (CONTINUED)

- confirm that by investing (and remaining invested) with CFSIL, you give your consent to the collection, use and disclosure of personal information as set out in the PDS and the CFS Privacy Policy available at cfs.com.au/privacy
- declare that you are not in the United States or a 'US Person' (as defined in Regulation S under the *US Securities Act 1933*, as amended) in the United States, nor are you acting for the account or benefit of a US Person
- declare that you are not a European Union citizen residing in the European Union
- declare that you are not a Sovereign entity, or part of a Sovereign entity group, or a superannuation fund for foreign residents, as defined in the *Income Tax Assessment Act 1997*
- agree that you will provide CFSIL with additional information if it is needed for CFSIL to comply with its obligations to foreign or domestic regulators
- investments in the funds are subject to investment and other risks, including possible delays in the repayment and loss of earnings.
- understand that the investment performance and the repayment of capital of CFSIL products is not guaranteed
- will promptly advise CFSIL if any information supplied changes
- as an individual, certify that you are the named person or you are authorised to provide information on their behalf
- as an individual, are aware that information provided about you and your accounts may be provided to the relevant tax authorities
- as an entity, are authorised by, and have consent of, the entity and any beneficial owners to provide the information
- as an entity, and any beneficial owners are aware that information about them and the account may be provided to the tax authorities.

About your financial adviser

- You agree that your adviser will receive the payments specified in the adviser service fee consent form via the sale of units from your investment and you consent to CFSIL deducting and paying the adviser service fee as specified in the adviser service fee consent form (if applicable) to your adviser through their dealer group (licensee).

Direct Debit Request Authorisation

- You authorise and request Colonial First State Investments Limited (User ID 619909) to arrange for funds to be debited from my/our account at the financial institution identified in section 7 above and as prescribed through the Bulk Electronic Clearing System (BECS)
- You confirm you have read the 'Direct Debit Request Service Agreement' provided with this form and agree with its terms and conditions
- You request this arrangement to remain in force in accordance with details set out in section 7 and in compliance with the 'Direct Debit Request Service Agreement'.

Product suitability

- I declare that I understand that this product is subject to market risk, meaning its value will fluctuate over time.

The Fortlake Funds is offered by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL).

Joint applicants must both sign.

Acknowledgment of the risk and return characteristics for each selected investment fund.

Please cross the box below to accept the declaration and proceed with the application.

☐ I understand and accept the stated minimum investment timeframe, and risk characteristics of my selected investment allocations, as displayed in the table above.

For more information on the risk and return characteristics of each individual investment fund, please refer to the PDS available from cfs.com.au

Original signature of investor 1 or company officer

Print name

Date

(dd/mm/yyyy)

Acknowledgment of the risk and return characteristics for each selected investment fund.

Please cross the box below to accept the declaration and proceed with the application.

☐ I understand and accept the stated minimum investment timeframe, and risk characteristics of my selected investment allocations, as displayed in the table above.

For more information on the risk and return characteristics of each individual investment fund, please refer to the PDS available from cfs.com.au

Original signature of investor 2 or company officer

Print name

Date

(dd/mm/yyyy)

- If this application is signed under an authority provided under a legally binding authority, such as a Power of Attorney or a Guardianship, the authority holder declares that he/she has not received notice of revocation of that power (a certified copy of the document should be submitted with this application unless we have already sighted it). The authority holder will also need to complete a 'Power of Attorney (POA) & Guardianship Order' form (to enable us to establish the identity of the authority holder) which can be obtained from our forms library at cfs.com.au/forms or by phoning Investor Services on 13 13 36.
- Sole signatories signing on behalf of a company confirm that they are signing as sole director and sole secretary of the company.

PART E – ADVISER DETAILS

ADVISER USE ONLY

Adviser name

Contact phone number

Dealer ID

Adviser ID

Dealer/Adviser stamp (if applicable)

By providing your (adviser) details, you certify that you are appropriately authorised to provide financial services in relation to this product and that you have read and understood the Licensee Terms applicable to your Dealer group.

ADVISER ATTESTATION (MANDATORY)

I confirm that I have provided personal financial advice to my client, and that the advice is current in relation to this transaction. **Note:** If you select No, you must take reasonable steps to ensure the customer is in the Target Market.

☐ Yes ☐ No

Additional comments/instructions:

Colonial First State

Identification and Verification Form – individuals and sole traders

Please complete a separate form for each investor.

Full name of investor

All clients applying for a new account must complete the identification procedures (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws). This form is to assist with those procedures for individuals and sole traders. If you are making an application for a non-individual account (for example, a company or trust), you or your adviser will be required to complete different forms to establish your identity, which can be obtained from our forms library at cfs.com.au/forms or by phoning Investor Services on 13 13 36.

Financial advisers undertake identification and verification procedures by completing sections 1 to 3 of this form or by using other industry standard forms.

If you do not have a financial adviser, you are required to complete sections 1 and 2 of this form and provide certified copies of the ID documents (do not send original documents). **Please note:** For joint accounts, a separate form is required for each investor.

The list of the parties who can certify copies of the documents is set out below. To be correctly certified, we need the ID documents to be clearly noted 'True copy of the original document'. The party certifying the ID documents will also need to state what position they hold and sign and date the certified documents. If this certification does not appear, you may be asked to send in new certified documents.

List of persons who can certify documents[1] (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws):

- Justice of the Peace
- Solicitor
- Police Officer
- Magistrate
- Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- Employee of Australia Post (with two or more years of continuous service)
- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.

SECTION 1: VERIFICATION PROCEDURE

Complete Part 1 (or if the individual does not own a document from Part 1, then complete either Part 2 or Part 3).

Part 1	Acceptable primary photographic ID documents
Select	**Select ONE valid option from this section only**
☐	Australian State/Territory driver's licence containing a photograph of the person
☐	Australian passport (a passport that has expired within the preceding two years is acceptable)
☐	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
☐	Foreign passport or similar travel document containing a photograph and the signature of the person[2]

Continued over the page...

1 There are additional persons who can certify documents. A full list of the persons who can certify documents is available from our forms library at www.cfs.com.au/forms

2 Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.

Part 2	**Acceptable secondary ID documents** – should only be completed if the individual does not own a document from Part 1
Select	**Select ONE valid option from this section**
☐	Australian birth certificate
☐	Australian citizenship certificate
☐	Pension card issued by Services Australia
Select	**AND ONE valid option from this section**
☐	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
☐	A Notice of Assessment issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.
☐	A document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
☐	If under the age of 18, a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school

Part 3	**Acceptable foreign photographic ID documents** – should only be completed if the individual does not own a document from Part 1
Select	**Select ONE valid option from this section only**
☐	Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth[1]
☐	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued[1]

FINANCIAL ADVISER USE ONLY

IMPORTANT NOTE:

- **Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR**
- **Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID documents**

SECTION 2: RECORD OF VERIFICATION PROCEDURE

ID document details	Document 1	Document 2 (if required)
Verified from	☐ Original ☐ Certified copy	☐ Original ☐ Certified copy
Document issuer		
Issue date	(dd/mm/yyyy)	(dd/mm/yyyy)
Expiry date	(dd/mm/yyyy)	(dd/mm/yyyy)
Document number		
Accredited English translation	☐ N/A ☐ Sighted	☐ N/A ☐ Sighted

IDENTIFICATION AND VERIFICATION CONDUCTED BY:

By completing and signing this Record of Verification Procedure, I declare that I have verified the identity of the Customer as required by AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative.

AFS Licensee Name

AFSL No.

Representative/Employee name

Phone number

Signature

Date verification completed

(dd/mm/yyyy)

1 Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.

Colonial First State

Direct Debit Request Form

Save

Print

Prior to submitting this form, please ensure you have filled out all the necessary sections and signed and dated the declaration. All fields marked with an asterisk (*) are mandatory for the completion of this request.

Please phone Investor Services on 13 13 36 with any enquiries.

All account holders must complete **sections 1 and 2**. If a third party is authorising the account holder(s) (shown in **section 1**) to debit their bank account, the third party must complete **section 2** and sign below.

How to return your form

Submit this form via our secure online system by logging in to FirstNet at cfs.com.au. Instructions are available at cfs.com.au/online-access

1 ACCOUNT HOLDER(S)

Please provide your name(s) and/or account number below:

Account number 1 2 0

INVESTOR 1 (individual accounts)

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

Surname

INVESTOR 2 (joint accounts)

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

Surname

COMPANY/PARTNERSHIP (IF APPLICABLE)

Name of company or partnership

Name of contact person

2 ACCOUNT HOLDER(S) OR THIRD PARTY

I/We authorise and request Colonial First State Investments Limited (User ID 619909), until further notice in writing, to arrange for funds to be debited from my/our account at the financial institution identified as described in the schedule below, any amounts which Colonial First State Investments Limited (CFSIL) may debit or charge me/us through the Direct Debit System and in accordance with the Bulk Electronic Clearing System (BECS).

Note: Third party bank accounts cannot be used for transacting online without authorisation and signatures from all account holders.

THE SCHEDULE (ACCOUNT TO BE DEBITED)

Name of Australian financial institution

Branch name or address

Branch number (BSB)

Account number

Name of account holder

Please update the following services with my new bank account details. **Please tick the appropriate box(es):**

☐ Regular Investment Plan ☐ Online Services

Note: By providing bank details in this section you authorise CFSIL to retain these details for all future transaction requests that you nominate. Please refer to the Terms and Conditions in the current Product Disclosure Statement.

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2 ACCOUNT HOLDER(S) OR THIRD PARTY (CONTINUED)

DIRECT DEBIT REQUEST AUTHORISATION

Colonial First State Investments Limited ABN 98 002 348 352, AFSL 232468 (CFSIL) is the issuer of the FirstChoice range of investment products.

We are required by law to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g. passport, driver's licence, birth certificate, Medicare, social security) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at www.dvs.gov.au

- I/We have read the 'Direct Debit Request Service Agreement' provided below and agree with its terms and conditions.
- I/We request this arrangement to remain in force in accordance with details set out in the schedule and in compliance with the 'Direct Debit Request Service Agreement'.

Signature of bank account holder or company officer

Print name

Date signed (dd/mm/yyyy)

Signature of bank account holder

Print name

Date signed (dd/mm/yyyy)

Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Colonial First State Investments Limited, User ID 619909, ABN 98 002 348 352 (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation. By agreeing to a Direct Debit request by the method presented, you authorise Colonial First State Investments Limited, User ID 619909 to arrange for funds to be debited from your nominated Account in accordance with the Agreement. Billing advice will be issued in accordance with the Agreement.

Our commitment to you

- We will send you regular transaction statements in addition to the initial confirmation of your drawings.
- Where the due date for a drawing falls on a non-business day, we will draw the amount on the next business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least thirty (30) days written notice sent to the preferred email or address you have given us. If you are unhappy with any changes we make, you may cancel your direct debit arrangement without fee or charge by providing us with written notice as outlined under the heading 'Your rights'.
- We may terminate your direct debit arrangement if drawings are returned unpaid, or if debit is unsuccessful three times in any 12-month period.
- We may disclose your direct debit and related account details at the request of your financial institution in connection with a claim made for an alleged incorrect or wrongful debit, or to the extent specifically required by law. Otherwise, we will keep all information provided by you, and details of your nominated account at the financial institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 21 business days.

Your commitment to us

- It is your responsibility to check with your financial institution whether direct debiting is available from your account as direct debiting is not available through BECS on all accounts offered by financial institutions.
- It is your responsibility to ensure that the authorisation on the direct debit request is identical to the account signing instruction held by the financial institution of the nominated account.
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternative payment method if the drawing arrangements are stopped either by you or by the nominated financial institution.
- It is your responsibility to meet any charges resulting from the use of the direct debit system. This may include fees charged by us as a result of drawings returned unpaid, such fees being equal to actual costs we incur.

Your rights

- You may request to defer or alter the agreed drawing schedule by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing.
- You may cancel the direct debit arrangement at any time by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing. Your nominated financial institution may also accept a request to cancel your direct debit arrangement with us.
- All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 21 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account. Alternatively you can contact your financial institution for assistance.

Please phone Investor Services on 13 13 36 with any enquiries or send an email to contactus@cfs.com.au