

Client Services contact details

Phone: 1300 788 031

Send your form by email: australianethical_transactions@unitregistry.com.au **Email enquiries**: australianethical@unitregistry.com.au

Application | Individual

Issued by Australian Ethical Investment Ltd (ABN 47 003 188 930) is the responsible entity of the Fund (AEI, we, us) and holder of an Australian Financial Services Licence (No. 229949)

This is general information only and does not take account of your individual investment objectives, financial situation or needs. Before acting on it, consider its appropriateness to your circumstances and read the Product Disclosure Statement (PDS) available on our website for information on the benefits and risks of the Fund(s). You should consider seeking advice from an authorised financial adviser before making an investment decision.

WHO SHOULD COMPLETE THIS FORM?

This application form is for individuals or sole traders, investing on their own behalf.

HOW TO COMPLETE THIS FORM

Step 1 Before submitting this form, please read the Product Disclosure Statement (PDS) available on our website www.australianethical.com.au/managed-funds/investment-options/altius-funds/ or if you are unable to access the link or print the document, contact us on 1300 788 031.

Units in a fund will only be issued following acceptance of an application form issued with the relevant PDS, with all required documents attached.

Online applications: Please complete online and then print to sign using a black pen.

Manual applications: Please print, use black pen and write in BLOCK letters. If you make an error do not use correction fluid, instead, cross out your error and initial your changes.

Note: Please ensure all fields are completed including those in sections A, B and C.

Step 2 Tell us your foreign tax status

Please complete the Global Tax Reporting (FATCA/CRS) information in section 10.

Step 3 Sign and send your documents to the below address.

Please ensure you sign section 12 of the form in accordance with the instructions provided.

You can return your forms by post to:

Altius

GPO Box 804

Melbourne VIC 3001

Scan and email to: australianethical_transactions@unitregistry.com.au

Step 4 Make your payment

Please refer to **section 4** of the application form and follow the instructions on how to pay the application amount. Your application cannot be processed until all relevant identification documents and cleared funds are received.

IMPORTANT INFORMATION

- Please ensure all relevant fields are completed. If you do not complete all relevant sections your application may be rejected and returned to you for completion, resulting in a delay in processing your application.
- If you have any questions as you complete this form, please refer to the FAQs of this form, or contact us on 1300 788 031.

Based on V2 DDO 2023

SECTION A: DDO Obligations

The following questions may assist the Issuer in meeting its regulatory obligations by determining whether this financial product is being offered to the stated target market.

The below only needs to be answered where you are a direct [retail] investor (i.e. does not apply to indirect or intermediated investments such as those made by platforms, custodians, etc).

| Was this investment made based on personal advice received from your financial adviser? | |
|--|---|
| Yes - please ensure that details of your financial adviser are completed in section 8 | |
| No - please complete the questions below: | |
| | |
| Please read and answer the following questions carefully: It is important for you to consider if the fund you are applying to invest in is in line with your needs and objectives for the portion of your investment portfolio that you intend to invest in this fund. In other words, the questions below should be answered having regard to what you are seeking from this particular investment - not what you may be seeking more generally from your overall investment portfolio as a whole. | |
| All financial products provide different features, objectives, risks and return profiles. | |
| You can understand more about the specific objectives and outcomes that the fund seeks to accomplish and to determine whether the fund is appropriate for your needs by consulting the fund's PDS. | |
| The following questions assist the issuer in meeting its regulatory obligations by enabling it to assess whether the selected fund is being offered to the stated target market. We reserve the right to refuse your application. | 3 |
| A. What is your primary investment objective in relation to this investment? (select only one option) | |
| You are seeking an investment which provides Capital Growth Capital Growth, also known as capital appreciation or capital gain, refers to an increase in the value of an asset over time. Capital Growth is not guaranteed, and the value of an investment can also decrease, resulting in capital losses. You should consider the amount of risk you are willing to accept to achieve a Capital Growth, (or loss) outcome. If you are primarily seeking capital growth with some income, please select Capital Growth for Question A, and Yes for Question B. | |
| You are seeking an investment which provides Capital Preservation A Capital Preservation strategy is a strategy employed by certain types of investment funds with the primary objective of protecting the capital invested. Generally, funds designed to provide Capital Preservation have a lower risk profile and are less volatile than growth investments. You should consider if you are willing to accept lower returns (growth or income) as a result of choosing a fund with a lower risk profile. | |
| You are seeking an investment which provides Income Distribution Income Distribution refers to the income generated from the assets within a fund that is regularly paid out or distributed to investors periodically. The level of income generated will typically change each period and there is no guarantee of income being available each period. | |

| objective? (selct only one option) | |
|---|---|
| Note : If your primary objective is Capital Growth or Capital Preservation, but you are also seeking the potenti select 'Yes'. If Income Distribution is your primary investment objective, please select Income Distribution in C | al for income supplemental to those objectives. Question A, and 'No' for Question B. |
| Yes | |
| No | |
| | |
| C. What is your investment timeframe in relation to this investment? (select only one option) | |
| Equal to 7 years or more (i.e. Long term) | |
| Equal to 5 years but less than 7 years (i.e. Medium to long term) | |
| More than 2 years but less than 5 years (i.e. Medium term) | |
| Jp to and including 2 years (i.e. Short term) | |
| | |
| D. Under normal circumstances, within what period do you expect to be able to access your fund option) | ds for this investment? (select only one |
| At issuer's discretion | |
| | |
| Within ten years of the request | |
| | |
| Within five years of the request | |
| Within five years of the request Within one year of the request | |
| Within ten years of the request Within five years of the request Within one year of the request Within three months of the request Within one month of the request | |

| We note again, that this question is in relation to this investment in particular, and not to your overall risk and return profile. In other words, what r expecting the fund to play in your overall portfolio. | ole are you |
|---|-------------|
| I am seeking a fund with a low risk and return profile: You are looking for an investment that is low risk in nature (e.g. you have the ability to tolerate up to one negative return over a 20-year period and you are comfortable with a low target return from this investment. Funds designed to provide low risk and return typically provide capital preservation and invest in cash or cash like investments). | |
| I am seeking a fund with a medium risk and return profile: You are looking for an investment that is moderate or medium risk in nature (e.g. you have the ability to tolerate up to four negative returns over a 20-year period and you are comfortable with a moderate target return from this investment. Funds designed to provide a medium risk and return are typically invested in defensive assets, such as fixed income products). | |
| I am seeking a fund with a high risk and return profile: You are looking for an investment that is higher risk in nature (e.g. you have the ability to tolerate up to six negative returns over a 20-year period in order to achieve a higher target return from this investment. Funds with a high risk and return are typically invested in growth assets which include shares and property investments). | |
| I am seeking a fund with a very high risk and return profile: You are looking for an investment that is very high risk in nature (e.g. you have the ability to tolerate six or more negative returns over a 20-year period as you are seeking to maximise returns and you can accept higher potential losses. Products with Very High risk and return are typically higher conviction portfolio such as concentrated share funds, hedge funds and other growth alternative assets). | |
| I am seeking a fund with an extremely high risk and return: You are looking for an investment that is extremely high risk in nature (e.g. you can accept significant volatility and losses as you are seeking to obtain accelerated returns (potentially in a short timeframe). Products with an extremely high risk and return proile are typically speculative investments in niche asset classes such as crypto assets). | |
| F. What percentage of your total investable assets are you directing into this fund (i.e. the total assets you have available for investigating your residential home)? (select only one option) | estment, |
| Satellite allocation (up to 10%) | |
| Minor allocation (up to 25%) | |
| Core component (up tp 50%) | |
| Major allocation (up to 75%) | |
| Solution/Standalone (up to 100%) | |
| G. Where did you obtain your application form? (select only one option) | |
| Fund Manager Website | |
| Financial Adviser | |
| Referred by a friend/colleague | |
| Advertisement | |
| Other | |
| | |

E. In relation to this investment, which investment risk and return profile best describes you? (select only one option)

| Section B: Investor details | | | |
|--|--|--|--|
| What is the full legal name of the individual or sole trader that will hold title of the units? | | | |
| | | | |
| Full name of account designation | | | |
| | | | |
| If you are an existing investor, please provide your account number | | | |
| I/We confirm there are no changes to our identification documer | nts previously provided and that these remain current and valid. | | |
| I/We confirm there are no changes to the information in our prev | vious application provided and that it remains current and valid. | | |
| Section C: Are you investing using funds borrowed under a margin le | oan? | | |
| No - go to section 1 Yes - please complete the d | etails below | | |
| Name of margin lender | Name of borrower | | |
| | | | |
| Borrower's TFN | Loan number | | |
| | | | |
| If the person who will hold legal title to the units will be the borrower gr complete this form as an individual. | anting Power of Attorney to the margin lender or its nominee, please | | |
| 1. INVESTOR DETAILS | | | |
| Complete all details below in respect of the individual(s) or sole trader(| s) that will hold legal title to the units. | | |
| Investor 1 | | | |
| Title Given name(s) | Surname | | |
| | | | |
| Business name (if sole trader) | | | |
| ABN (if any, for sole trader) | | | |
| | | | |
| Date of birth (DD/MM/YYYY) | Occupation | | |
| Residential address (or, if you are a sole trader, principal place of busin | ness) - (A PO Box/RMB/Locked Bag is not acceptable) | | |
| Property/building name (if applicable) | | | |
| Unit Street number Street name | | | |
| | | | |
| Suburb State | Postcode Country | | |
| | | | |
| Postal address (if different to residential address) - (RMB/Locked Bag i | is not acceptable) | | |
| Property/building name (if applicable) | | | |

| Unit | Street number | Street name | | | |
|---------------------|---------------------------------|-----------------------------|--------------|---------------------|--|
| | | | | | |
| Suburb | | State | | Postcode | Country |
| | | | | | |
| Contact details | | | | | |
| Home number (ir | ncluding country and area c | ode) | Mobile n | umber (including co | ountry code) |
| | | | | | |
| Email (default ad | dress for all correspondenc | e) | | | |
| | | | | | |
| for exemption. | | | | | your tax file number (TFN) or a reason otion, you will be taxed at the highest |
| TFN | | | Reason f | or exemption | |
| | | | | | |
| Investor 2 | | | | | |
| Title | Given name(s) | | | Surname | |
| | | | | | |
| Desire a service of | Seeds to dead | | | | |
| Business name (| | | | | |
| ABN (if any, for s | ole trader) | | | | |
| | | | | | |
| Date of birth (DD | /MM/YYYY) / | 1 | Occ | upation | |
| Residential addre | ess (or, if you are a sole trad | er, principal place of busi | ness) - (A P | O Box/RMB/Locked | l Bag is not acceptable) |
| | g name (if applicable) | | | | |
| | | Ohrank marra | | | |
| Unit | Street number | Street name | | | |
| Suburb | | State | | Postcode | Country |
| Cuburb | | Otate | | | Country |
| | | | | | |
| | f different to residential add | lress) - (RMB/Locked Bag | is not acce | ptable) | |
| Property/building | g name (if applicable) | | | | |
| Unit | Street number | Street name | | | |
| | | | | | |
| Suburb | | State | | Postcode | Country |
| | | | | | |
| Contact details | | | | | |
| Home number (ir | ncluding country and area c | ode) | Mobile n | umber (including co | ountry code) |
| | | | | | |

| Email | | |
|---|--|----|
| | | |
| All correspondence will be sent to the email address provided by Investo | r I. | |
| Tax details - Australian residents If you are an Australian resident for to for exemption. If you are an Australian resident and do not provide you marginal tax rate plus the Medicare levy. | | |
| TFN | Reason for exemption | |
| | | |
| If there are more than two individuals, please complete a separate applic together with this form. | cation form signed by each additional applicant and submit | it |
| If clarification is required please contact us on 1300 788 031. | | |
| 2. VERIFICATION PROCEDURE | | |
| If you cannot meet the requirements of option A , please follow the instr OPTION A | uctions in option B . | |
| Provide a certified copy* of one of the following: | | |
| Current Australian Driver's Licence containing a photo of the person (se | can the front and back) | |
| Current Australian Passport or an Australian Passport that has expired | within the preceding 2 years | |
| Current Australian State or Territory Government Identity Card showing | g the person's date of birth, photo and signature | |
| Current Foreign Government Identity Card showing the person's date of | f birth, photo and signature** | |
| Current Foreign Driver's Licence showing the person's date of birth, pho | oto and signature** | |
| Current Foreign Passport showing the person's date of birth, photo and | signature** | |
| OPTION B | | |
| If you can't provide any document from option A, then please provide a one document from group 2. | certified copy* of one document from group 1 and | |
| GROUP 1 | | |
| Birth Certificate or Birth Extract issued by an Australian State or Territo | ory | |
| Australian Government issued Citizenship Certificate | | |
| Current Concession or Health Care Card issued by Centrelink (scan the | e front and back) | |
| GROUP 2 | | |
| Commonwealth, State or Territory Government Notice within the precedence benefits | ding 12 months and recording the provision of financial | |
| Australian Taxation Office Notice within the preceding 12 months and re or to (respectively) the ATO | ecording the debt payable to or by the individual by | |
| Local Government or Utilities Provider Statement within the preceding | 3 months and recording the provision of services | |
| If the investor is below the age of 18, please contact us on 1300 788 03 | 1 | |
| *Please see the FAQs at the end of this form for the meaning of certified | copy. | |

**If the document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

3. INVESTMENT & DISTRIBUTION INSTRUCTIONS

Specify your initial application amount.

The minimum investment amount is \$5,000 per fund. Indicate your distribution choice below. If you do not make an election, distributions will be reinvested.

| Fundamen | ADID | Investment | Distribution option (indicate (X) one option per fund) | | |
|---|-----------------|------------|---|----------|--|
| Fund name | APIR amount AUE | | Pay to my bank a/c | Reinvest | |
| Altius Sustainable Short Term Income Fund – Retail | AUS1392AU | | | | |
| Wholesale Cash Fund | WCF0001AU | | | | |
| Altius Green Bond Fund - Retail | AUS9041AU | | | | |
| Altius Sustainable Bond Fund | AUS0071AU | | | | |
| Please indicate the source & origin of funds being invested. Savings | | | | | |
| Savings | | | | | |
| Superannuation contributions | | | | | |
| Income from employment - regular and/or bonus | | | | | |
| Normal course of business | | | | | |
| Investment | | | | | |
| Donation/gift | | | | | |
| Inheritance | | | | | |
| Sale of assets (e.g. shares, property) | | | | | |
| Other | | | | | |

| 4. PAYMENT OF A | PPLICATION AMOUNT | |
|-----------------------|---|--|
| Select your payme | nt method and complete the relevant section if a | pplicable. All payments must be made in AUD. |
| EFT | Direct debit | |
| EFT | Electronic Funds Transfer | |
| Account name: | AUSTRALIAN ETHICAL INVESTMENT LTD- ALTIU | S APPS ACCOUNT |
| BSB: | 082-967 | |
| Account number: | 795221420 | |
| Your reference: | [please use the name of the investor and investo | or number] |
| Direct debit author | ity - Australian bank accounts only | |
| | w. This debit will be made through the Bulk Elect | our nominated financial institution account by completing the direct ronic Clearing System (BECS) from your account held at the financial |
| section, you have u | | der to process your application and payment. By completing this as governing the debit arrangements between you and OneVue Fund Request Service Agreement. |
| Financial institution | name | Branch name |
| | | |
| Account name | | |
| | | |
| BSB number | | Account number |
| | | |
| | | e, through its own financial institution, a debit to the nominated account provides it's services to Australian Ethical Investment Ltd (ABN 47 003 |
| Signature of prima | y account holder | |
| Please print full na | ne | Date (DD/MM/YYYY) |
| Signature of joint a | ccount holder (if applicable) | |
| Please print full na | ne | Date (DD/MM/YYYY) |

Australian Ethical | Altius | April 2025 | 9

5. FINANCIAL INSTITUTION ACCOUNT DETAILS

| Australian bank account details | |
|---|--|
| Please provide your bank account details if you have selected to take redemptions. We will only pay cash proceeds to a bank account in the party bank accounts. | |
| Financial institution name | Branch name |
| | |
| Name of account holder(s) | |
| | |
| BSB number | Account number |
| | |
| Foreign bank account details | |
| Financial institution name | Financial institution address |
| | |
| Account number | Account name |
| | |
| SWIFT/BIC | ABA/FED (US) |
| | |
| IBAN (Europe) | |
| 6. REGULAR SAVINGS PLAN | |
| I/We would like to establish a regular savings plan | |
| Monthly investment amount AUD\$ (mi | nimum \$100 per month). |
| Please complete the direct debit request in section 4 above (Payment | of application amount). |
| 7. COMMUNICATION | |
| Automatic online account access | |
| Online access enables you to view details of your investments (accour you the necessary registration details by post once your application is | |
| Note: You may receive marketing material (e.g. market commentary, if you do not wish to receive these communications. | event invitations) from us, from time to time. Please indicate |
| Annual & semi-annual report options | |
| The annual and any semi-annual financial statements of the fund are post or email, please indicate below. (This refers to annual and semi-arregarding general correspondence for your fund). By email By post | |

| Marketing material | | | | | |
|---|-------------|--------------|-----------------|--------|--------------------------------------|
| You may receive information from us via mail, telephone, services or information that may be of interest to you. By these methods for these purposes. Please indicate if you our group. | y providing | g us with y | our contact de | etails | you consent to being contacted by |
| 8. FINANCIAL ADVISER DETAILS | | | | | |
| Use this section to tell us about your financial adviser. If you of If you would like your financial adviser to receive copies of you | | | | | |
| Adviser email address | | | | | |
| Operating your account | | | | | |
| Do you want your financial adviser to be able to operate your | account? | | | | |
| No | | | | | |
| Yes - Please complete section 9 (Authorised representati | ive of inve | stor). | | | |
| In general, an appointed financial adviser can do everything your account. It is important to tell us promptly if you no longe adviser changes - OneVue will keep accepting their instruction terminated. | er wish you | ur financia | l adviser to op | erat | e your account, or if your financial |
| We may suspend or terminate their appointment for any reaso your account. | on conside | ered reaso | nable, and ma | y ch | ange the terms on which they operate |
| You indemnify us from any loss you or we suffer as a result of actions if we ask. | the action | is of your o | appointed fina | ncia | l adviser, and agree to ratify their |
| Notice to financial adviser: by completing this section of the Financial Services Licence (AFSL), or are otherwise authorise | | | | | |
| Details | | | | | |
| AFSL holder name | | AFSL nun | nber | | |
| | | | | | |
| Adviser name | | | | | |
| Additional and Authorite description and the constant | | ADNI | | | |
| Advisor code or Authorised representative number | | ABN | | | |
| December (building a const | | | | | |
| Property/building name | | | | | |
| Unit Street number Street name | | | | | |
| Suburb | State | | Postcode | | Country |
| | | | | | |
| Phone | | Mobile | | | |
| | | | | | |

| Performance of investor identification & verification procedures |
|--|
| Please indicate below whether client identification and verification procedures have been performed. |
| No - I have not performed the applicable customer identification procedure on this investor. |
| Yes - I have completed the applicable customer identification procedure on this investor. |
| Financial adviser declaration |
| Notice to financial adviser: please note that reliance on the KYC performed by the financial advisor is only acceptable if all the criteria below is met. |
| I hold an AFSL in my own name or have been appointed as an authorised representative by the licensee. |
| I am a reporting entity for AML/CTF purposes. |
| The issuer has reasonable grounds to believe that it is appropriate to rely on the KYC procedure I have undertaken. |
| I have attached the KYC documents to this form. |
| AFSL full legal entity name AFSL number |
| Please print full name |
| |
| Signature |
| |
| |
| 9. AUTHORISED REPRESENTATIVE OF INVESTOR |
| Please complete this section if you wish to appoint an individual or individuals to act on your behalf in relation to your investment in the fund. If you have appointed an entity as your authorised representative, please contact us on 1300 788 031 to obtain the relevant KYC form. |
| 9.1 Authorised representative details |
| Authorised representative 1 |
| Title Given name(s) Surname |
| |
| Authorised representative's phone number |
| |
| Email |
| Authorised representative's signature |
| |
| |
| |

| Authorised rep | epresentative 2 | |
|--------------------------------|---|----|
| Title | Given name(s) Surname | |
| | | |
| Authorised rep | epresentative's phone number | |
| | | |
| Email | | |
| | | |
| Authorised rep | epresentative's signature | |
| If you wish to application for | appoint more than two authorised representatives, please complete the details on a separate sheet and attach to this orm. | |
| 9.2 How aut | uthorised representatives may act in relation to the account? | |
| Tick applicab | able | |
| Each authoris | rised representative listed above may provide instructions in relation to the investment individually without the the other | |
| All authorised | ed representatives must act jointly to provide instructions in relation to the investment | |
| Other arrange | gement - please provide details | |
| 9.3 Verificat | ation procedure for authorised representatives who are individuals | |
| In addition, pl | thorised representative, please provide verification documents in accordance with the verification procedure in section please provide evidence of each authorised representative's authority to act on behalf of the investor. Please tick the) you have provided. | 2. |
| Verification d | documents - mandatory | |
| A certified co | copy of ID as per section 2 | |
| Authorised re | representative's authority - one of the following (not required for a Financial Adviser listed in Section 8) | |
| Certified copų | py of the authorising document (e.g. POA); or | |
| A certified co | copy of a guardianship order; or | |
| Other arrange | gement - please provide details | |
| I confirm t | n that the document authorising each authorised representative is still valid and has not been revoked. | |

10. GLOBAL TAX REPORTING REQUIREMENTS (FATCA/CRS)

Why you need to complete this section?

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and a number of other foreign Governments have an agreement which requires us to obtain certain information from investors, including taxation information. You may be liable to a penalty if you provide information that is false or misleading that is material. We may decide not to open an account without first receiving the required information. For more information, visit www.ato.gov.au.

If you are unsure of any of the answers, please contact a legal or accounting professional.

10.1 Tax Residence - Individual/Sole Trader

HELP

Tell me about tax residence

You can be a resident of more than one country for tax purposes. Whether you are tax resident of a particular country for tax purposes is often based on the amount of time you spend in a country and the location of your residence and/or place of work. If you pay tax or have a tax liability somewhere, you are probably a tax resident there. Dual citizenship often brings dual tax residency. It depends on the country. For the US, tax residency can be as a result of citizenship or residency for tax purposes.

If you're unsure, ask someone who knows, usually your accountant.

| 10.1.1 Individual - Investor 1 | | | |
|--------------------------------|---|--|--|
| Are | Are you a US resident for tax purposes? | | |
| | No | | |
| | Yes - please tell us your TIN. | | |
| | | | |
| | | | |

HELP

What is a TIN?

This is short for Taxpayer Identification Number, an identification number issued or used by tax authorities. In Australia, the equivalent is the tax file number (TFN). For the US, it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or a US Employer Identification Number. In other countries, it may have a different name.

Are you a resident of any other country for tax purposes?

| Other than the US or Australia | | | | | | |
|--------------------------------|--|--|--|--|--|--|
| | No | | | | | |
| | Yes - please tell us which ones, using the following table | | | | | |

| Red | eason A: The country of tax residency does not issue TINs to its tax residents eason B: The entity/individual has not been issued with a TIN eason C: The country of tax residency does not require the TIN to be disclosed | | | | | | | |
|--|---|------|--|--|--|--|--|--|
| | Country or jurisdiction of tax residency | TIN | No TIN? Which reason? If Reason B has been selected please provide an explanation. See above HELP box. | | | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| | 10.1.2 Individual - Investor 2 Are you a US resident for tax purposes? | | | | | | | |
| | No Yes - please tell us your | TIN. | | | | | | |
| | | | | | | | | |
| HELP What is a TIN? This is short for Taxpayer Identification Number, an identification number issued or used by tax authorities. In Australia, the equivalent is the tax file number (TFN). For the US, it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or a US Employer Identification Number. In other countries, it may have a different name. Are you a resident of any other country for tax purposes? Other than the US or Australia | | | | | | | | |
| | No Yes - please tell us which ones, using the following table. | | | | | | | |
| HELP No TIN? Reasons we accept are: Reason A: The country of tax residency does not issue TINs to its tax residents Reason B: The entity/individual has not been issued with a TIN Reason C: The country of tax residency does not require the TIN to be disclosed | | | | | | | | |
| | Country or jurisdiction of tax residency | TIN | No TIN? Which reason? If Reason B has been selected please provide an explanation. See above HELP box. | | | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| /1 | | | | | | | | |

HELP

No TIN? Reasons we accept are:

11. DECLARATIONS & ACKNOWLEDGMENTS

Please read the declarations below before signing this form. The required signature(s) are detailed at the bottom of this form. When you apply to invest, you (the applicant) are telling us:

- to the best of your knowledge, all details in this application (including all related documents provided) are true, correct and complete
- you have received, read and understood the current PDS. You agree to be bound by the constitution of the fund, the PDS as supplemented, replaced or re-issued from time to time
- you are not bankrupt or a minor, and are authorised to sign this form
- · you have received and accepted this offer in Australia
- you have read and understood the information relating to privacy in the PDS
- I consent to the issuer disclosing my personal information to any issuer's service providers, in relation to any identification and
 verification that the issuer is required to undertake on me, as required under the AML/CTF Act. This shall include any information:
 - o required by any third party document verification service provider, and/or
 - o provided to any third party document verification service provider.

By applying to invest you also acknowledge that:

- monies deposited are not associated with crime, money laundering and/or financing terrorism. We may decide to delay or refuse any
 request or transaction, including by suspending the issue or redemption of units. If we are concerned that the request or transaction
 may breach any obligation of, or cause us to commit or participate in an offence under any AML/CTF and Sanctions Law and FATCA/
 CRS obligations, we will incur no liability to you if we do so
- we may take other action we reasonably believe is necessary to comply with AML/CTF and Sanctions Law and FATCA/CRS
 obligations, including disclosing any information held about you to any of our related bodies corporate or service providers whether
 in Australia or outside Australia, or to any relevant Australian or foreign regulator, and
- we collect additional information about you from time to time, from you or from third parties, for the purposes of satisfying AML/CTF and Sanctions Law and FATCA/CRS obligations, and that any such information may be used and disclosed as described in Australian Ethical's privacy policy available online at www.australianethical.com.au/privacy-policy or by contacting us.

Important information

- nothing in this form is advice and 'help' is general guidance only. Seek professional advise to be sure of your answers
- it is a condition of investing that you keep your details (including tax detail) with us, up to date. We recommend that you review this tax information form at the end of the financial year and update your details if required. You must contact us when you learn new things about the matters in this form. Failing to update us can have tax and other consequences. You can update us by requesting and completing this form and emailing, faxing or posting it to our Administrator.

By completing and signing this form:

- you represent having read and understood this form
- you represent this form is complete and accurate
- if you have applied for but not received your TIN or GIIN, you undertake to inform us within 30 days of receiving it
- you undertake that if information in this form changes, you will tell us within 30 days
- you declare that to the best of your knowledge and belief the information provided in the Global Tax Reporting section is true and correct
- you agree to notify Australian Ethical of any changes to your tax residency or that of any beneficial owners or controlling person

| 12. SIGNATURE(S) | | | | |
|---------------------------|---------------------------|--|--|--|
| All applicants must sign. | | | | |
| Signature 1 | Signature 2 | | | |
| Signature | Signature | | | |
| | | | | |
| Date (DD/MM/YY) | Date (DD/MM/YY) | | | |
| Full name | Full name | | | |
| | | | | |
| Our will be | Cananaihu | | | |
| Capacity | Capacity | | | |
| Investor 1 | Investor 2 | | | |
| Authorised Representative | Authorised Representative | | | |
| Signature 3 | Signature 4 | | | |
| Signature | Signature | | | |
| | | | | |
| Date (DD/MM/YY) | Date (DD/MM/YY) | | | |
| Full name | Full name | | | |
| | | | | |
| Capacity | Capacity | | | |
| Investor 3 | Investor 4 | | | |
| Authorised Representative | Authorised Representative | | | |

Translating documents by an accredited translator

In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters at or above professional level.

• NAATI (https://www.naati.com.au/)

In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent authority. For these, escalate to the AML Compliance Officer for assistance.

Getting your copies certified

Any document(s) requiring to be certified for verification purposes must be certified by an eligible person to be a true copy of the original document. Documents must be either certified on all pages or certified on the front page with a clear reference to the number of subsequent pages that are included.

Example of certification

I certify that this is a true and correct copy of the original document

Signature of Certifier Name of Certifier

Capacity of certifier - e.g. Justice of the Peace

Date of certification (DD/MM/YYYY)

List of occupations that can certify (from the Statutory Declaration Regulations 2018)

- Architect
- Chiropractor
- Dentist
- Financial adviser or financial planner
- Legal practitioner
- Medical practitioner
- Midwife
- Migration authorised representative registered under Division 3 of Part 3 of the Migration Act 1958
- Nurse
- Occupational therapist
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon.

List of persons who can certify

- 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)
- a judge of a court
- a magistrate
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a notary public (for the purposes of the Statutory Declaration Regulations 2018)
- a police officer
- an authorised representative of the Australian Postal Corporation who is in charge of an office supplying
 postal services to the public
- 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
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- 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)
- 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)
- 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 licensees
- 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.