

Application Form

Australian Company/Trust/Superannuation Fund/Custodian

Issued by Copia Investment Partners Limited (ABN 22 092 872 056, AFSL 229316), referred to as Copia in this Form.

This Application form can only be used by the following types of **Australian investors**:

- Company
- Trust
- Superannuation Fund
- Custodian

Each person should obtain and consider the Fund's Target Market Determination (TMD) and the Fund's Product Disclosure Statement (PDS) before making a decision about whether to make an investment in the Fund. A copy of any TMD and PDS can be obtained from your financial adviser, our Client Services team or on the relevant Fund Manager website.

Before completing this Application Form, please ensure you have read the current PDS and TMD and any information incorporated into the PDS. Copia or your financial adviser will send you a paper copy of the current PDS and TMD, any information incorporated into the PDS and any updates and application form free of charge if you so request.

Information in a PDS and TMD may change from time to time and we will update this information by updating the relevant document or by publishing an update on our website.

Checklist

Before sending us your application, please ensure you have:

- Read the relevant Fund's PDS, any incorporated information and the Fund's Target Market Determination (TMD) all available from your financial adviser, our Client Services team or on our website.
- Completed this Application Form in full.
- Provided required Customer Identity Verification documents as outlined in Section 15.
- If paying by electronic funds transfer, ensure ALL bank account signatories have signed in Section 9.
- If paying by direct credit, ensure funds are transferred at the same time as lodging your Application Form and using your investor name as a reference.
- Read the declaration and provided all relevant signatures.

Contact details

You can return your completed application form and identity verification documents by email or post.

Email:

copia.transactions@boardroomlimited.com.au

Post:

Copia Investment Partners GPO Box 3993 Sydney NSW 2001

If you have any questions regarding this form please contact our Client Services team:

P: 1800 442 129 (free call from AU)

P: 03 9602 3199

E: clientservices@copiapartners.com.au

Application Form

Australian Company/Trust/Superannuation Fund/Custodian



PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS FORM

1 Investment details				
Please indicate (X) if this is a new investment or an additional investment.				
New investor - Please proceed to section 2. Existing investor				
Existing account name				
Existing account number				
If any of your information has changed since your prior investment, please complete sections 2-6, otherwise, proceed to section 7.				
2 Australian entity type				
Please indicate (X) the entity type.				
Company - Complete sections 3, 4, 6–18.				
Custodian - Complete sections 3, 4, 7–18.				
Superannuation fund or other regulated trust with individual trustee - Complete sections 3, 5, 7–18				
Superannuation fund or other regulated trust with company trustee - Complete sections 3, 4a, 5, 7–18.				
Unregulated trust with individual trustee - Complete sections 3, 5–18				
Unregulated trust with company trustee - Complete sections 3–18 For the purposes of this form a regulated trust will be one of the following:				
• Self-managed Superannuation Fund;				
 Registered managed investment scheme; Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings (with reference to section 1012E of the 				
Corporations Act 2001);				
 Government Superannuation Fund; or Other regulated trusts (subject to oversight of an Australian statutory regulator). 				
For the purposes of this form an unregulated trust will be a trust not subject to oversight of an Australian statutory regulator (e.g. family trust, discretional trust, charitable trust)	ary			
3 Contact details				
Please provide details of where you would like all correspondence mailed and your contact details.				
C/- (if applicable)				
Unit Street number PO Box				
Street name				
Suburb State Post code				
Country				
Phone (after hours) Phone (business hours)				
Mobile Facsimile				
	\exists			

Email address

Australian Company (including company trustee/custodian)

4A. Details of Australi	an company (including company trustee)	
Full name of company or company trustee (as registered waith ASIC) Business name (if applicable)		
ACN	ABN	
TFN	Tax exemption	
	ur TFN, ABN or specific exemption, then tax will be deducted from your distributions at the highest marginal tax rate y other levies we are required to deduct from time to time).	
	If you are an overseas investor, please indicate your country of residence for tax purposes.	_
4A. Details of Australian cor	mpany (including company trustee)	
Street name and number		
Suburb	State Post code	
Country		
Registered address (cannot	be a PO Box)	
Cross this box if registered	address is same as principal place of business (above)	
Street name and number		
Suburb	State Post code	
Country		

Australian Company (including company trustee/custodian) (continued)

4A. Details of Australi	ian company (including con	npany trustee) (continued)			
1. Select (X) whether the com	npany is a proprietary or public comp	pany			
		or Pty Ltd; also known as private compan	y).		
Public (company whose r	Public (company whose name does NOT include the word Pty or proprietary).				
For proprietary companie	es provide names of all directors				
Director 1					
Director 2					
Director 3					
Director 4					
If there are additional di attach it to this form.	rectors, please (X) this box and provi	de their full names on a separate piece of	paper and		
2. Select (X) the applicable ca	tegory of company and provide deta	ils if requested:			
		statutory regulator and subject to supervi cial Services Licensees (AFSL) or Australiar			
Name of regulator		License details (e.g. 7920, 033)			
If the company is acting a If the company is acting a	g as a company in its own right - prous a trustee of a regulated trust - prous a trustee of an unregulated trust - as a custodian - proceed to section 4	oceed to section 5. proceed to section 4B.			
A listed company (e.g. AS	SX)				
If the company is investing a	ng as a company in its own right - pr as a trustee of a regulated trust - pro as a trustee of an unregulated trust	oceed to section 5.			
A majority owned subsid	iary of an Australian listed company				
Name of listed company					
If the company is acting a If the company is acting a	ng as a company in its own right - pross a trustee of a regulated trust - pross a trustee of an unregulated trust - as a custodian - proceed to section 4	oceed to section 5. proceed to section 4B.			
	licensed by an Australian Commonw ISIC as a company registration body	ealth, State or Territory statutory regulato	or and subject to a supervision		
Name of the parent company					
Name of the regulator					
None of the above Proce	eed to section 4B.				

Australian Company (including company trustee/custodian) (continued)

4b. Substantial Sharer	ioluer details - you do not need to complete if the compa	any is a trustee of a reg	ulated trust.		
Substantial Shareholders are individuals with ultimate ownership, directly or indirectly, of 25% or more of the company's issued share capital. Ultimate ownership includes an individual's aggregated holdings through a chain of company ownership. Does the company have any substantial shareholders?					
Yes - Please provide details below. No - Proceed to section 4C.					
Substantial shareholder 1					
Surname Full given name(s) Date of birth					
Residential address (cannot	be a PO Box)				
Street name and number					
Suburb Country		State	Post code		
Substantial shareholder 2					
Surname Full given name(s) Date of birth					
Residential address (cannot	he a PO Box)				
	Je a i o boxy				
Street name and number Suburb Country		State	Post code		
Substantial shareholder 3					
Surname					
Full given name(s) Date of birth					
Residential address (cannot	be a PO Box)				
Street name and number					
Suburb Country		State	Post code		
If there are additional sub	ostantial shareholders, please (X) this box and provide their ful	l details on a separate	piece of paper and attach it to		

Australian Company (including company trustee/custodian) (continued)

4C. Directors authorisi	ng investment – You do not need to complete if the company is a trustee of a regulated trust.				
Individuals below will be the s	ignatories signing in section 16.				
Sole or Primary Director					
Cross this box if same as 'S	Substantial shareholder 1' in section 4B. If different, please complete below.				
Surname					
Full given name(s) Title (Mr/Mrs/Miss/Ms)					
	Date of birth				
Residential address (cannot	be a PO Box)				
Street name and number					
Suburb Country	State Post code				
Second Director or Secretary	V				
	Substantial shareholder 2' in section 4B. If different, please complete below.				
Surname					
Full given name(s) Title (Mr/Mrs/Miss/Ms)					
(1017) (1013)	Date of birth				
Residential address (cannot					
Street name and number					
Suburb Country	State Post code				
	State Fost code				
	mplete this section if you are a company acting as a custodian for this investment. All other all relevant parts of section 4 before continuing to section 5.				
Full name (if any) of trust /					
custodial arrangement					
Country of establishment					
Full business name					
Type of trust					
 investment and the following is The company is providing Financing Act 2006 ('AML The company holds eithe The company is enrolled of the company is enrolled of the company is enrolled or the company is enrolled o	; a custodial or depository designated service as described in the Anti-Money Laundering and Counter-Terrorism /CTF Act') r an AFSL allowing it to provide custodial or depository services or is exempt from holding such an AFSL; on the AUSTRAC Reporting Entities Roll; and d all applicable customer identification and ongoing customer due diligence obligations, in accordance with the				
These statements are correct – proceed to section 5. These statements are not correct – You must complete sections 4A, 4B and 4C before proceeding to section 5.					

Superannuation Fund and other Trusts

5A. I	Details of Superan	nuation fund or other trust			
	ame of trust/ annuation fund				
Count	try of establishment				
TFN			Tax exemption		
rate (your TFN, ABN or specific exemption, then to and any other levies we are required to ded			ns at the highest marginal tax
C/- (if	applicable)				
Street Subur Count				State	Post code
Pleas	e select (X) type of tru	st and provide information requested:			
	Self-Managed Superant Provide the SMSF's ABI Proceed to section 5C.	N			
	Registered managed in Provide Australian Regi Proceed to section 5C.	vestment scheme Istered Scheme Number (ARSN).			
Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings (with reference to section 1012E of the Corporations Act 2001 (Cth)). Proceed to section 5C.					
	Government superannous Provide name of the learnous Proceed to section 5C.	uation fund gislation establishing the fund.			
	_	(a trust that is subject to the regulatory ove t fund, a pooled superannuation trust or ar	-		itory statutory regulator such
	Provide name of the re	gulator (e.g. ASIC, APRA, ATO).			
	Provide the Trust's ABN Proceed to section 5C.	I or registration/licensing details.			
	Unregulated Trust (e.g.	family trust, discretionary trust, charitable	trust).		
	Please confirm type of	trust.			
	Name of trust settlor (t initial funding on trust Proceed to section 5B.				

Superannuation Fund and other Trusts (continued) Substantial trust beneficiaries are individuals specified in the trust deed with ultimate entitlement, directly or indirectly to 25% or more of trust income/assets. Where a trust beneficiary is a company you must consider an individual's ownership of any issued share capital of the company when disclosing whether they are a substantial trust beneficiary. Does the Trust Deed specify any substantial trust beneficiaries? Yes - Please provide details below, then proceed to 'Other beneficiaries' below. No - Proceed to 'Other beneficiaries' below **Beneficiary 1** Surname Full given name(s) Date of birth Residential address (cannot be a PO Box) Street name and number Suburb State Country **Beneficiary 2** Surname Full given name(s) Date of birth Residential address (cannot be a PO Box) Street name and number Suburb State Country Other beneficiaries Are there any other beneficiaries? \perp Yes - Please provide details below, then proceed to 'Beneficiary classes' below Surname Given name(s) Surname Given name(s) If there are other beneficiaries, please (X) this box and provide their full names on a separate piece of paper and attach it to this form. Then proceed to 'Beneficiary classes' below. ☐ No - Please proceed to 'Beneficiary classes' below. **Beneficiary classes** Does the trust deed refer to beneficiaries in relation to membership of a class? Yes - Please list each class below. Class 1 Class 2

If there are other beneficiary classes, please (X) this box and provide them on a separate piece of paper and attach it to this

form.

No - Please proceed to 5C.

Superannuation Fund and other Trusts (continued)

5G. Details of Trustee(s	F)			
Please indicate (X) the trustee type:				
Individual Trustee(s)	Please complete below			
Company Trustee	Please ensure you have completed section 4. Then proceed to section 6.			
Complete the below sections f	for the indicated individual. Please note that all fields are mandatory			
Individual Trustee 1 (primar	y trustee)			
Surname				
Full given name(s)				
Title (Mr/Mrs/Miss/Ms)	Date of birth			
Residential address (cannot	be a PO Box)			
Street name and number				
Suburb	State Post code			
Country				
Individual Trustee 2. If the trust is unregulated, please provide details of second trustee below.				
Surname				
Full given name(s)				
Title (Mr/Mrs/Miss/Ms)	Date of birth			
Residential address (cannot	be a PO Box)			
Street name and number				
Suburb	State Post code			
Country				
For regulated trusts, proceed to For unregulated trusts, are the Yes If there are other and attach it to No Proceed to section	ere other individual trustees? er individual trustees, please (X) this box and provide their details (as shown above) on a separate piece of paper this form.			

Other individuals controlling the entity

(as an unregulated trust).	i were required to complete sections 4	B and 4C (as a company	or company trustee) or sectic	ons 5B and 5C
	ing control over your entity other than pany Trustee, consider both the Trust			on
Yes - Please provide their de	tails below.			
Yes - Proceed to section 7.				
Individual 1		Individual 2		
Capacity / Role		Capacity / Role		
Surname		Surname		
Full given name(s)		Full given name(s)		
Title		Title		1
Date of birth		Date of birth		
Residential address (cannot be PO Box)		Residential address (cannot be PO Box)		
7 Source of fund Please indicate (X) the source of Income from employment – One-off payment (e.g. matu Windfall (e.g. gift, lottery wi	funds being invested. regular and/or bonus Income from the investment, court settlement, reduced investment, reduced investmen	om employment – regular Indancy, inheritance) Charitable donations	r and/or bonus Business Sale of assets (e.g. shares, po Government benefits (e.g.	roperty)
8 Payment of ini	tial investment amount			
Please indicate (X) how you will	make your payment of the initial inves	tment amount by selecti	ng one of the following:	
Direct debit - Please ensure	e you also complete section 9.			
	e bank account to transfer funds is listence as posting your application to ensur			tor name
BPAY® The Biller Code is in section	17. Please contact us to request a BPA	Y reference number and	l ensure the reference numbe	er is included below.
	reference number here:			

Nominated bank account (must be an Australian financial institution)

If you are making your inv Please indicate (X) the no	vestment via direct debit, please provide d minated bank account.	etails of the bank account y	you wish us to debit.
Please use existing ba			
Unless requested otherw be paid to you and not re pay the withdrawal proce investor and all investors	ise, this will also be the bank account we convested. Please note, if you make a withd eds to the account that was debited when must sign this section. By providing your naction requests that you make until notice	rawal within the first three making the investment. The ominated account details in	needs and/or distributions if you requested these to months of making your investment, we will only ne nominated account must be in the name of the in this section you authorise Copia to use these additional investments, a nomination in this
Financial institution			
Branch			
Account name Branch number (BSB)		Account number	
092 872 056) (collectively rewhich Copia may direct debit. St George Bank, a Division schemes may, in its absolute at any time by notice in writ 2. Copia may, by prior arrang 3. The Bank may, by prior ar 4. The Bank will provide to not the operation of accounts, b 5. The information which I/v 6. This direct debit arrangem (available on our website) w	ferred to as 'Copia'), until further written notice tor charge me/us though the Bulk Electronic Clar of Westpac Banking Corporation (ABN 33 007 de discretion, determine the order of priority of ping to me/us, terminate the request as to future gement and notice to me/us, vary the amount or rangement and notice to me/us, vary the amount of rangement and notice to me/us, vary the amount of rangement and notice to me/us, vary the amount of the support request general descriptive informal anking facilities and cheques. We have provided on this form is accurate and notice to governed by the terms of the Bulk Electronic I/we have read and agreed to.	e is given Copia, to debit my/ou earing System. I/we understar 457 141) ('Bank'), who provide ayment by it of any monies pu e debits. or frequency of future debits. Int or frequency of future debit tion of the kind referred to in Copt misleading and I am/we are onic Clearing System Procedure	s the bank accounts for the Copia managed investment resuant to this request or any authority or mandate, and ess. Chapter 11 of the Banking Code of Practice, concerning
Bank account signatory 1		Bank account signa	tory 2
Signature		Signature	
Surname		Surname	
Given name(s)		Given name(s)	

Investment and distribution method

Please write the full fund name, APIR code, investment amount and distribution options. Refer to section 17 for the listing of funds, APIR codes and minimum initial investment amounts.

Fund Name	APIR Code	Investment	(on Options ne per Fund) ²
T una traine	7.1.11.0000	Amount ¹	Reinvest	Cash Payment
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

¹ The minimum initial investment is listed in section 17.

Copia may, in its absolute discretion, refuse any application for units. Persons external to Copia or other entities who market Copia products are not agents of Copia but are independent investment advisers. Copia will not be bound by representations or statements which are not contained in information disseminated by Copia. Application monies paid by cheques from investment advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act 2001 (Cth).

11 Target Market Determination

Before investing in a Fund, investors should ensure they meet the description of the Fund's Target Market as outlined in its Target Market Determination (TMD). TMDs for each Fund are available from your financial adviser, our Client Services team or on our website.
A. What is your primary investment objective? (select only one option)
Capital growth (increased value of your investment over time)
Capital preservation (preserving the value of your investment and preventing loss)
Capital guaranteed (shielding your investment from any losses)
Income distribution (receiving regular income from your investment)
B. What is your primary investment objective? (select only one option)
Solution / standalone (your primary investment - 75% - 100% of portfolio)
Core component (a large proportion of your investment - 25% - 75% of portfolio)
Satellite / small allocation (a small part of your investment - less than 25% of portfolio)
C. What is the intended investment timeframe? (select only one option)
Short term (less than 2 years)
Medium term (more than 2 years
Long term (more than 8 years)
D. What is your tolerance for risk / return? (select only one option) (How much of a loss you are willing to tolerate within your portfolio when assessed against the possibility of greater returns).
Low
Medium Medium
High
Very high

 $^{2\} Nominate one \ distribution \ option \ per \ fund \ if \ applicable. \ If \ no \ nomination \ is \ made, \ distributions \ will \ be \ automatically \ re-invested.$

Target Market Determination (continued) E. What is your anticipated frequency of withdrawals? (select only one option) _ Daily Weekly Monthly Quarterly Annually or longer F. Have you received advice prior to applying to invest in this fund(s)? (select only one option) Yes - I/We have received personal advice in relation to my investment in this fund (financial product advice provided to you by a person who has considered one or more of your investment objectives). No - I/We have not received personal advice in relation to my investment in this fund. Additional information Complete this section if any of the below conditions apply to your entity: • Any of the individuals listed on this form have their residential address or tax residency outside Australia or New Zealand; or • Entity is investing \$1m or more; or • Entity is a charity, aid organisation, foundation or a not-for-profit organisaton. Purpose or activities of the entity Date of formation Select primary source of the overall wealth of the entity Business income Investment income (e.g. rent, dividends) One-off payment (e.g. matured investment, court settlement, redundancy, inheritance) Sale of assets (e.g. shares, property) ___ Charitable donations Borrowed funds Select primary source of the overall wealth of all individuals listed in this application form. Income from employment – regular and/or bonus Investment income (e.g. rent, dividends, pension) One-off payment (e.g. matured investment, court settlement, redundancy, inheritance) Windfall (e.g. gift, lottery winnings) Sale of assets (e.g. shares, property) Government benefits (e.g. family tax benefits)

Is your entity a charity, aid organisation, foundation or a not-for-profit organisation?

Yes - Does it provide financial or other support to recipients overseas?

Yes - Please list destination countries

No

Global Tax Reporting Requirements (CRS/FATCA)

Information about investors that are foreign tax residents must be reported to the Australian Taxation Office (ATO) in accordance with international tax reporting standards and laws to which Australia is subject. These include the OECD Common Reporting Standard (CRS) and United States Foreign Account Tax Compliance Act (FATCA). If you require further information on Australia's obligations under CRS or FATCA, please visit the ATO website www.ato.gov.au.

You do not need to complete this section if you are an Australian Superannuation Fund.

13A. Entity Type
Select the appropriate entity type from one of the 4 options below and provide requested information.
1. A Financial Institution (A custodial or depository institution, an investment entity or specified insurance company for FATCA/CRS purposes)
Provide the entity's Global Intermediary Identification Number (GIIN), if applicable
If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status (select one)
Deemed Compliant Financial Institution
Excepted Financial Institution
Exempt Beneficial Owner
Non Reporting IGA Financial Institution (If the Entity is a Trustee- Documented trust, provide the Trustee's GIIN)
Non participating Financial Institution
US Financial Institution
Other (Describe the Company's FATCA status in the box provided)
Please answer the question below for all Financial Institutions Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?
Yes - Please proceed to section 13B (Foreign Controlling Persons). No - Proceed to section 14.
2. Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate. Proceed to section 14.
A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.) If the entity is a Foreign Charity or an Active NFE, please proceed to section 14C (Country of Tax Residency).
4. Other (Entities that are not previously listed – Passive Non-Financial Entities) Please proceed to section 13B (Foreign Controlling Persons)

Global Tax Reporting Requirements (CRS/FATCA) (continued)

13B. Foreign Controlling Persons

13b. Foreign donatonn	-2			
Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.				
Are any of the individuals lister residents of countries other the	ed in the application form (as directors, subnan Australia?	ostantial shareholders, tr	ustees, trust settlors or	trust beneficiaries) tax
	Yes Please provide each individual's full name, date of birth, residential address, country of tax residence and tax identification number (TIN) or an equivalent below. Please include multiple countries and TINs, if applicable.			
Yes Proceed to section				
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 or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.				
Individual 1				
Full name			Date of birth	
Residential address (if not previously provided)				
Country 1		TIN	If no TIN,	list reason A, B or C
Country 2		TIN	If no TIN,	list reason A, B or C
Country 3		TIN	If no TIN,	list reason A, B or C
Individual 2				
Full name			Date of birth	
Residential address (if not previously provided)				
Country 1		TIN	If no TIN,	list reason A, B or C
Country 2		TIN	If no TIN,	list reason A, B or C
Country 3		TIN	If no TIN,	list reason A, B or C
Individual 3				
Full name			Date of birth	
Residential address (if not previously provided)				
Country 1		TIN	If no TIN,	list reason A, B or C
Country 2		TIN	If no TIN,	list reason A, B or C
Country 3		TIN	If no TIN,	list reason A, B or C
Reason B – I have not been iss	residency does not issue TINs to tax reside sued with a TIN. residency does not require the TIN to be o			

Global Tax Reporting Requirements (CRS/FATCA) (continued)

13C. Country of tax residency for entity		
Is the entity a tax resident of a country other than Australia? Yes - Please provide the entity's country of tax residence and tax id resident of more than one other country, please list all relevant		ent below. f the entity is a tax
1.Country	TIN	If no TIN, list reason A, B or C
2.Country	TIN	If no TIN, list reason A, B or C
3.Country	TIN	If no TIN, list reason A, B or C
4.Country	TIN	If no TIN, list reason A, B or C
Reason A – The country of tax residency does not issue TINs to tax residence Reason B – I have not been issued with a TIN. Reason C – The country of tax residency does not require the TIN to be		
No		

14 Customer identity verification

If you do not have an existing investment with Copia, you must complete this section. If you are lodging this application through a financial adviser, they are required to provide us with copies of the identity verification documents. If you are not lodging this application through a financial adviser, you are required to provide us with certified copies of the identity verification documents. Please see below for a list of who can certify the documents.

14A. Individuals

 Primary Individual Trustee 1 of unregulated trust if you complete Second Individual Trustee 2 of unregulated trust if you completed Each substantial trust beneficiary of the unregulated trust if you o Each substantial shareholder (of company or company trustee) if Primary/Sole Director and Second Director/Secretary (of compan) Any other controlling individuals listed in section 6. 	completed section 5B. you completed section 4B.
Please provide either A or B. A. A valid copy of one of the following documents: Australian driver's licence containing your photograph; or Australian passport containing your photograph and signa A card issued under an Australian State or Territory law co B. If one of the above cannot be provided, please provide one documents Group 1 Group 1	ntaining your photograph and proof of age. cument from Group 1 and one document from Group 2 below:
A copy of one of the following documents: Australian birth certificate or birth extract; or Australian citizenship certificate; or Pension or Health care card issued by Centrelink or Department of Veterans' Affairs.	document must contain your full name and current residential address own in section 3 of this application form) by of one of the following documents issued to you: In notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of ervices to you, e.g.: Bouncil rates notice Belectricity bill By as bill Water rates notice Belephone bill Internet services bill Internet services bill Internet or notice issued within the preceding 12 months from a commonwealth or State/Territory government department that records the provision of financial benefits to you, e.g.: In pension statement In rent assistance statement In mobility allowance statement In letter or notice issued to you within the preceding 12 months from the within that records a debt or refund payable by or to you, e.g.: In notice of assessment In payment reminder
If you are a non-Australian resident and cannot provide A or B, foreign passport, or similar travel document bearing your sometimes identifier; or foreign driver's license that contains your photograph. Please note:	

- documents are required to be certified copies of the original;
- documents such as passports, driver's licences and other cards that have an expiry date must not have expired (however, only Australian passports that have expired within the preceding two years may be accepted);
- if any document is in a language other than English, then it must be accompanied by an English translation prepared by an accredited translator; and
- if any document is in a previous name, then it must be accompanied by evidence of the change of name (e.g. a marriage certificate)

Customer identity verification (continued)

14B. Company (including corporate trustees)			
For a company acting as a trustee, you must also complete section 15C i	n relation to the Trust		
Information required to be verified Please ensure the document(s) you provide confirm(s) the following (A or B):	Verification options Please cross (X) which document(s) you have provided:		
 A. whether the company is: listed; or a majority owned subsidiary of a listed company; or regulated. 	up-to-date extract from the ASX database (if applicable); or public document issued by the company; or up-to-date extract from the relevant regulator's database (if regulated).		
 B. if the company is none of these, the: full name of the company; and whether the company is registered as a proprietary or a public company; and ACN. 	certificate of registration issued by ASIC; or up-to-date extract from ASIC database.		
14C. Trust			
For an unregulated trust with individual trustee, you must also complete	e section 15A.		
Information required to be verified Please ensure the document(s) you provide confirm(s) the following:	Verification options Please cross (X) which document(s) you have provided:		
Regulated superannuation fund (incl. SMSF) or other regulated trust (incl. SMSF) • full name of Superannuation Fund or Trust; and • type of Superannuation Fund or Trust.	Self Managed Superannuation Funds, registered schemes, other regulated trusts or government superannuation funds up-to-date extract from ATO or APRA (e.g. SMSF or other superannuation fund); or up-to-date extract from ASIC (e.g. registered scheme); or up-to-date extract of the legislation establishing the government superannuation fund sourced from a government website.		
Unregulated trustsfull name of Trust;name of Trust settlor.	Unregulated trusts provide documentation confirming the existence of the Trust and the name of the settlor (e.g. trust deed or extract of the trust deed).		
14D. Custodial arrangement - If the custodian does not satisfy sections 15A, 15B and 15C as applicable.	the requirements set out in section 4D, you must complete		
You must also complete A in Company verification (see above) with belo	w information.		
Information required to be verified • Whether company is regulated, listed or a majority owned subsidiary of a listed company; • Existence of the custodial arrangement; • Full name of the custodian; and • ACN.	Verification options (Please cross (X) which document(s) you have provided – you must provide A and either B or C). A. Investor guide, PDS or other public document issued by the company confirming the existence of a custodial arrangement; and B. Up-to-date extract of search of relevant regulator's database (e.g. ASIC database) (if regulated); or C. Up to date extract from the ASX database (if listed or a majority owned subsidiary of a listed entity).		

Customer identity verification (continued)

How to certify your documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date, contact details and the capacity in which they are signing (eg postal agent, Justice of the Peace).

Sample wording

I, [full name], a [category of persons listed below], certify that this [name of document] is a true and correct copy of the original.

[Signature, date and contact details]

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

Who can certify documents?

Financial corporations (bank, building society, credit union)	 Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
Post office	 Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
JP	• Justice of the Peace
Legal	 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) Judge of a court Magistrate Chief executive officer of a Commonwealth court Registrar or deputy registrar of a court Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) A person authorised as a notary public in a foreign country
Police	Australian police officer
Diplomatic service	Australian consular officer
	 Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))
Accountant	• Member of the Institute of Chartered Accountants in Australia, Certified PractisingAccountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership

Declaration and applicant(s) signature(s)

Please read the declarations below before submitting this application.

I/We declare that:

- I/we have received and accepted this offer in Australia;
- all details in this application (including all related documents provided) are true and correct and I/we indemnify the responsible entity of the fund(s) I/we am/are investing in against any liabilities arising from acting on any of the details or any future details provided by me/us in connection with this application which are deliberately false or misleading;
- I/we have received a copy of the current PDS and TMD and all information incorporated into the PDS to which this application applies and have read them and agree to the terms contained in them and to be bound by the provisions of the current PDS (including the incorporated information) and current constitution (each as amended from time to time);
- If I/we have received this PDS from the internet or other electronic means, that I/we have received it personally or a print out of it, accompanied by or linked to this application form;
- I/we have legal power to invest in accordance with this application and have complied with all applicable laws in making this application;
- unless alternative authority is notified to and accepted by Copia, the person/persons that has/have completed the application is/are authorised to operate the account on behalf of the investor and bind the investor for future transactions, including in respect of additional applications and withdrawals;
- the details of my/our investment can be provided to the adviser group or adviser named in this application;
- if investing as trustee, on behalf of a superannuation fund or trust I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993;
- in the case of superannuation funds with two or more trustees, the trustees agree that unless otherwise expressly indicated on this application form, either investor is able to operate the account and bind the other investor/s for future transactions, including additional deposits and withdrawals (including withdrawals by fax);
- if the application is made under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with the application unless we have already sighted it);
- I/we have read and understood BoardRoom's Terms of Use for the use of the online service and release and indemnify Copia from and against any liabilities whatsoever arising out of it acting on any communications received by BoardRoom under those terms or in connection with the use of the online service;
- By providing my email and/or mobile number, I agree to be notified of and receive important disclosure documents and communications electronically (which include via email, SMS, a link to a website, an application or other online channels);
- I/We agree that any notice, document or other information required to be given to me/us under law (or the agreement with you), including but not limited to Product Disclosure Statements, Financial Services Guides, periodic statements, confirmations of transactions and ongoing disclosures, may be given in one of the following ways (where permitted by law): (i) by sending it to an email address I/we have provided for me/us or my/our adviser; (ii) by sending me/us or my/our adviser an email or other electronic communication providing a website reference or hypertext link to the notice, document or information; or (iii) by making the notice, document or information available on the website or an application or other online facilities as notified to me/us or my/our adviser from time to time.
- I/we acknowledge that Copia does not guarantee the performance of the Fund(s) or the repayment of capital or any particular rate of return or any distribution;
- I/we acknowledge that Investments in the Fund(s) are subject to investment risk, including possible delays in repayment and loss of income or principal invested. Accordingly, the performance, the repayment of capital or any particular rate of return on your investments are not guaranteed by Copia;
- The Responsible Entity accepts no responsibility for any failure to receive application amounts or payments before or after the transaction date arising as a result of, among other things, processing of payments by financial institutions.

 In relation to my/our personal information:
- I/we acknowledge that I/we have read and understood the information relating to privacy and personal information contained in the relevant PDS and Additional Information Booklet (AIB);
- I am/We are aware that until I/we inform Copia otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) as described in the PDS and AIB and I/we have consented to my/our financial adviser providing such further personal information to Copia as is required or reasonably deemed necessary by Copia under applicable law. Any personal information provided about a third party (if any) in connection with this application has been provided with their knowledge and informed consent;
- I/we understand that if I/we fail to provide any information requested in this application form or do not agree to any of the possible uses or disclosures of my/our information as detailed in the PDS and AIB (except in relation to direct marketing), my/our application may not be accepted by Copia and I/we agree to release and indemnify Copia in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided.

16 Signature(s)

•	e primary trustee must sign this sectio or, or two directors, or one director an		mpanies and company trustees we require the retary
Signature 1		Signature 2	
Signature Date Surname Given name(s) Capacity Director Primary Tr	Company Secretary ustee (Individual)	Signature Date Surname Given name(s) Capacity	Director Company Secretary Secondary Trustee (Individual)
Signing authority Indicate signing requirements for additional investments, withdrawal requests or to change details. Any one signatory to sign Both signatories must sign			COMPANY SEAL
If no selection is made, we will as are required to sign future instruc	tions.		
to the application form must also give the Market Determination (TMD) and the Fu of any TMD and PDS can be obtained fro	ne person access to the PDS and any incorpo and's Product Disclosure Statement (PDS) be am your financial adviser, our Client Services BN 22 092 872 056, AFSL 229316), referred t	rated information. Eac fore making a decisior team or at copiapartn	nt fund. Any person who gives another person access h person should obtain and consider the Fund's Target about whether to make an investment in the Fund. A copy ers.com.au. The responsible entity of each of the Funds end you a paper copy of the PDS and any incorporated

17 Fund listing

Below is a listing of the Funds available for investment. Refer to section 10 to indicate your investment and distribution choices.

If making your payment via electronic funds transfer for the Funds listed below, please use the following bank account:

Account Name: Boardroom Pty Ltd ITF COPIA Funds - Application A/C

BSB: 332-027
Account: 556074208
Reference*: <Investor Name>

*This reference allows us to confirm receipt of payment on our bank statement

Fund Name	APIR	Minimum Investment	BPAY® Biller Code
Artisan Global Discovery Fund	OPS8304AU	\$5,000.00	387837
Chester High Conviction Fund	OPS7755AU	\$20,000.00	387852
ECP Growth Companies Fund	OPS2991AU	\$20,000.00	387886
OC Dynamic Equity Fund	OPS0001AU	\$20,000.00	387928
OC Micro-Cap Fund	OPS0004AU	\$5,000.00	387944
OC Premium Small Companies Fund	OPS0002AU	\$20,000.00	387902
TT Global Environmental Impact Fund	OPS4597AU	\$5,000.00	387951
Vertium Equity Income Fund	OPS1827AU	\$20,000.00	387969

18 Adviser use only

By signing this section, I declare that the attached document(s) are true copies of the document(s) used to satisfy the identity verification requirements and I have complied with my obligations under the Anti-Money and Counter-Terrorism Financing Act 2006.

All details in section 11A are true and correct and I indemnify the responsible entity of the Fund(s) against any liabilities arising from acting on any of the information provided by me in connection with my clients application which are deliberately false or misleading.

Adviser number	
Office name	
Surname	
Given name(s)	
Title (Mr/Mrs/Miss/Ms)	Phone (business hours)
	. Hore (outsites)
Adviser group	
Adviser group AFSL	
Adviser signature	
Data	
Date	
Investment Link information	
ILGN (Group)	

Important notes

This application must not be handed to any person unless the relevant PDS and TMD and access to the information incorporated into the PDS is also being provided. Copia may in its absolute discretion refuse any application for units. Persons external to Copia or other entities who market Copia products are not agents of Copia but are independent investment advisers. Copia will not be bound by representations or statements which are not contained in information disseminated by Copia. Application monies paid by cheques from investment advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act 2001 (Cth). Personal information collected on this form will be handled in accordance with our privacy policy available at copiapartners.com.au.