

Application Form

Foreign Company and Foreign Trust

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 **investors**:

- Foreign Company
- Foreign Trust

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 Foreign Companies and Foreign Trusts

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	account name				
Existing account number					
If any of your information h	as changed since your prior investment, please complete sections 2-6, otherwise, proceed to section 7.				
2 Entity type					
Please indicate (X) the entit	y type.				
	plete sections 3, 4, 6–18				
	idual trustee - Complete sections 3, 5–18 gn company trustee - Complete sections 3-18				
Torcign trust with forci	En company trustee Complete sections 3 10				
3 Contact det	ails				
Please provide details of wh	nere you would like all correspondence mailed and your contact details.				
Capacity	Director Company Secretary Trustee (Individual) Other (please list):				
Surname	Full given name(s)				
Title (Mr/Mrs/Miss/Ms)	C/- (if applicable)				
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					

Foreign company (including company trustee)

4A. Company details (including company trustee)				
Full name of foreign company or foreign company trustee				
Business name (if applicable)				
Country of formation/ incorporation/registration Select (X) if registered by a foreign body and provide name of body.				
Is the foreign company registered with ASIC? (select (X) ONE of the following)				
Yes Provide ARBN				
Provide EITHER (cross (X) one box)				
principal place of business address in Australia OR				
local agent name and address details.				
Address registered with ASIC (cannot be a PO Box)				
Street name and number				
Suburb State Post code				
Country Name of local agent in Australia				
No Provide company identification number (if any) issued by the foreign registration body.				
Principal place of business in the company's country of formation or incorporation (cannot be a PO Box)				
Street name and number				
Suburb State Post code				
Country				
Registered address of company				
If the company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).				
Same as above				
Street name and number				
Suburb State Post code				
Country				

Foreign company (including company trustee) (continued)

Company Type - complete q	uestions 1 and 2 below.			
1. Select (X) whether the co	mpany is a proprietary or public company			
Public				
Private or proprietary				
For private/proprietary co	ompanies provide names of all directors			
Director 1				
Director 2				
Director 3				
Director 4				
If there are additional directors, please (X) this box and provide their full names on a separate piece of paper and attach it to this form.				
2. Select (X) the applicable o	category of company and provide details if requested:			
Listed on Australian or Ne	ew Zealand stock exchange (ASX, NZX)			
Name of market/ exchange				
If your company is acting	g as a trustee for a trust Proceed to section 4B.			
If your company is invest	ing in its own right Proceed to section 7.			
Other Proceed to sect	tion 4B.			
4B. Substantial Shareh	nolder details			
	ndividuals with ultimate ownership, directly or indirectly, of 25% or more of the company's issued share capital. an individual's aggregated holdings through a chain of company ownership.			
Does the company have any su	ubstantial shareholders?			
Yes Proceed to secti				
No Proceed to section	ion 4C.			
Substantial shareholder 1				
_				
Surname				
Surname Full given name(s)				
1				
Full given name(s)	e a PO Box)			
Full given name(s) Date of birth	e a PO Box)			
Full given name(s) Date of birth Residential address (cannot be	e a PO Box) State Post code			

Foreign company (including company trustee) (continued)

Substantial shareholder 2				
Surname				
Full given name(s)				
Date of birth				
Residential address (cannot	: be a PO Box)			
Street name and number				
Suburb		State		Post code
Country				
If there are additional su attach it to this form.	ubstantial shareholders, please (X) this box and provide	their full details	s on a separate	piece of paper and
4C. Directors authorisi	ng investment			
Individuals below will be the s	signatories signing in section 17.			
Sole or Primary Director				
Cross this box if same as '	Substantial shareholder 1' in section 4B. If different, ple	ase complete b	elow.	
Surname				
Full given name(s)				
Title (Mr/Mrs/Miss/Ms)	Date of birth			
Residential address (cannot				
Street name and number				
Suburb				
Country		State L		Post code
Second Director or Secretar				
	'Substantial shareholder 2' in section 4B. If different, ple	ase complete be	elow.	
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				

5 Foreign Trust

5A. Details of Foreign Trust				
Full name of trust				
Country of establishment				
Name of trust settlor (the individual who contribute	d the initial funding on trust establishment).			
Please select (X) type of trust and provide information requested: Foreign superannuation fund Private trust (family trust, discretionary trust) Charitable trust Other trust, provide type				
5B. Trust beneficiary d	etails			
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 o				
No Proceed to 'Oth Substantial trust beneficiary	er beneficiaries' below.			
Surname				
Full given name(s)	Date of birth			
Residential address (cannot be	e a PO Box)			
Street name and number				
Suburb	State Post code			
Country				
Substantial trust beneficiary	2			
Surname				
Full given name(s)	Date of birth			
Residential address (cannot be a PO Box)				
Street name and number				
Suburb	State Post code			
Country				
If there are additional sub paper and attach it to this	ostantial trust beneficiaries, please (X) this box and provide their full details (as noted above) on a separate piece of form.			

Foreign Trust (continued)

	eneficiaries					
Yes	any other beneficiar	ils below, then proceed to 'Beneficiary classes' below.				
		liss selectify them proceed to selectionary enables selection.				
	Surname					
	Given name(s)					
	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.				
	ary classes 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 oth	er 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 5	SC.				
5C. De	tails of Trustee(s	5)				
Please in	dicate (X) the trustee	type:				
Indiv	idual Trustee(s)	Please complete below. Then proceed to 'Other beneficiary' below.				
Forei	gn Company Trustee	Please ensure you have completed section 4. Then proceed to section 6.				
Complete	the below sections	for the indicated individual. Please note that all fields are mandatory				
Individu	al Trustee 1 (primar	y trustee)				
Surname						
Full giver	name(s)					
Title (Mr,	/Mrs/Miss/Ms)	Date of birth				
Residenti	al address (cannot be	e a PO Box)				
Street na	me and number					
Suburb		State Postcode				
Country						

Foreign Trust (continued) **Individual Trustee 2** Surname Given name(s) Title (Mr/Mrs/Miss/Ms) Date of birth Residential address (cannot be a PO Box) Street name and number Post code Suburb State Country 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. J No Proceed to section 6. Foreign Trust (continued) Are there any individuals exercising control over your entity other than those already listed in sections 4 or 5 of this form? If your entity is a Trust with Company Trustee, consider both the Trust and the Company Trustee when answering this question. Yes - Please provide their details below. No - 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 Residential address (cannot be PO Box) (cannot be PO Box) addresses on a separate piece of paper. Source of funds (Required)

If there are more individuals controlling the entity, please select (X) this box and provide their roles, full names, dates of birth and residential addresses on a separate piece of paper. 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 o	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® The Biller Code is in section 17. Please contact us to request a BPAY reference number and ensure the reference number is included below. BPAY Provide BPAY reference number here:			
9 Nominate	d bank account (must be an A	Australian financial institution)	
Please indicate (X) the notation Please use existing be please use bank accounties requested otherwholes be paid to you and not repay the withdrawal proceinvestor and all investors	pank account on file. Sount provided below. Vise, this will also be the bank account we credit einvested. Please note, if you make a withdrawal eeds to the account that was debited when mak a must sign this section. By providing your nomin saction requests that you make until notice is pr	Is of the bank account you wish us to debit. It any withdrawal proceeds and/or distributions if you requested these to all within the first three months of making your investment, we will only king the investment. The nominated account must be in the name of the nated account details in this section you authorise Copia to use these rovided otherwise. For additional investments, a nomination in this	
Financial institution			
Branch			
Account name			
Branch number (BSB)		Account number	
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: 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. 2. Copia may, by prior arrangement and notice to me/us, vary the amount or frequency of future debits. 3. The Bank may, by prior arrangement and notice to me/us, vary the amount or frequency of future debits. 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. 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. 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. 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.			
Bank account signatory 1	L	Bank account signatory 2	

Signature

Date

Date

Surname

Given name(s)

Signature

Date

Date

Surname

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	Minimum Investment ¹	Distribution Options (Select (X) one per Fund) ²		
			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. 12 Additional information This section must be completed by all entities. Purpose or activities of the entity Date of formation Select primary source of the overall wealth of the entity Investment income (e.g. rent, dividends) Business income One-off payment (e.g. matured investment, court settlement, redundancy, inheritance) Sale of assets (e.g. shares, property) Borrowed funds ☐ Charitable donations Select primary source of the overall wealth of all individuals listed in this application form. You may select multiple options that apply Income from employment – regular and/or bonus Income from employment – regular and/or bonus Business income Sale of assets (e.g. shares, property) One-off payment (e.g. matured investment, court settlement, redundancy, inheritance) Windfall (e.g. gift, lottery winnings) Charitable donations Government benefits (e.g. family tax benefits) Borrowed funds Savings 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

∐ 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 donaronn	-6 - 6-100-110				
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?					
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 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			\neg		
Full name			Date of birt	h	
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 birt	h	
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 birt	h	
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	lf	no TIN, list reason A, B or C	
Reason B – I have not been iss	residency does not issue TINs to tax residence with a TIN. residency does not require the TIN to be or				

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 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 C

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.

Under Australian law we must identify any of the individuals listed below:

- 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. A valid copy of one of the following documents:					
Australian driver's licence containing your photogra	aph; 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.				
B. If one of the above cannot be provided, please provide	one document from Group 1 and one document from Group 2 below:				
Group 1	Group 2				
A copy of one of the following documents:	(The document must contain your full name and current residential address as shown in section 3 of this application form)				
Australian birth certificate or birth extract; or	A copy of one of the following documents issued to you:				
Australian citizenship certificate; or	a notice or bill issued within the preceding three months from a local				
Pension or Health care card issued by Centrelink or Department of Veterans' Affairs.	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 a letter or notice issued to you within the preceding 12 months from the ATO that records a debt or refund payable by or to you, e.g.: notice of assessment payment reminder				
If you are a non-Australian resident and cannot provide	A or B, please provide a valid copy of ONE of the following:				
foreign passport, or similar travel document bearing	g your signature and photograph;				
national identity card issued by a foreign governme	ent that contains your photograph, and either your signature or your unique				

- Please note:
 - documents are required to be certified copies of the original;

foreign driver's license that contains your photograph.

- 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)

If you are a non-Australian resident and cannot provide A or B, ple	ease provide a valid copy of ONE of the following:
foreign passport, or similar travel document bearing you	r signature and photograph;
national identity card issued by a foreign government the identifier; or	at contains your photograph, and either your signature or your unique
foreign driver's license that contains your photograph.	
Please note: • documents are required to be certified copies of the origin • documents such as passports, driver's licences and other c (however, only Australian passports that have expired within • if any document is in a language other than English, then it prepared by an accredited translator; and • if any document is in a previous name, then it must be acce (e.g. a marriage certificate).	ards that have an expiry date must not have expired the preceding two years may be accepted); must be accompanied by an English translation
Foreign company (including company trustee)	
Foreign Trust verification procedure below. 1. Foreign companies registered with ASIC Information required to be verified Please ensure the document(s) you provide confirm(s) the following: • Full name of the company as registered by ASIC.	Verification options Please cross (X) which document(s) you have provided: Up-to-date extract from ASIC database; or
 ARBN issued to the company. Whether registered by a foreign registration body and if so; whether registered as a private company or a public company. 	Up-to-date extract from relevant foreign registration body; or If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certificate of registration issued by ASIC or by the relevant foreign registration body.
2. Foreign companies NOT registered with ASIC	
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:
 Full name of the company as registered by ASIC. ARBN issued to the company. Whether registered by a foreign registration body and if so; whether registered as a private company or a public company. 	Up-to-date extract from ASIC database; or If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certificate of registration issued by ASIC or by the relevant foreign registration body.

Customer identity verification (continued)

Foreign Trust	
For a foreign trust, complete below	
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:
Full name of Trust. Name of Trust settlor.	All trusts Please provide documentation confirming the existence of the trust and the name of the settlor (e.g. trust deed or extract of the trust deed).

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
Foreign certification, inves	stors may use the equivalent of these options. If these cannot be accessed, please contact us directly

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)

information and application form free of charge if you so request.

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 Signature Date Date Surname Surname Given name(s) Given name(s) Capacity Capacity Director **Company Secretary** Director Company Secretary Primary Trustee (Individual) Secondary Trustee (Individual) Signing authority Indicate signing requirements for additional investments, withdrawal requests or to change details. If no selection is made, we will assume both signatories are required to sign future instructions. Both signatories must sign Any **one** signatory to sign Each Fund's Product Disclosure Statement (PDS) includes information about purchasing units in the relevant fund. Any person who gives another person access to the application form must also give the person access to the PDS and any incorporated 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 copy 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

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 (husiness hours)		
	Phone (business hours)		
Advisor grave			
Adviser group			
Adviser group AFSL			
Advisor signaturo			
Adviser signature			
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. Page 20