



INITIAL APPLICATION FORM

ANTARES INCOME FUND

INSTRUCTIONS TO COMPLETE

DATE: OCTOBER 2021

You must complete this Initial Application Form if you are a new investor wishing to invest in the Antares Income Fund (Fund) for the first time. The Trustee of the Fund is Antares Capital Partners Ltd (ACP) (ABN 85 066 081 114) (AFSL 234483). ACP is the issuer of the current Product Disclosure Statement (PDS) and Product Guide for the Fund which provides important information about the Fund to assist you in deciding whether to invest in the Fund. You should read the PDS, Product Guide and any website updates for the Fund in full before completing this Initial Application Form. If you do not have a copy of the PDS, Product Guide and any website updates, a copy is available free of charge from mlcam.com.au or by contacting Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**, or from your approved Australian financial adviser (Financial Adviser). **Any person who gives another person a copy of this Initial Application Form must at the same time give the person a copy of the PDS and Product Guide.**

Please print in BLOCK LETTERS and use BLACK or BLUE ink to complete this Initial Application Form and relevant Financial Services Council (FSC) identification form(s). If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and have all signatories initial the changes.

To ensure that we are able to process your application quickly and efficiently, please cross (X) each box below to confirm that you have completed each section of the Initial Application Form that is relevant to your investment:

- | | |
|--|---|
| <input type="checkbox"/> Signed and dated the Initial Application Form: | <input type="checkbox"/> Provided relevant FSC identification form(s) . |
| <input type="checkbox"/> Individual investor - sign and date the form. | <input type="checkbox"/> Investing by Electronic Funds Transfer (EFT)
Email your Initial Application Form, relevant FSC Identification form(s) and identity verification documents to: client.services@mlcam.com.au |
| <input type="checkbox"/> Joint investors - both investors to sign and date the form. | AND
Send your original Initial Application Form, relevant FSC Identification form(s) and identity verification documents to:
Attn: Client Services
Ground Floor
105-153 Miller Street
North Sydney NSW 2060 |
| <input type="checkbox"/> Company - to be signed and dated by two directors or a director and secretary of the company or, if the company has only a sole director, that director. | AND
Deposit your funds into the administrator's bank account:
– Bank: National Australia Bank Limited
– BSB No: 083 043
– Account No: 21 967 4771
– Bank BIC: NATAAU3303X (for New Zealand investors only)
– Account Name: NNL ATF Antares Capital Partners - Application Account
– Reference: [Investor's name(s)] |
| <input type="checkbox"/> Trusts (including self-managed super funds (SMSFs)) - to be signed and dated by a trustee. | |
| <input type="checkbox"/> Other (associations / government bodies / registered co-operatives / partnerships) - to be signed and dated. | |
| <input type="checkbox"/> Authorised Signatory List - if an organisation wishes to authorise persons other than the director(s)/secretary signing the Initial Application Form to make transactions in relation to the investment, then a certified copy of the Authorised Signatory List must be submitted to National Australia Bank Limited. | |
| <input type="checkbox"/> Power of Attorney - sign and date the form in the presence of a witness. Attach a certified copy of the Power of Attorney. Each page of the Power of Attorney document must be certified by a Justice of the Peace, solicitor or notary public. The Attorney needs to complete the FSC identification form for individuals , which is available on mlcam.com.au/forms | |
| <input type="checkbox"/> Supplied your TFN, ABN, TFN exemption or country of tax residence for non-residents. | |
| <input type="checkbox"/> Supplied your email address . | |
| <input type="checkbox"/> Provided certified proof of identity - either to your Financial Adviser (who should complete the declaration in section 8 of this Initial Application Form and attach certified copies of identity verification documents) or attached to the Initial Application Form if you are investing directly with us. | |

Anti-money laundering, sanction and related laws

Anti-money laundering and other related laws require us to collect and/or verify information about the identity of customers and related parties, including anyone acting on your behalf.

The following instructions for completing the Initial Application Form will assist you in providing this information. The provision of complete and accurate information will enable us to process your application efficiently and meet our legislative obligations.

Under relevant laws, we may be required to ask you for additional identity verification documents and/or information about you or a related party, either when we are processing your application or at some stage after we issue the units. We may pass any information we collect to the relevant government authority.

We reserve the right to restrict withdrawals from your account if we have not been provided with the necessary identification information about you or a related party.

Identity verification documents

Whether you are investing via a Financial Adviser or directly with ACP, you will be required to provide valid identity verification documentation. The actual documentation required will depend on whether you are an individual investor or a non-individual investor such as a superannuation fund, a trust or a company. The applicable documentation is outlined in the relevant FSC identification form(s) (refer to Section 10). **If any documentation you provide is not in English, it must be accompanied by an original copy of an English translation prepared by an accredited translator.**

If we do not receive all the required valid customer identity verification documents with your Initial Application Form or we are unable to verify your identity at any time, we may not be able to commence your investment or may not process any future withdrawal requests until we receive the required documents. We will contact you or your Financial Adviser as soon as possible if we require more information.

If you are investing through a Financial Adviser, they will be required to obtain acceptable identity verification documents from you prior to lodging your application. To do this, they will need to sight the original or certified copies of your identity verification documents and retain copies. They will then send us certified copies of your identity verification documents together with your Initial Application Form.

A Financial Adviser is an adviser from a Dealer group which may have a current agreement with ACP in relation to the AML/CTF Act customer identification program.

If you are not investing via a Financial Adviser or have not provided identity verification documents to your Financial Adviser, you will be required to send the **certified copies** of the original identity verification documents (not scanned copies) as listed in the relevant FSC identification form(s), which must be valid at the time you send them to us. Until we receive such document(s) we reserve the right to withhold processing any transaction requests you wish to make in the future.

If the Initial Application Form is signed under Power of Attorney, we will also require a certified copy of the Power of Attorney document and a specimen signature of the Attorney.

Please refer to 'Approved Certifiers' for a list of persons who can certify these documents and see 'Certified copy requirements' for details of how documents must be certified.

Beneficial ownership and control of an entity

In accordance with Sections 3 and 9 (where applicable) ACP, as required by AML/CTF law, reserves the right to request, and verify, the identity of any persons who are deemed to own or control (directly or indirectly) for the non-individual entity. Please refer to the relevant FSC identification forms for definitions of the beneficial owner for each investor type.

For further information on this, please contact Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**.

Email terms and conditions

If emails are used in operating your account, you should understand that there is potentially a greater risk that a person could fraudulently send us an email and, by pretending to be you, withdraw money from your account. These terms and conditions apply when we (or Registry Services) receive email instructions or communications about your account.

These terms are in addition to any other requirements relating to you giving us instructions or completing any particular authority. We can change these terms by giving you 14 days' written notice.

By investing in the Trust, you agree that ACP and Registry Services are not responsible for any losses you may suffer as a result of any fraudulent communications received by email, except to the extent those losses arise directly from their or their agents' negligence, wilful default or fraud.

You agree to be liable and indemnify ACP and Registry Services for any losses suffered by any of them as a result of any fraudulent communications received by email to the extent those losses arise from your negligence, wilful default or fraud.

ACP and Registry Services will only act on completed communications from you. ACP and Registry Services will not be liable for any loss which results from not receiving your email, or from a delay in receiving your email.

Australian tax file number

ACP is authorised to ask for the entity's ABN/ACN or Company TFN to open an investment account for income distribution purposes and anti-money laundering. If the investing entity does not provide this unique identifier, the application cannot be processed.

Certified copy requirements

A certified copy is a document that has been approved as a true copy of an original document. The following certification requirements **must appear on each page of the copy**:

- The text: **'This is to certify that this is a true and correct copy of the original which I have sighted'**.
- **Signature** of the Approved Certifier.
- **Full printed name** of the Approved Certifier (e.g. Michelle Helena Citizen).
- **Capacity** of the Approved Certifier (e.g. solicitor).
- **Full address** of the Approved Certifier.
- **Registration number** (if applicable).
- **Date** that the document was certified.

Note: A photocopy of a certified document will not be accepted. Original certification only.

Approved Certifiers

Identity verification documents may be certified as a true and correct copy of an original document by one of the following persons in Australia or for New Zealand investors, a person in New Zealand of equivalent capacity. The person certifying must state their capacity (from the list below) and complete according to **certified copy requirements** listed above.

1. A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia as a legal practitioner (however described).
2. A Judge of a Court.
3. A Magistrate.
4. A chief executive officer of a Commonwealth Court.
5. A registrar or deputy registrar of a Court.
6. A Justice of the Peace.
7. A notary public (for the purposes of the Statutory Declaration Regulations 1993).
8. A police officer.
9. An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public.
10. A 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.
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
12. An officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993).
13. A finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declarations Regulations 1993).
14. An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more continuous years of service with one or more licensees.
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the Institute of Public Accountants with two or more years of continuous membership.
16. A foreign public notary whose appointment is lawful and their status as a notary public can be verified.

Privacy Notification

We collect and hold information necessary to provide you with the relevant services and information related to your investment. If you do not provide your personal information, we may not be able to provide you with these services. We are subject to the IOOF group of companies (comprising IOOF Holdings Ltd ABN 49 100 103 722 and its related bodies corporate) (IOOF Group) Privacy Policy which is available by contacting Client Services or visiting our website at mlcam.com.au/privacy

We may disclose your personal information within the IOOF Group and to others. It is generally unlikely that we will disclose your personal information overseas, however, any overseas disclosure does not affect our commitment to safeguarding your personal information and we will take reasonable steps to ensure any overseas recipient complies with Australian privacy laws.

More information about how we collect, use, share and handle your personal information is in the Group's Privacy Policy, including how you may access or correct your information and how you may make a complaint about a privacy issue.

1. ADDITIONAL INVESTMENT

If you already have an investment in the Fund and wish to make an additional investment, you should use the Additional Investment Form available from mlcam.com.au or by contacting Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**, or from your Financial Adviser.

2. INVESTOR TYPE

Mandatory ()*

Cross (X)	Investor type*	Sections to be completed*
<input type="checkbox"/>	Individuals / Joint investors / Sole traders	3A, 3B (if applicable), 4, 5, 6, 7, 8 (if applicable), 9A, 10, 11, 12
<input type="checkbox"/>	Australian companies	3C, 4, 5, 6, 7, 8 (if applicable), 9B, 10, 11, 12
<input type="checkbox"/>	Australian regulated trusts (including SMSFs and individual or corporate trustees)	3C, 4, 5, 6, 7, 8 (if applicable), 9C, 10, 11, 12
<input type="checkbox"/>	Unregulated Australian trusts and foreign trusts	3C, 4, 5, 6, 7, 8 (if applicable), 9D, 10, 11, 12
<input type="checkbox"/>	Foreign companies	3C, 4, 5, 6, 7, 8 (if applicable), 9E, 10, 11, 12 Please contact Client Services on 1300 738 355 (0800 404 988 if calling from New Zealand) . Refer to Section 9.
<input type="checkbox"/>	Associations	3C, 4, 5, 6, 7, 8 (if applicable), 9F, 10, 11, 12
<input type="checkbox"/>	Government bodies	3C, 4, 5, 6, 7, 8 (if applicable), 9G, 10, 11, 12
<input type="checkbox"/>	Registered co-operatives	3C, 4, 5, 6, 7, 8 (if applicable), 9H, 10, 11, 12
<input type="checkbox"/>	Partnerships	3C, 4, 5, 6, 7, 8 (if applicable), 9I, 10, 11, 12

3. INVESTOR DETAILS

3A. Investor 1 - Individual Joint investor 1 Sole trader

Mandatory (*)

Title*	Full given name(s)*	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full business name (if any)*	ABN (if any)*	
<input type="text"/>	<input type="text"/>	
Date of birth (DD/MM/YYYY)*	Gender*	
<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Telephone: Business hours*	Mobile	
<input type="text"/>	<input type="text"/>	
Occupation *	<input type="text"/>	
TFN ¹	TFN exemption reason (Australian residents)	
<input type="text"/>	<input type="text"/>	
Country of tax residence (non-Australian residents)*	<input type="text"/>	

Residential address

(PO boxes, locked bags and RMBs are not acceptable)

Unit/Level*	Street number*	Street name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town*		
<input type="text"/>		
State*	Postcode*	Country*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Principal place of business

(Sole trader only)

Unit/Level*	Street number*	Street name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town*		
<input type="text"/>		
State*	Postcode*	Country*
<input type="text"/>	<input type="text"/>	<input type="text"/>

1 It is not against the law if you choose not to give your TFN, exemption code or exemption reason, but if you decide not to, tax will be taken out of your income distributions at the highest marginal rate (plus Medicare Levy). See 'Australian tax file number' on page 2 for more information.

3B. Investor 2 - Joint Investor 2

Mandatory ()*

Title*	Full given name(s)*	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)*	Gender*
<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Telephone: Business hours*	Mobile
<input type="text"/>	<input type="text"/>

Occupation*

TFN ²	TFN exemption reason (Australian residents)
<input type="text"/>	<input type="text"/>

Country of tax residence (non-Australian residents)*

Residential address

(PO boxes, locked bags and RMBs are not acceptable)

Unit/Level*	Street number*	Street name*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb/Town*

State*	Postcode*	Country*
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more investors, provide details on a separate sheet with full details as specified above.

² It is not against the law if you choose not to give your TFN, exemption code or exemption reason, but if you decide not to, tax will be taken out of your income distributions at the highest marginal rate (plus Medicare Levy). See 'Australian tax file number' on page 2 for more information.

- 3C. Companies Unregulated Australian trusts and foreign trusts
 Australian regulated trusts (including SMSF and individual and corporate trustees)
 Associations Government bodies Registered co-operatives Partnerships

Mandatory (*)

Account Name*

Contact person name*

Contact person email*

Contact person telephone: Business hours*

Contact person mobile

ABN/ACN (if registered in Australia)*

TFN²

TFN exemption reason (Australian residents)

Registered address and Principal place of business*

Unit Level*

Street Number*

Street Name*

Suburb/Town*

State*

Postcode*

Country*

Country of tax residence (non-Australian residents)*

Nature of Business/Industry*

Please identify the Nature of Business/Industry for this investment by indicating with a cross (X) one or more of the following which is applicable to you.

- | | | |
|--|---|---|
| <input type="checkbox"/> Permanent Building Society Operation (732201) | <input type="checkbox"/> Self Managed Superannuation Fund (SMSF) (Aust Use Only) (741205) | <input type="checkbox"/> Superannuation Funds (741299) |
| <input type="checkbox"/> Credit Union Operation (732301) | <input type="checkbox"/> Health Insurance (742103) | <input type="checkbox"/> Schools (842399) |
| <input type="checkbox"/> Money Market Corporations (732403) | <input type="checkbox"/> General Insurance (742204) | <input type="checkbox"/> Post Graduate School, University, Operation (843101) |
| <input type="checkbox"/> Financial Intermediation (732901) | <input type="checkbox"/> Portfolio, Investment, Management Service (751909) | <input type="checkbox"/> Health Services (863908) |
| <input type="checkbox"/> Finance Companies (733001) | <input type="checkbox"/> Trustee Service (751914) | <input type="checkbox"/> Religious Organisation Operation (961008) |
| <input type="checkbox"/> Unit Trust Operation (734003) | <input type="checkbox"/> Public Trustee (751915) | <input type="checkbox"/> Business and Professional Associations (9621) |
| <input type="checkbox"/> Property Trusts (734006) | <input type="checkbox"/> All Other Business Services (786917) | <input type="checkbox"/> Charities Operation (962920) |
| <input type="checkbox"/> Financial Asset Investors (734007) | <input type="checkbox"/> Government Administration (811) | |

4. SOURCE OF FUNDS/SOURCE OF WEALTH

4A. Source of Funds*

*Mandatory**

Source of Funds describes where your funds came from in regard to deposits in the account. Please identify the Source of Funds for this investment by indicating with a cross (X) one or more of the following which is applicable to you.

- Employment
Please indicate the nature of employment
- Investments
Please indicate the type of investments e.g. superannuation, real estate, financial etc
- Business activity
Please indicate the nature of business and industry
- Inheritance/Gift
Please indicate the name of deceased/donor
- Legal settlement
Please specify the type of legal settlement
- Other
Please specify

4B. Source of Wealth*

*Mandatory**

Source of Wealth describes how you have built your net worth. Please identify the Source of Wealth for this investment by indicating with a cross (X) one or more of the following which is applicable to you.

- Employment
Please indicate the nature of employment
- Investments
Please indicate the type of investments e.g. superannuation, real estate, financial etc
- Business activity
Please indicate the nature of business and industry
- Inheritance/Gift
Please indicate the name of deceased/donor
- Legal settlement
Please specify the type of legal settlement
- Other
Please specify

5. INVESTOR NEEDS AND INVESTMENT OBJECTIVE

Mandatory(*)

a) What investment objective(s) are you looking to achieve from this investment?

- Capital growth
- Capital preservation
- Capital guaranteed
- Regular income

b) How do you intend to use the investment in your investment portfolio?

- Standalone (75% to 100% of your portfolio)
- Core component (25 to 75% of your portfolio)
- Satellite component (less than 25% of your portfolio)

c) What is your investment timeframe?

- Short-term (less than or equal to 2 years)
- Medium-term (more than 2 years and less than or equal to 6 years)
- Long-term (greater than 6 years)

d) How much risk are you willing to accept?

- Low risk & return
- Medium risk & return
- High risk & return
- Very high risk & return

e) What is your need to redeem this investment?

- Daily
- Longer

f) I have received financial advice on the investment that took into account my personal circumstances:*

- Yes
- No

Warning

If your investment objective(s), intended use, investment timeframe and / or investment risk profile are inconsistent with this investment, then you should think again about applying for the investment and it is strongly recommended that you seek financial advice that takes into account your personal circumstances.

6. INVESTMENT AMOUNT AND METHOD OF PAYMENT

Investment amount (all investments must be made in Australian dollars)³

Minimum initial investment: A\$20,000

Antares Income Fund (APIR code PPL0028AU)

A\$

Method of payment

Refer to page 1 instructions for 'Investing by Electronic Funds Transfer (EFT)'.⁴

7. WITHDRAWAL PROCEEDS AND INCOME DISTRIBUTIONS

By providing your bank account details in this section, you authorise ACP to use these details for **all** distribution and withdrawal requests that you nominate.⁴

Australian Account

Name of Australian bank or financial institution

Branch

BSB number

 -

Account number

Account name⁵

New Zealand Account

Name of New Zealand bank or financial institution

Branch

Bank number

Branch number

Account number

Suffix number

Account name

Beneficiary SWIFT BIC

Intermediary SWIFT BIC

Intermediary BSB

Please indicate how you would like your income distributions to be paid by crossing (X) one box only.

Note: if no election is made, distributions will be reinvested.

Reinvest income distributions for additional units.

Pay income distributions directly to the bank account shown in this section.

³ All payments and transactions to, and by, the Fund are in Australian dollars. Payments from/into non-Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non-Australian resident investors should seek advice from their banking institution.

⁴ All payments and transactions to, and by, the Fund are in Australian dollars. Payments from/into non-Australian bank accounts will be subject to currency conversion rates and may incur additional fees. Non-Australian resident investors should seek advice from their banking institution.

⁵ Payments can only be made to accounts held in the investor's name. No third party payments are made. For joint investors, it must be a joint account.

8. COMMUNICATION/CORRESPONDENCE

C/- (if applicable)

Unit/Level

Street number

Street name (or PO Box)

Suburb/Town

State

Postcode

Country

Email address

8A. Electronic communication

By providing your email address(es) above, and/or on a separate sheet, you agree that we may use this address to provide you with information about your investment (such as transaction confirmations, statements, reports and other material). From time to time we may still need to send you letters in the post.

Your communication preferences can be amended at any time by completing a Change of Details Form available at mlcam.com.au or on request from Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**.

Please cross (X) the boxes below as applicable.

I/We prefer to receive a paper copy of all communications.

Please provide my/our Financial Adviser (details provided in Section 8) with access to information about my/our investments and copies of all statements about my investment.⁶ If no election is made no copies will be sent.

8B. Annual report

We will publish a copy of the annual report for the relevant Fund on mlcam.com.au

Please cross (X) this box if you wish to receive a paper copy of the report by post.

If you choose to have the annual report mailed to you, we will mail it to the correspondence postal address provided in this section. If you do not choose to have the annual report mailed to you, we will email it to the correspondence email address provided in this section. If you do not choose to have the annual report mailed to you and have not provided a correspondence email address, we will publish a copy of the annual report for the relevant Fund on mlcam.com.au, and we'll notify you by mail when this has been made available online.

⁶ By electing this option, your Financial Adviser will also be able to access such information via Adviser Online.

9. FINANCIAL ADVISER DETAILS

Please cross (X) this box if you have a current agreement with ACP in relation to the AML/CTF Act customer identification program and, or, you have provided the relevant FSC identification form(s) including completed 'Record of Verification Procedure'.⁷

Financial Adviser name

Dealer Group

Dealer branch

ABN (if registered in Australia)

AFSL No. (if registered in Australia)

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

Telephone: Business hours

Mobile

Email address

Financial Adviser signature

Date signed (DD/MM/YYYY): / /

Financial Adviser stamp

Full Name

10. INTERESTED PARTIES

Provide details of the parties that may receive information relating to this investment below.

Name

Company

Email address

Contact phone no.

Delivery address

Unit/Level

Street number

Street name (or PO Box)

Suburb/Town

State

Postcode

Country

Please attach a schedule if more space is required.

⁷ You declare you have sighted either the original or a certified copy of the original document(s). You declare that an identity verification procedure for the investor(s) named in section 3 of this Initial Application Form has been completed in accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* by a person in the capacity of an AFSL licence holder or their authorised representative. If you do not satisfy these requirements please contact Client Services by calling **1300 738 355 (0800 404 988 if calling from New Zealand)**.

11. CUSTOMER IDENTITY VERIFICATION

You must complete the FSC identification form(s) relevant to your investor type. If you are not lodging this application through a Financial Adviser you will be required to send the **certified copies** of the original identity verification documents (not scanned copies) as listed in the relevant FSC identification form(s), (ensuring each page is certified). Please refer to page 2 for instructions on **'Certified copy requirements'**. If you are unsure which form you should complete please contact Client Services on **1300 738 355** or email **client.services@mlcam.com.au (0800 404 988 if calling from New Zealand)**.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.⁸

9A. Person(s) named in 3A, 3B and individuals that have provided details on a separate sheet along with sole traders

Please complete the FSC identification form for **individuals and sole traders**, which is available on **mlcam.com.au/forms**

9B. Australian companies

Please complete the FSC identification form for **Australian companies**, which is available on **mlcam.com.au/forms**

9C. Australian regulated trusts (including SMSFs and individual and corporate trustees)

Please complete the FSC identification form for **Australian regulated trusts**, which is available on **mlcam.com.au/forms**

For SMSFs, in addition to completing the identification form for Australian regulated trusts, a certified copy of the Trust Deed (or if not reasonably available, a certified extract of the Trust Deed) must be provided. Extracts of the Trust Deeds must include the name of the Trust, Trustees, Beneficiaries, Settlor/s and Appointers (where applicable).

For corporate trustees, please also complete the FSC identification form for Australian companies.

9D. Unregulated Australian trusts and foreign trusts

Please complete the FSC identification form for **unregulated Australian trusts and foreign trusts**, which is available on **mlcam.com.au/forms**

9E. Foreign companies

Please complete the FSC identification form for **foreign companies**, which is available on **mlcam.com.au/forms**

Please contact Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)** to discuss your application further.

9F. Associations

Please complete the FSC identification form for **associations**, which is available on **mlcam.com.au/forms**

9G. Government bodies

Please complete the FSC identification form for **government bodies**, which is available on **mlcam.com.au/forms**

9H. Registered co-operatives

Please complete the FSC identification form for **registered co-operatives**, which is available on **mlcam.com.au/forms**

9I. Partnerships

Please complete the FSC identification form for **partnerships and partners**, which is available on **mlcam.com.au/forms**

⁸ An accredited translator is a person currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator, or above, to translate from a language other than English into English or an overseas standard comparable to the Australian NAATI accreditation.

12. DECLARATION

I/We declare that:

- All details in this Initial Application Form, relevant FSC Identification Form(s) and all other documents provided are true and correct. I/We agree to advise Antares Capital Partners Ltd (ACP) (ABN 85 066 081 114) (AFSL 234483) of any change in circumstances in future including changes affecting my/our declared tax residency status within 30 days and I/we agree to indemnify ACP against any liabilities whatsoever arising out of it acting on any of these details or any future details provided by me/us in connection with this application.
- I/We have received a copy of the current PDS and Product Guide to which this application relates and have read it and agree to the terms contained in it and to be bound by the provisions of the Constitution for the Fund (as amended from time to time), and accepted the offer of units in the Fund made in the PDS and Product Guide in either Australia or New Zealand.
- I/We have legal power to invest in the Fund in accordance with this application and have complied with all applicable laws in making this application.
- I/We am/are over the age of 18 years.
- In the case of joint investors, the joint applicants agree that unless otherwise expressly indicated on this Initial Application Form, the units will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions, including additional investments and withdrawals.
- I/We have read and understood the terms and conditions of the use of electronic communications to give instructions on my/our account in the relevant PDS and Product Guide (as applicable) and agree to release and indemnify ACP against any liabilities whatsoever arising out of it acting on any communication received by email.
- I/We acknowledge that I/we have read the Privacy information in the PDS and Product Guide and the Initial Application Form. I/We am/are aware that until I/we inform ACP otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) and I/we have consented to the provision of and authorised (if applicable) my/our Financial Adviser to provide such further personal information to ACP as is required or reasonably deemed necessary by ACP under applicable law.
- I/We understand that if I/we fail to provide any information requested in this Initial Application Form or do not agree to any of the possible exchanges or uses detailed above, my/our application may not be accepted by ACP and I/we agree to release and indemnify ACP in respect of any loss or liability arising from its inability to accept my/our application due to inadequate details having been provided.
- I/We acknowledge that an investment in the Fund is subject to investment risk, including possible delays in repayment and loss of income and principal invested, and agree that those risks are appropriate for a person in my/our circumstances and with my/our investment objectives.
- I/We acknowledge that none of ACP or any other member of the IOOF Group, guarantees the performance of the Fund or the repayment of the capital or any particular rate of return or distribution from the Fund.
- 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*.

- Unless an alternative authority for signature is notified to and accepted by ACP, the person/persons that signs/sign this form is/are able to operate the account on behalf of themselves/the relevant entity (as applicable) and bind themselves/the entity for future transactions, including additional deposits and withdrawals.
- If I/we have elected in Section 4 of this Initial Application Form to receive communications by email, I/we consent to receive all disclosures required to be made to me/us by ACP under the Corporations Act in electronic format.
- I/We have read and understood the terms and conditions of identity verification documents in the PDS and Product Guide as required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*, and agree to release and indemnify ACP against any liabilities whatsoever arising out of it withholding redemption requests due to incomplete identity documentation.

Additional declaration for New Zealand investors

- I/We acknowledge the offer of units in the Fund is a regulated offer made under Australian and New Zealand law. In Australia, this is Chapter 8 of the Corporations Act 2001 (Aust) and regulations made under that Act. In New Zealand, this is sub-part 6 of Part 9 of the Financial Markets Conduct Act 2013 and Part 9 of the Financial Markets Conduct Regulations 2014. I/We acknowledge this offer and the content of the offer document are principally governed by Australian rather than New Zealand law. In the main, the Corporations Act 2001 (Aust) and the regulations made under that Act set out how the offer must be made. There are differences in how financial products are regulated under Australian law compared to New Zealand law. I/We have read and understood the 'Important additional information for New Zealand investors' section in the Product Guide.

13. SIGNATURES

If this form is signed under a 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 this application unless ACP has already sighted it).

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Investor 1 ⁹ | <input type="checkbox"/> Individual trustee 1 | <input type="checkbox"/> Sole Director 1 ¹⁰ | <input type="checkbox"/> Director 1 ¹⁰ |
| <input type="checkbox"/> Attorney 1 ¹¹ | <input type="checkbox"/> Partner 1 | <input type="checkbox"/> Authorised signatory ¹² | |

Signature	Date signed (DD/MM/YYYY)
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Full name	Date of birth (DD/MM/YYYY)
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Investor 2 ⁹ | <input type="checkbox"/> Individual trustee 2 | <input type="checkbox"/> Director 2 ¹⁰ | <input type="checkbox"/> Secretary ¹⁰ |
| <input type="checkbox"/> Attorney 2 ¹¹ | <input type="checkbox"/> Partner 2 | <input type="checkbox"/> Authorised signatory ¹² | |

Signature	Date signed (DD/MM/YYYY)
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Full name	Date of birth (DD/MM/YYYY)
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

9 Joint investors must both sign.
 10 Company applications must be signed by two directors, a director and secretary or the sole director of the company. These people must be identified.
 11 Attorney's signature(s) must be witnessed on the next page.
 12 A certified copy of the Authorised Signatory List must be submitted to Registry Services.

Signature of witness to Attorney 1

Signature of witness to Attorney 1 signature (witness must be a third party, i.e. not the investor or the named Attorney)
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 / /

Residential Address

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

Signature of witness to Attorney 2

Signature of witness to Attorney 2 signature (witness must be a third party, i.e. not the investor or the named Attorney)
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 / /

Residential Address

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

For Joint investors: withdrawal requests, additional investment and change of details forms must be signed by:

Investor 1 only

Investor 2 only

Either 1 or 2

Both 1 and 2

Important notes

The offer of units in the Fund is made by Antares Capital Partners Ltd (ACP) (ABN 85 066 081 114) (AFSL 234483).

This Initial Application Form must not be handed to any person unless accompanied by the current PDS and Product Guide (as applicable) for the Fund. ACP may in its absolute discretion refuse any application for units. Persons external to ACP who market ACP products act as independent Financial Advisers and are not agents of ACP. ACP will not be bound by representations or statements which are not contained in information disseminated by ACP.