

# 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

 $\perp$  Superannuation fund or other regulated trust with company trustee - Complete sections 3, 4a, 5, 7–18.

ot 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, discretionary trust, charitable trust)

### 3 Contact details

Please provide details of where	e 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
Email address	

# **4** Australian Company (including company trustee/custodian)

4A. Details of Australian 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 company (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				

# **4** Australian Company (including company trustee/custodian) (continued)

		1 9 ( 0	1 5 7	· · · · · · · · · · · · · · · · · · ·	
4A. Deta	4A. Details of Australian company (including company trustee) (continued)				
1. Select (X)	whether the com	mpany is a proprietary or public com	npany		
Proprie	tary (company wl	hose name ends with Proprietary Lt	d or Pty Ltd; also known as private compa	ny).	
Public (	company whose	name does NOT include the word P	ty or proprietary).		
For pro	prietary compani	ies provide names of all directors			
Directo	r 1				
Directo	r 2				
Directo	r 3				
Directo	r 4				
	e are additional di t to this form.	irectors, please (X) this box and prov	vide their full names on a separate piece o	f paper and	
2. Select (X)	the applicable ca	ategory of company and provide det	tails if requested:		
Licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to supervision beyond that provided by ASIC as a company registration body (e.g. Australian Financial Services Licensees (AFSL) or Australian Credit Licensees (ACL).					
Name o	f regulator		License details (e.g. 7920, 033)		
If the company is investing as a company in its own right - proceed to section 7. If the company is acting as a trustee of a regulated trust - proceed to section 5. If the company is acting as a trustee of an unregulated trust - proceed to section 4B. If the company is acting as a custodian - proceed to section 4D.					
A listed company (e.g. ASX) If the company is investing as a company in its own right - proceed to section 7. If the company is acting as a trustee of a regulated trust - proceed to section 5. If the company is acting as a trustee of an unregulated trust - proceed to section 4B.					
A majority owned subsidiary of an Australian listed company					
Name of listed company If the company is investing as a company in its own right - proceed to section 7. If the company is acting as a trustee of a regulated trust - proceed to section 5. If the company is acting as a trustee of an unregulated trust - proceed to section 4B. If the company is acting as a custodian - proceed to section 4D.					
Subsidiary of a company licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to a supervision beyond that provide by ASIC as a company registration body					
	of the company of the regulator				
ivanie C	in the regulator				
None of the above Proceed to section 4B.					

# **4** Australian Company (including company trustee/custodian) (continued)

4B. Substantial Shareh	holder details - You do not need to complete if the company is a trustee of a regulated trust	
	individuals with ultimate ownership, directly or indirectly, of 25% or more of the company's issue an individual's aggregated holdings through a chain of company ownership. Does the company h	
Yes - Please provide deta No - Proceed to section 4		
Substantial shareholder 1		
Surname		
Full given name(s) Date of birth		
Residential address (cannot	t be a PO Box)	
Street name and number		
Suburb Country	State Post cod	e
		-
Substantial shareholder 2		
Surname		
Full given name(s) Date of birth		
Residential address (cannot	t be a PO Box)	
Street name and number		
Suburb Country	State Post cod	e
Substantial shareholder 3		
Surname		
Full given name(s) Date of birth		
Residential address (cannot	t be a PO Box)	
Street name and number		
Suburb Country	State Post cod	e
If there are additional sub this form.	bstantial shareholders, please (X) this box and provide their full details on a separate piece of pa	per and attach it to

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

These statements are not correct – You must complete sections 4A, 4B and 4C before proceeding to section 5.

# 5 Superannuation Fund and other Trusts

5A. Details of Superannuation fund or other trust					
	ame of trust/ rannuation fund				
Coun	try of establishment				
TFN			Tax exemptio	n	
rate (		your TFN, ABN or specific exemption, then t and any other levies we are required to dec			ns at the highest marginal tax
C/- (if	applicable)				
Street name and number Suburb Country			State	Post code	
Pleas	e select (X) type of tru	st and provide information requested:			
	Self-Managed Superan Provide the SMSF's ABI Proceed to section 5C.	N			
	Registered managed in Provide Australian Reg Proceed to section 5C.	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 superannuation fund Provide name of the legislation establishing the fund. Proceed to section 5C.				
	Other regulated Trusts (a trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund).				
	Provide name of the re	egulator (e.g. ASIC, APRA, ATO).			
	Provide the Trust's ABN Proceed to section 5C.	N or registration/licensing details.			
	Unregulated Trust (e.g.	family trust, discretionary trust, charitable	e trust).		
	Please confirm type of	trust.			
	Name of trust settlor (t initial funding on trust <b>Proceed to section 5B.</b>				

5B. Trust beneficiary details - This section is only required for unregulated trusts.			
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 deta	ails below, then proceed to 'Other beneficiaries' below.		
No - Proceed to 'Other b	eneficiaries' 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 beneficiar	ies?		
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.			
	energiary classes below.		
Beneficiary classes Does the trust deed refer to be	eneficiaries 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.			

5 Superannuation Fund and other Trusts (continue
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5C. Details of Trustee(s					
Please indicate (X) the trustee	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	or the indicated individual. Please note that all fields are mandatory				
Individual Trustee 1 (primary	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 section 7. For unregulated trusts, are there other individual trustees?					
Yes If there are other individual trustees, please (X) this box and provide their details (as shown above) on a separate piece of paper and attach it to this form.					
No Proceed to section	on 6.				

### 6 Other individuals controlling the entity

Only complete this section if you were required to complete sections 4 (as an unregulated trust).	B and 4C (as a company or company trustee) or sections 5B and 5C
Are there any individuals exercising control over your entity other than If your entity is a Trust with Company Trustee, consider both the Trust	
Yes - Please provide their details 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
Date of birth	Date of birth
Residential address (cannot be PO Box)	Residential address (cannot be PO Box)
If there are more individuals controlling the entity, please select (> addresses on a separate piece of paper.	() this box and provide their roles, full names, dates of birth and residential

### 7 Source of funds (Required)

Please indicate (X) the source of funds being invested.
Income from employment – regular and/or bonus Income from employment – regular and/or bonus Business income
One-off payment (e.g. matured investment, court settlement, redundancy, inheritance) Sale of assets (e.g. shares, property)
Windfall (e.g. gift, lottery winnings) Borrowed funds Charitable donations Government benefits (e.g. family tax benefits)
Savings

### 8 Payment of initial investment amount

Please indicate (X) how you will make your payment of the initial investment amount by selecting one of the following:

Direct debit - Please ensure you also complete section 9.

Electronic funds transfer. The bank account to transfer funds is listed in sections 17. Transfer your funds, with your investor name as reference, at the same time as posting your application to ensure there are no delays in opening your account.

#### **BPAY**<sup>®</sup>

The Biller Code is in section 17. Please contact us to request a BPAY reference number and ensure the reference number is included below.



Provide BPAY reference number here:

### Nominated bank account (must be an Australian financial institution)

If you are making your investment via direct debit, please provide details of the bank account you wish us to debit. Please indicate (X) the nominated bank account.

☐ Please use existing bank account on file.

9

Please use bank account provided below.

Unless requested otherwise, this will also be the bank account we credit any withdrawal proceeds and/or distributions if you requested these to be paid to you and not reinvested. Please note, if you make a withdrawal within the first three months of making your investment, we will only pay the withdrawal proceeds to the account that was debited when making the investment. The nominated account must be in the name of the investor and all investors must sign this section. By providing your nominated account details in this section you authorise Copia to use these details for all future transaction requests that you make until notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.

Financial institution				
Branch				
Account name				
Branch number (BSB)		Account number		
<ul> <li>I/we request Boardroom Pty Ltd (ABN 14 003 209 836, APCA No. 537820) as the funds administrator appointed by Copia Investment Partners Limited (ABN 22 092 872 056) (collectively referred to as 'Copia'), until further written notice is given Copia, to debit my/our account described on the previous page, any amounts which Copia may direct debit or charge me/us though the Bulk Electronic Clearing System. I/we understand and acknowledge that:</li> <li>1. St George Bank, a Division of Westpac Banking Corporation (ABN 33 007 457 141) ('Bank'), who provides the bank accounts for the Copia managed investment schemes may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate, and at any time by notice in writing to me/us, terminate the request as to future debits.</li> <li>2. Copia may, by prior arrangement and notice to me/us, vary the amount or frequency of future debits.</li> <li>3. The Bank may, by prior arrangement and notice to me/us, vary the amount or frequency of future debits.</li> <li>4. The Bank will provide to me/us upon request general descriptive information of the kind referred to in Chapter 11 of the Banking Code of Practice, concerning the operation of accounts, banking facilities and cheques.</li> <li>5. The information which I/we have provided on this form is accurate and not misleading and I am/we are aware that Copia is relying on it.</li> <li>6. This direct debit arrangement is governed by the terms of the Bulk Electronic Clearing System Procedures and the Direct Debit Request Service Agreement (available on our website) which I/we have read and agreed to.</li> <li>7. Should the Bank charge any fees/charges related to this direct debit authorisation (including a withdrawal or dishonour fee), I/will be responsible for such fees/ charges.</li> </ul>				
Bank account signatory 1		Bank account signa	atory 2	
Circulture		Circulture		
Signature		Signature		
Date		Date		

 Surname
 Surname

 Given name(s)
 Given name(s)

### **10** 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 Amount <sup>1</sup>	Distribution Options (Select (X) one per Fund) <sup>2</sup>	
			Reinvest	Cash Payment
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

1 The minimum initial investment is listed in section 17.

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

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

\_\_\_\_ High

Very high

# **11** 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)
1. 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).
who has considered one of more of your investment objectives).
No - I/We have not received personal advice in relation to my investment in this fund.

<b>12</b> 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			
<ul> <li>Investment income (e.g. rent, dividends)</li> <li>Business income</li> <li>One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)</li> <li>Sale of assets (e.g. shares, property)</li> <li>Borrowed funds</li> <li>Charitable donations</li> </ul>			
Select primary source of the overall wealth of all individuals listed in this application	form.		
<ul> <li>Income from employment – regular and/or bonus</li> <li>Investment income (e.g. rent, dividends, pension)</li> <li>Business income</li> <li>One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)</li> <li>Sale of assets (e.g. shares, property)</li> <li>Windfall (e.g. gift, lottery winnings)</li> <li>Borrowed funds</li> <li>Government benefits (e.g. family tax benefits)</li> </ul>			
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			

# **13** 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.			
<ol> <li>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.</li> </ol>			
<ul> <li>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.</li> <li>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.)</li> <li>If the entity is a Foreign Charity or an Active NFE, please proceed to section 14C (Country of Tax Residency).</li> </ul>			
<ul> <li>Other (Entities that are not previously listed – Passive Non-Financial Entities)</li> <li>Please proceed to section 13B (Foreign Controlling Persons)</li> </ul>			

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

#### 13B. Foreign Controlling Persons

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 listed in the application form (as directors, substantial shareholders, trustees, trust settlors or trust beneficiaries) tax residents of countries other than Australia?

YesPlease provide each individual's full name, date of birth, residential address, country of tax residence and tax identification number<br/>(TIN) or an equivalent below. Please include multiple countries and TINs, if applicable.

#### Yes Proceed to section 13C.

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 n	o TIN, list reason A, B or C
Country 2		TIN	lf n	o TIN, list reason A, B or C
Country 3		TIN	If n	o TIN, list reason A, B or C
Individual 2				
Full name			Date of birth	
Residential address (if not previously provided)				
Country 1			If n	o TIN, list reason A, B or C
Country 2			If n	o TIN, list reason A, B or C
Country 3			If n	o TIN, list reason A, B or C
Individual 3				
Full name			Date of birth	
Residential address (if not previously provided)				
Country 1		TIN	lf n	o TIN, list reason A, B or C
Country 2			If n	o TIN, list reason A, B or C
Country 3			If n	o TIN, list reason A, B or C
Reason A – The country of tax residency does not issue TINs to tax residents. Reason B – I have not been issued with a TIN. Reason C – The country of tax residency does not require the TIN to be disclosed.				

# **13** 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 identification number (TIN) or equivalent below. f the entity is a tax resident of more than one other country, please list all relevant countries below.			
1.Country		If no TIN, list reason A, B or C	
2.Country		If no TIN, list reason A, B or C	
3.Country		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 residents. Reason B – I have not been issued with a TIN. Reason C – The country of tax residency does not require the TIN to be disclosed.			
No			

#### Customer identity verification 14

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

Individuals

- Primary Individual Trustee 1 of unregulated trust if you completed section 5C.
- Second Individual Trustee 2 of unregulated trust if you completed section 5C and are signing this application form.
- Each substantial trust beneficiary of the unregulated trust if you completed section 5B.
- Each substantial shareholder (of company or company trustee) if you completed section 4B.
- Primary/Sole Director and Second Director/Secretary (of company or company trustee) if you completed section 4C.
- Any other controlling individuals listed in section 6.

Please provide either A or B.

A valid copy of one of the following documents: Α.

Australian driver's licence containing your photograph; or

Australian passport containing your photograph and signature; or

A card issued under an Australian State or Territory law containing your photograph and proof of age.

If one of the above cannot be provided, please provide one document from Group 1 and one document from Group 2 below: B.

Group 1 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.	Group 2 (The document must contain your full name and current residential address as shown in section 3 of this application form) A copy of one of the following documents issued to you: a notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of services to you, e.g.: council rates notice electricity bill gas bill water rates notice telephone bill internet services bill a letter 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.: • pension statement • rent assistance statement • utilities allowance statement • utilities allowance statement • utilities allowance statement • notice of assessment • notice of assessment
foreign passport, or similar travel document bearing	payment reminder      or B, please provide a valid copy of ONE of the following: g your signature and photograph; nt that contains your photograph, and either your signature or your unique

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)

# **14** Customer identity verification (continued)

14B. Company (including corporate trustees)			
For a company acting as a trustee, you must also complete section 15C in 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:		
<ul> <li>A. whether the company is:</li> <li>Iisted; or</li> <li>a majority owned subsidiary of a listed company; or</li> <li>regulated.</li> </ul>	<ul> <li>up-to-date extract from the ASX database (if applicable); or</li> <li>public document issued by the company; or</li> <li>up-to-date extract from the relevant regulator's database (if regulated).</li> </ul>		
<ul> <li>B. if the company is none of these, the:</li> <li>full name of the company; and</li> <li>whether the company is registered as a proprietary or a public company; and</li> <li>ACN.</li> </ul>	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.	<ul> <li>Self Managed Superannuation Funds, registered schemes, other regulated trusts or government superannuation funds</li> <li>up-to-date extract from ATO or APRA (e.g. SMSF or other superannuation fund); or</li> <li>up-to-date extract from ASIC (e.g. registered scheme); or</li> <li>up-to-date extract of the legislation establishing the government superannuation fund sourced from a government website.</li> </ul>		
Unregulated trusts <ul> <li>full name of Trust;</li> <li>name of Trust settlor.</li> </ul>	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 below information.			
<ul> <li>Information required to be verified</li> <li>Whether company is regulated, listed or a majority owned subsidiary of a listed company;</li> <li>Existence of the custodial arrangement;</li> <li>Full name of the custodian; and</li> <li>ACN.</li> </ul>	<ul> <li>Verification options</li> <li>(Please cross (X) which document(s) you have provided – you must provide A and either B or C).</li> <li>A. Investor guide, PDS or other public document issued by the company confirming the existence of a custodial arrangement; and</li> <li>B. Up-to-date extract of search of relevant regulator's database (e.g. ASIC database) (if regulated); or</li> <li>C. Up to date extract from the ASX database (if listed or a majority owned subsidiary of a listed entity).</li> </ul>		

# **14** 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)	<ul> <li>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))</li> <li>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))</li> <li>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</li> </ul>
Post office	<ul> <li>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</li> <li>Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li> </ul>
JP	Justice of the Peace
Legal	<ul> <li>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)</li> <li>Judge of a court</li> <li>Magistrate</li> <li>Chief executive officer of a Commonwealth court</li> <li>Registrar or deputy registrar of a court</li> <li>Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li> <li>A person authorised as a notary public in a foreign country</li> </ul>
Police	Australian police officer
Diplomatic service	<ul> <li>Australian consular officer</li> <li>Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))</li> </ul>
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

#### 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)

For individual trustees, at least the primary trustee must sign this section. For Australian companies and company trustees we require the signature(s) of either a sole director, or two directors, or one director and the company secretary

Signature 1	Signature 2
Signature Date Date Surname Given name(s) Capacity Director Director Primary Trustee (Individual)	Signature Date Date Surname Given name(s) Capacity Director 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 If no selection is made, we will assume both signatories are required to sign future instructions.	COMPANY SEAL
Each Fund's Product Disclosure Statement (PDS) includes information about purchas to the application form must also give the person access to the PDS and any incorpo Market Determination (TMD) and the Fund's Product Disclosure Statement (PDS) be	rated information. 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 copiling of any TMD and PDS can be obtained from your financial adviser, our Client Services team or at copiapartners.com.au. The responsible entity of each of the Funds is Copia Investment Partners Limited (ABN 22 092 872 056, AFSL 229316), referred to as Copia. Copia will send you a paper copy of the PDS and any incorporated information and application form free of charge if you so request.

# **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
HSBC Global Infrastructure Equity Fund (Hedged)	OPS8578AU	\$20,000.00	387688
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)
Adviser group	
Adviser group AFSL	
Adviser signature	
Date	
Investment Link information	
ILGN (Group)	
is also being provided. Copia r	anded to any person unless the relevant PDS and TMD and access to the information incorporated into the PDS nay in its absolute discretion refuse any application for units. Persons external to Copia or other entities who t agents of Copia but are independent investment advisers. Copia will not be bound by representations or

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.