

# Hybrid Income Fund

## Application Form

The Application Form accompanies the Product Disclosure Statement dated 30 July 2024 (PDS) issued by Evolution Trustees Limited (Issuer) (ABN 26 611 839 519) in its capacity as responsible entity of the Hybrid Income Fund (Fund) ARSN 678 888 821.

It is important that you read the PDS (including Reference Guide and Target Market Determination) in full and the acknowledgments contained in this Application Form before applying for Units.


Unless otherwise defined, capitalised terms used in this Application Form have the same meaning given to them in the PDS.

**INVESTMENT MANAGER**  
Seed Funds Management Pty Ltd  
ACN 622 414 082  
CAR No. 001308397  
Lvl 32, 225 George Street, Sydney NSW 2000  
[seedpartnerships.com](http://seedpartnerships.com)

**ADMINISTRATOR**  
Apex Fund Services - Unit Registry  
ACN 118 902 891  
GPO BOX 4968, Sydney NSW 2001  
Ph: 1300 133 451  
[apexgroup.com](http://apexgroup.com)

**RESPONSIBLE ENTITY**  
Evolution Trustees Limited  
ABN 29 611 839 519, AFSL 486217  
Level 15, 68 Pitt Street, Sydney NSW 2000  
Ph: +61 2 8866 5150  
[evolutiontrustees.com.au](http://evolutiontrustees.com.au)

### PLEASE COMPLETE THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS BELOW:

- 1 Specify what type of investor you are (below) and then fill out the sections that are relevant to you.
- 2 Send your completed form, along with all supporting documentation to: [registry@apexgroup.com](mailto:registry@apexgroup.com) or  
 **Seed Funds Management C/- Apex Fund Services**  
GPO Box 4968, SYDNEY NSW 2000
- 3 Transfer your application monies (details on [page 2](#)).

### INVESTOR TYPE

Specify what type of investor you are below and then fill out the relevant linked sections.

#### INVESTOR TYPE:

- Individual / Joint Investors / Sole Traders
- Company
- Trust / Superannuation Fund with *Individual* Trustee
- Trust / Superannuation Fund with *Corporate* Trustee

#### RELEVANT SECTIONS:

- one, two, five, six, seven, eight and nine
- one, three, five, six, seven, eight and nine
- one, two, four, five, six, seven, eight and nine
- one, three, four, five, six, seven, eight and nine



**IF INVESTING VIA A FINANCIAL ADVISOR:** Please ensure both you and your financial adviser also complete – Financial Adviser Details and Customer Identification Declaration. You do not need to provide copies of your certified identification documentation with your Application Form if this information has been provided to your financial adviser, your financial adviser has elected to retain this information, and agreed to make it available upon request, under Section 10 of this Application Form.

**QUESTIONS:** If none of the above categories are applicable to you, or you have other questions relating to this Application Form, please contact Apex Fund Services on 1300 133 451

# 1. INVESTMENT DETAILS

## 1.1 DETAILS

I / We apply to invest in the Hybrid Income Fund:

\$AUD  ,  ,  .

(Minimum of AUD \$10,000)

### CLASS OF UNITS:

Please select the class of Units you wish to acquire:

Ordinary Units

### PAYMENT METHOD:

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

Cheque

Made payable to: Apex Fund Services Pty Ltd HIF <Hybrid Income Fund> Application Account.

Electronic Funds Transfer or Direct Deposit

Account Name: Evolution Trustees Limited ATF Hybrid Income Fund

BSB: 082-401

Account number: 441524707

Reference: 'FBB04 + Name of Applicant'

Date of Transfer

Reference Used

/  /

### SOURCE OF INVESTMENT FUNDS:

Please identify the source of your investable assets or wealth:

Gainful Employment

Inheritance/Gift

Business Activity

Superannuation Savings

Other (please specify)

### WHAT IS THE PURPOSE OF THIS INVESTMENT?

Savings

Growth

Income

Retirement

Business Account

## 2. APPLICATION FORM FOR: INDIVIDUAL / JOINT INVESTORS / SOLE TRADERS / INDIVIDUAL TRUSTEES

### 2.1 INVESTOR DETAILS

#### INVESTOR 1:

Title	Given Names	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth (City/Town)	Country of Birth
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address (not a PO Box)	Email Address	
<input type="text"/>	<input type="text"/>	
Suburb	State	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	Country	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### INVESTOR 2:

(only applicable for joint investors)

Title	Given Names	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth (City/Town)	Country of Birth
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address (not a PO Box)	Email Address	
<input type="text"/>	<input type="text"/>	
Suburb	State	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	Country	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>



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

#### POLITICALLY EXPOSED PERSON (PEP)

Are any of the Investors a PEP?

Please refer to [page 21](#) if you are unsure what PEP means.

Yes



If yes, please provide description of PEP's position:

No

## ADDITIONAL INFORMATION FOR SOLE TRADERS

(only applicable if applying as a Sole Trader)

Full Business Name (if any)

Australian Business Number (if obtained)

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

If same as residential address given above, mark 'As Above'.

Suburb

State

Postcode

Country

## 2.2 IDENTIFICATION DOCUMENTS

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) legislation, we must collect certain information from prospective investors and their beneficial owners supported by **ORIGINAL CERTIFIED COPIES** of relevant identification documents for all investors and their beneficial owners.

Please refer to [page 21](#) for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

### SELECT ONE OF THE FOLLOWING OPTIONS TO VERIFY EACH INVESTOR AND BENEFICIAL OWNER:

Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder;

**OR**

Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

### 3. APPLICATION FORM FOR: COMPANY / CORPORATE TRUSTEE

#### 3.1 COMPANY DETAILS

Complete this section if you are investing for, or on behalf of, a Company.

Full Company Name

Country of Formation, Incorporation or Registration

ARBN (if registered with ASIC)

ACN/ABN (if registered in Australia)

TFN or Exemption Code (Australian residents)

AFS Licence Number (if applicable)

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

Registered Business Address in Australia or in Country of Formation

Suburb

State

Postcode

Country

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

Suburb

State

Postcode

Country

If an Australian Company, registration status with ASIC:

Proprietary Company

Public Company

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

Private/Proprietary Company

Public Company

Other (please specify)

Name of Relevant Foreign Registration Body

Name of Relevant Foreign Registration Body

#### IS THE COMPANY LISTED?

No

Yes → Name of Market/Stock Exchange

Is the company a majority-owned subsidiary of an Australian listed company?

No

Yes

Name of Australian Listed Company

Name of Market/Stock Exchange

### DIRECTORS OF THE COMPANY/CORPORATE TRUSTEE

If the company is registered as a proprietary company by ASIC or a private company by a foreign registration body, please list the name of each director of the company.

Director 1 – Full Name

Director 2 – Full Name

Director 3 – Full Name

Director 4 – Full Name

Director 5 – Full Name

Director 6 – Full Name



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

### POLITICALLY EXPOSED PERSON (PEP)

Are any of the *company directors* a PEP? Please refer to [page 21](#) if you are unsure.

No

Yes



If yes, please provide description of PEP's position

### BENEFICIAL OWNERS OF THE COMPANY/CORPORATE TRUSTEE

If the company is an Australian proprietary company, an Australian non-listed public company or a foreign company, please provide details for each shareholder who own directly, jointly or beneficially owns 25% or more of the company's issued share capital in Section 6.6. If no shareholder owns 25% or more of the company's issued share capital, please list the persons who directly or indirectly control the company in Section 6.6. Please refer to [page 21](#) if you are unsure as to what Beneficial Owner means.

### POLITICALLY EXPOSED PERSON (PEP)

Are any of the *Beneficial Owners* a PEP? Please refer to [page 21](#) if you are unsure.

No

Yes



If yes, please provide description of PEP's position

### 3.2 CONTACT PERSON DETAILS

Given Names

Surname

Postal Address

Suburb

State

Postcode

Country

Email Address

Mobile Number

Telephone Number

### 3.3 IDENTIFICATION DOCUMENTS

To comply with AML/CTF legislation, we must collect certain identification documents from prospective investors and their beneficial owners supported by **ORIGINAL CERTIFIED COPIES** of relevant identification documents for all investors and their beneficial owners.

Please refer to [page 21](#) for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select one of the following options to verify the company:

Perform a search of the ASIC database (unit registry to perform on behalf of the investor);

**OR**

Provide a certified copy of the certification of registration issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public).

Select one of the following options to verify the Officeholders who have signed the Application Form and Beneficial Owners identified in [Section 6.6](#).

Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder;

**OR**

Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

## 4. TRUST / SUPERANNUATION FUND

### 4.1 TRUST / FUND DETAILS

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

Full Name of Trust/Superannuation Fund

Country of Establishment

TFN or Exemption Code

ACN/ABN (if registered in Australia)

### TYPE OF TRUST

(Please tick ONE box from the list below to indicate the type of Trust and provide the required information)

TYPE A

**REGULATED TRUST** (e.g. self-managed superannuation fund)

Name of Regulator (e.g. ASIC, APRA, ATO)

Registration/Licensing Details

OR

TYPE B

**GOVERNMENT SUPERANNUATION FUND**

Name of the Legislation Establishing the Fund

OR

TYPE C

**FOREIGN SUPERANNUATION FUND**

Name of Regulator (e.g. ASIC, APRA, ATO)

Registration/Licensing Details

OR

TYPE D

**OTHER TYPE OF TRUST/UNREGULATED TRUST**

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



## 4.2 ADDITIONAL INFORMATION FOR TYPE C AND TYPE D TRUSTS

### SETTLOR OF THE TRUST

The material asset contribution to the trust by the settlor at the time the trust was established was less than \$10,000.00.

The settlor of the trust is deceased.

Neither of the above is correct. Provide the full name of the settlor of the trust. →

### BENEFICIARY DETAILS

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

YES → Describe the class of beneficiaries (e.g. unit holders, family members of named person, charitable purposes).

NO → Provide the full names of each beneficiary in respect of the trust in [Section 6.6](#) (includes beneficial owners who ultimately own 25% or more of the trust).

### BENEFICIAL OWNERS OF THE TRUST

Please provide details of the Beneficial Owners of the Trust in Section 6.6. A beneficial owner is an individual who ultimately owns 25% or more of the trust or an individual who controls (directly or indirectly) the trust. Control includes acting as a trustee, or as a result of, or by means of, trusts, agreements, arrangements, understandings and practices or exercising control through the capacity to direct the trustees, or having the ability to appoint or remove the trustees. Refer to [page 21](#) if you are unsure as to what Beneficial Owner means.

### POLITICALLY EXPOSED PERSON (PEP)

Are any of the beneficiaries a PEP? Please refer to [page 21](#) if you are unsure.

YES → Please provide description of PEP's position.

NO

## 4.3 TRUSTEE DETAILS

If a trustee is an individual, please complete [Section 2](#). If a trustee is a company, please complete [Section 3](#).

#### 4.4 IDENTIFICATION DOCUMENTS

To comply with AML/CTF legislation, we must collect certain information from prospective investors and their beneficial owners supported by **ORIGINAL CERTIFIED COPIES** of relevant identification documents for all investors and their beneficial owners.

Please refer to [page 21](#) for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

#### FOR TRUSTS A & B TYPE

##### SELECT ONE OF THE FOLLOWING OPTIONS TO VERIFY THE TRUST:

Perform a search of the relevant regulator's website e.g. 'Super Fund Lookup' (unit registry to perform on behalf of the investor);

**OR**

Provide a copy of an offer document of the managed investments scheme e.g. a copy of a Product Disclosure Statement;

**OR**

Provide a copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

#### FOR TRUSTS C & D TYPE

##### SELECT ONE OF THE FOLLOWING OPTIONS TO VERIFY THE TRUST:

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

**OR**

Provide an original letter from a solicitor or qualified accountant that confirms the name of the Trust and full name of the settlor of the Trust; or

**OR**

Provide a notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).

##### ALSO SELECT ONE OF THE FOLLOWING OPTIONS TO VERIFY THE BENEFICIARIES AND THE BENEFICIAL OWNERS IDENTIFIED IN [SECTION 6.6](#).

Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder;

**OR**

Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

**AND**

relevant identification documents for the trustee as specified in [Section 2](#) or [Section 3](#) (as applicable).

## 5. PAYMENT INSTRUCTIONS DISTRIBUTIONS AND WITHDRAWALS

Please indicate how you would like your distributions to be paid by ticking one box only.

If this is a new investment and no nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:

Reinvest in the Fund;

**OR**

Pay to my/our account

(Please provide your financial institution account details as per below).

### FINANCIAL INSTITUTION ACCOUNT DETAILS (MUST BE AN AUSTRALIAN FINANCIAL INSTITUTION)

Please provide account details for the credit of withdrawals and credit of distributions.

Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.

Bank/Institution

Branch

Account Name

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

BSB

Account Number

## 6. ACCOUNT HOLDER’S TAX RESIDENCY AND CLASSIFICATION – FATCA & CRS

The account holder is the person listed or identified as applicant in [Sections 2, 3](#) and [4](#) (Account Holder).

The Account Holder’s Country of Tax Residence, TIN, GIIN, FATCA Status, CRS Status and Controlling Persons (includes Beneficial Ownership details) should be provided in this section. If the person opening the account is not a Financial Institution and is acting as an intermediary, agent, custodian, nominee, signatory, investment advisor or legal guardian on behalf of one or more other account holders this form must be completed by or on behalf of that other person who is referred to as the Account Holder.

**i** **IF YOU ARE UNABLE TO COMPLETE THIS FORM:** Please seek an appropriate advice relating to the tax information required. For further details relating to the implementation of FATCA and CRS, please refer to The Australian Taxation Office’s guidance material link:

**IF YOU ARE APPLYING:**

- i. As an Individual/Joint Investors/Sole Trader please complete [Section 6.1](#).
- ii. All other types of entities please complete [Sections 6.2, 6.3, 6.4, 6.5](#) and [6.6](#).

**6.1 TAX RESIDENCE – INDIVIDUAL/SOLE TRADER**

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes.

Country of Tax Residence 1	Taxpayer Identification Number 1		TIN Unavailable: <input type="checkbox"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Country of Tax Residence 2	Taxpayer Identification Number 2			TIN Unavailable: <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Country of Tax Residence 3	Taxpayer Identification Number 3		TIN Unavailable: <input type="checkbox"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			

**TIN Unavailable Explanation(s)** – If any ‘TIN Unavailable’ box is checked, please provide an explanation.

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.

**i** If Account Holder has additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each such additional country.

**IS THE ACCOUNT HOLDER A U.S. PERSON?**

A U.S. person includes a U.S. citizen or resident alien of the U.S. even if residing outside the U.S.

**Yes** → If ‘Yes’, the Account Holder’s U.S. country of residence and U.S. Tax Identification Number must be provided above.

**No**

## 6.2 ACCOUNT HOLDER 'S GIIN (IF ANY) – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

**i** IF YOU ARE UNABLE TO COMPLETE THIS FORM: please seek an appropriate advice relating to the tax information required.

Account Holder's GIIN (if any)

Sponsoring Entity's Name (if the Account Holder is a sponsored entity, please provide the sponsor's GIIN)

## 6.3 TAX RESIDENCE OF THE ACCOUNT HOLDER – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes.

Country of Tax Residence 1

Taxpayer Identification Number 1

TIN Unavailable:

Country of Tax Residence 2

Taxpayer Identification Number 2

TIN Unavailable:

Country of Tax Residence 3

Taxpayer Identification Number 3

TIN Unavailable:

TIN Unavailable Explanation(s) – If any 'TIN Unavailable' box is checked, please provide an explanation.

I/We certify the tax residence countries provided represent all countries in which the Account Holder is considered a tax resident.

**i** If Account Holder has additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each such additional country.

## 6.4 FATCA STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

### IS THE ACCOUNT HOLDER A U.S. PERSON?

No



Yes → **U.S. PERSON CERTIFICATION:**

Is the Account Holder a specified U.S. person?

Yes → If 'Yes', Provide a U.S. Taxpayer Identification Number (TIN):

No → Go to [Section 6.5](#)

### NON U.S. PERSON CERTIFICATION:

Is the Account Holder a specified U.S. person?

Participating FFI (Provide GIIN in [Section 6.2](#))

Local/Partner Jurisdiction FFI (Provide GIIN in [Section 6.2](#))

Deemed-Compliant FFI - Select deemed-compliant category below:

SELECT ONE

Trustee-Documented Trust (Provide GIIN in [Section 6.2](#))

Sponsored Investment Vehicle (Provide GIIN and Sponsor's name in [Section 6.2](#))

Registered-Deemed Compliant FFI (Provide GIIN in [Section 6.2](#))

Other Deemed-Compliant Category

Non participating FFI

Exempt Beneficial Owner (includes self-managed superannuation fund)

Direct Reporting NFFE (Provide GIIN in [Section 6.2](#))

Sponsored Direct Reporting NFFE (Provide GIIN and Sponsor's name in [Section 6.2](#))

A Start-up Company formed in the past 24 months



Please provide the date the entity was organised:

Active NFFE

Passive NFFE (Complete [Section 6.2](#) – Controlling Persons)

Other → Please describe the FATCA status:

**6.5 CRS STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES**

**IS THE ACCOUNT HOLDER A FINANCIAL INSTITUTION?**

No



**Yes → FINANCIAL INSTITUTION:**

Is the entity an Investment Entity managed by an FI or other Financial Institution?

**Yes →** If any tax residence country provided is not a participating CRS jurisdiction, then complete [Section 6.6 - Controlling Persons](#).

**No →** Go to [Section 6.6](#)

**NON-FINANCIAL ENTITY (NFE):**

If the Account Holder is a Non-Financial Entity (NFE), select a classification that matches your CRS status:

**Government Entity, International Organisation and Central Bank**

**A corporation the stock of which is regularly traded on an established securities market (or entity related to such a corporation):**

Name of Securities Market:

Name of Related Entity:

**Non-Reporting Financial Institution (includes Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Exempt Collective Investment Vehicle, Trustee Documented Trust and Self-managed Superannuation Fund)**

**A Start-up Company formed in the past 24 months**



Please provide the date the entity was organised:

**Other Active NFE**

**Passive NFFE (Complete [Section 6.2](#) – Controlling Persons)**

**Other →** Please describe the CRS status:

## 6.6 CONTROLLING PERSONS

(Includes Beneficiary Details Under [Sections 3.1](#) And [4.2](#))



This section is considered an integral part of the self-certification to which it is associated. If there is a change in Controlling Persons/Beneficial Ownership, please submit an updated form within 30 days.

### CONTROLLING PERSON 1 / BENEFICIAL OWNER 1

Title  Given Names  Surname

Date of Birth  /  /  Place of Birth (City/Town)  Country of Birth

Current Residential Address (not a PO Box)

Suburb  State  Postcode  Country

Country of Tax Residence 1  Taxpayer Identification Number 1  TIN Unavailable:

Country of Tax Residence 2  Taxpayer Identification Number 2  TIN Unavailable:

TIN Unavailable Explanation(s) – If any ‘TIN Unavailable’ box is checked, please provide an explanation.

Please tick the box/es to select the role types that are relevant to you:

(i.e. Controlling Person 1/ Beneficial Owner 1).

Controlling Person  Beneficial Owner

Legal Person  By Ownership  By other means  Senior Managing Official

Legal Arrangement - Trust  Settlor  Trustee  Protector  Beneficiary

Legal Arrangement - Other  Settlor – Equivalent  Trustee – Equivalent  Protector – Equivalent  Beneficiary – Equivalent

Other  Other – Equivalent



**CONTROLLING PERSON 2 / BENEFICIAL OWNER 2**

Title  Given Names  Surname

Date of Birth  /  /  Place of Birth (City/Town)  Country of Birth

Current Residential Address (not a PO Box)

Suburb  State  Postcode  Country

Country of Tax Residence 1  Taxpayer Identification Number 1  TIN Unavailable:

Country of Tax Residence 2  Taxpayer Identification Number 2  TIN Unavailable:

TIN Unavailable Explanation(s) – If any ‘TIN Unavailable’ box is checked, please provide an explanation.

**Please tick the box/es to select the role types that are relevant to you:**  
(i.e. Controlling Person 2/ Beneficial Owner 2).

Controlling Person  Beneficial Owner

Legal Person  By Ownership  By other means  Senior Managing Official

Legal Arrangement - Trust  Settlor  Trustee  Protector  Beneficiary

Legal Arrangement - Other  Settlor – Equivalent  Trustee – Equivalent  Protector – Equivalent  Beneficiary – Equivalent

Other  Other – Equivalent

**i** If there are more than 2 Controlling Persons or Beneficial Owners or Country of Tax Residences, please provide the details on a separate page and attach to this Application Form.

## 7. PRIVACY

Please tick the box if you consent to your personal information being used and disclosed for marketing purposes as broadly described in the Privacy statement in the PDS.

- I/we wish to receive information regarding future investment opportunities.  
You may change your election at any time by contacting the Issuer.

## 8. EMAIL COMMUNICATION CONSENT

### 8.1 - COMMUNICATION PREFERENCES

Please tick the box below if you would like to receive all communications, including periodic statements, via email.

- I/we would like to receive all communications via email.  
If the above box is not ticked all communications will be posted to you.
- On-line access – I wish to be given on-line access to view my investment information.
- I do not wish to receive the Annual Financial Report(s) for those fund(s) in which I am invested, and I acknowledge and agree that this is a standing request by me until further notice from me.

### 8.2 - MARKETING

From time to time we may send you marketing materials regarding our products and services, as well as the products and services of our related entities. Please indicate if you do not wish us to send you any marketing materials by ticking the box below:

- I do not wish to receive marketing materials about your products and services, as well as the products and services of your related entities.

## 9. INVESTOR DECLARATION AND SIGNATURES

### 9.1 DECLARATION AND SIGNATURES

When you complete this Application Form you make the following declarations:

- I/we have read and understood the PDS to which this Application Form applies, including any supplemental information and the Target Market Determination;
- I/we have received and accepted the offer to invest in Australia;
- The information provided in my/our Application Form is true, correct and complete in all respects;
- I/we agree to be bound by the provisions of the Constitution governing the Fund and the terms and conditions of the PDS, each as amended from time to time;
- I/we acknowledge that none of the Issuer, their related entities, directors or officers have guaranteed or made any representation as to the performance or success of the Fund, or the repayment of capital from the Fund. Investments in the Fund are subject to various risks, including delays in repayment and loss of income or principal invested. Investments in the Fund are not deposits with or other liabilities of the Issuer or any of its related bodies corporate or associates;
- I/we acknowledge the Issuer reserves the right to reject any application or scale back an application in its absolute discretion;
- If applicable, after assessing my/our circumstances, I/we have obtained my/our own independent financial advice prior to investing in the Fund;
- If this Application Form is signed under Power of Attorney, each Attorney declares he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this Application Form);
- I am/we are over 18 years of age and I am/we are eligible to hold units/investment in the Fund;
- I/we have all requisite power and authority to execute and perform the obligations under the PDS and this Application Form;
- I/we acknowledge that application monies will be held in a trust account until invested in the Fund or returned to me/ us.
- Interest will not be paid to applicants in respect of their application monies regardless of whether their monies are returned, interest will be credited to the fund or custodian;
- I/we have read the information on privacy and personal information contained in the PDS and consent to my/our personal information being used and disclosed as set out in the PDS;
- I/we acknowledge that the Issuer may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website;
- I/we indemnify the Issuer and each of its related bodies corporate, directors and other officers, shareholders, servants, employees, agents and permitted delegates (together, the Indemnified Parties) and to hold each of them harmless from and against any loss, damage, liability, cost or expense, including reasonable legal fees (collectively, a Loss) due to or arising out of a breach of representation, warranty, covenant or agreement by me/us contained in any document provided by me/us to the Issuer, its agents or other parties in connection with my/our investment in the Fund. The indemnification obligations provided herein survive the execution and delivery of this Application Form, any investigation at any time made by the Issuer and the issue and/or sale of the investment;
- To the extent permitted by law, I/we release each of the Indemnified Parties from all claims, actions, suits or demands whatsoever and howsoever arising that I/we may have against any Indemnified Party in connection with the PDS or my/our investment;
- Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding an interest in me/us is a United States citizen or resident of the United States or any other country for taxation purposes;
- I/we will promptly notify the Issuer of any change to the information I/we have previously provided to the Issuer, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us;

## 9. INVESTOR DECLARATION AND SIGNATURES

- I/we consent to the Issuer disclosing any information it has in compliance with its obligations under the US Foreign Tax Compliance Act (FATCA) and the OECD Common Reporting Standards for Automatic Exchange of Financial Account Information (CRS) and any related Australian law and guidance implementing the same. This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the relevant tax authorities as required;
- I/we acknowledge that the collection of my/our personal information may be required by the Financial Transaction Reports Act 1988, the Corporations Act 2001, the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997, the Taxation Administration Act 1953, the FATCA and CRS (includes any related Australian law and guidance) and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. Otherwise, the collection of information is not required by law, but I/we acknowledge that if I/we do not provide personal information, the Issuer may not allow me/us to invest in the Fund;
- I am/we are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement (AML/CTF Law);
- I/we will provide the Issuer with all additional information and assistance that the Issuer may request in order for the Issuer to comply with the AML/CTF Law, FATCA and CRS; Contact Asset Management | Application Form | December 2023 Contact Australian Ex-50 Fund – Application Form 21
- I/we acknowledge that the Issuer may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of investment in the Fund, if the Issuer is concerned that the request or transaction may breach any obligation of, or cause the Issuer to commit or participate in an offence (including under the AML/CTF Law, FATCA and CRS).

Signature 1

Full Name

Date

 /  / 

Tick Capacity (mandatory for companies)

Director

Sole Director and Company Secretary

Authorised Signatory

Signature 2

Full Name

Date

 /  / 

Tick Capacity (mandatory for companies)

Director

Sole Director and Company Secretary

Authorised Signatory



- Joint applicants must both sign;
- Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company, details of which appear in Section 3.1; or
- For trust/superannuation fund applications each individual trustee must sign.



Post your original signed Application Form and original certified copies of your identification documents(s) to:  
Seed Funds Management C/- Apex Fund Services, GPO Box 4968, SYDNEY NSW 2000

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

## CERTIFYING A COPY OF AN ORIGINAL DOCUMENT

All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier.

A 'certified extract' means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described below.

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

### PEOPLE WHO CAN CERTIFY DOCUMENTS OR EXTRACTS ARE:

1. A lawyer, being a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
2. A judge of a court.
3. A magistrate.
4. A chief executive officer of a Commonwealth court.
5. A registrar or deputy registrar of a court.
6. A Justice of the Peace.
7. A notary public (for the purposes of the *Statutory Declaration Regulations 2018*).
8. A police officer.
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 2018*).
13. A finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the *Statutory Declaration Regulations 2018*).
14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licencees.
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

### POLITICALLY EXPOSED PERSONS (PEP)

To comply with AML/CTF laws, we require you to disclose whether you are, or have an association with, a Politically Exposed Person ('PEP'). A PEP is an individual who holds a prominent public position or function in a government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de facto partner, child, and a child's spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as, or have an association with, a PEP, we may request additional information from you.

### BENEFICIAL OWNER

To comply with AML/CTF laws, we require you to disclose the Beneficial Owners. Beneficial Owner means an individual who ultimately owns or controls (directly or indirectly) the investor.

'Owns' means ownership (either directly or indirectly) of 25% or more of the investor.

'Controls' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising and control through the capacity to determine decisions about financial and operating policies.

## 10. FINANCIAL ADVISER DETAILS AND CUSTOMER IDENTIFICATION DECLARATION

### CUSTOMER IDENTIFICATION DECLARATION (FINANCIAL ADVISER TO COMPLETE)

I confirm that I have completed an appropriate Customer Identification Procedure (CID) on this investor and/or the beneficial owners which meets the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act).

Please select the relevant option below:

I have attached the verification documents that were used to perform the CID for this investor and/or the beneficial owners;

**OR**

I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide them to the Issuer or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act I will forward them to the Issuer.

I agree to provide the Issuer or its agents with any other information that they may require to support this Application.

Financial Adviser Name

(if a new adviser, please attach a copy of your employee/representative authority)

Title

Given Names

Surname

Date of Birth

Place of Birth (City/Town)

Country of Birth

Current Residential Address (not a PO Box)

Suburb

State

Postcode

Country

Country of Tax Residence 1

Taxpayer Identification Number 1

Country of Tax Residence 2

Taxpayer Identification Number 2

**DEALER DETAILS**

Dealer Name

Dealer Number (if applicable)

Contact Person

AFSL Number

ABN

Postal Address

Suburb

State

Postcode

Country

Office Telephone

Fax Number

Email Address

Dealer Stamp

Signature of Financial Adviser

Date

**FINANCIAL ADVISER ACCESS TO INVESTOR INFORMATION (INVESTOR TO COMPLETE)**

Please tick the box below if you wish your financial adviser to have access to information and/or to receive copies of all transaction confirmations. If no election is made, access to information and/or copies of transaction confirmations will not be provided to your financial adviser.

I grant permission to provide access to information and send copies of all transaction confirmations to my/our financial adviser. You may change your election at any time by contacting the Issuer.