

INITIAL APPLICATION FORM

ANTARES PROFESSIONAL SELECTION INVESTMENT FUNDS

Responsible Entity
Antares Capital Partners Ltd
ABN 85 066 081 114 AFSL 234483
A member of the NAB Group of companies



Date: June 2018

INSTRUCTIONS TO COMPLETE

You must complete this Initial Application Form if you are a new investor wishing to invest in the fund(s) which comprises the suite of products known as the Antares Professional Selection Investment Funds (Funds) for the first time. These Funds are listed in Section 5 of the form. The Responsible Entity of the Funds is Antares Capital Partners Ltd (ACP) (ABN 85 066 081 114) (AFSL 234483). ACP is the issuer of the current Product Disclosure Statement (PDS) for each Fund and Product Guide (as applicable) which provide important information about the Funds to assist you in deciding whether to invest. You should read the relevant PDS, Product Guide (as applicable) and any website updates for the relevant Fund(s) in full before completing this Initial Application Form. Copies of these documents are available free of charge from antarescapital.com.au or by contacting Client Services on **1800 671 849**, 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 relevant PDS and Product Guide (as applicable).

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:

- Signed and dated** the Initial Application Form:
 - Individual investor** – sign and date the form.
 - Joint investors** – both applicants to sign and date the form.
 - 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.
 - Trusts (including SMSFs)** – to be signed and dated by a trustee.
 - Other (associations / government bodies / registered co-operatives / partnerships)** – to be signed and dated.
 - 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 Antares Registry Services.
 - 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 antarescapital.com.au/forms
- Supplied your **TFN, ABN, TFN exemption** or country of tax residence for non-residents.
- Supplied your **email address**.

- Provided **certified proof of identity** – either to your Financial Adviser (who should complete the declaration on the Initial Application Form and attach copies of documents) or attached to the Initial Application Form if you are investing directly with us.
- Provided **relevant FSC identification form(s)**.
- Submit** your Initial Application Form and relevant FSC identification form(s) to:

Antares Registry Services
GPO Box 804
Melbourne VIC 3001

Please refer to Section 5 for payment method options.

Anti-money laundering 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 copies of your identity verification documents together with your Initial Application Form.

A Financial Adviser is an adviser aligned with National Australia Bank (NAB) and/or from a Dealer group which has 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). Until we receive such document(s) we reserve the right to withhold processing any withdrawal 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 & control of an entity

In accordance with Sections 3 and 10 (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 our Client Services team on **1800 671 849**.

Australian tax file number

ACP is authorised under the Australian Income Tax Assessment Act 1936 to ask for your Australian tax file number (TFN) when you open an investment account for income distribution purposes. You don't have to provide your TFN and it's not an offence if you decide not to, but if you don't, 'Pay As You Go Withholding Tax' will be deducted at the highest marginal tax rate (plus Medicare Levy) from any income distributions payable to you.

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.

Privacy notification

We collect your personal information from you directly wherever we can but in some cases where it is relevant to you and your investment we may collect it from third parties such as your agent or adviser. We do this for the purposes of determining your eligibility to invest and to be able to manage and administer your investment. If your personal information is not provided to us we may not be able to accept your investment or be able to manage and administer it. We may collect information about you because we are required or authorised by law to collect it. There are laws that affect financial institutions, including company and tax laws, which require us to collect personal information so we can, for example, verify your identity under Commonwealth Anti-Money Laundering law.

As a member within the NAB Group, we may disclose your personal information to other NAB Group members and to parties outside the NAB Group (for example and as relevant to your investment, to your agent or adviser, to our agents and service providers including for the purpose of training staff and the development and testing of products, services and systems, risk management, planning, research and analysis). We may share your information with other organisations for the purposes

for which we collect your information. We may also provide your information to Members within the NAB Group who operate their business overseas and we may need to share your information to organisations outside Australia (for example a call centre) – a list of those countries where such information may be shared is at nab.com.au/privacy/overseas-countries-list

Further, to let you know about the products the NAB Group has on offer, we and other NAB Group members may use your personal information for marketing activities. You can let us know at any time if you no longer wish to receive direct marketing offers from members of the NAB Group by contacting Client Services.

More information about how we collect, use, share and handle your personal information is in the NAB Group Privacy Policy, including how you may access or correct information we collect about you and how you may make a complaint about a privacy issue, at antarescapital.com.au/privacy-statement. Contact Client Services at **1800 671 849** for a paper copy or if you have any questions or comments about the NAB Group privacy policy or procedures.

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. The person certifying must state their capacity (from the list below) and complete according to **certified copy requirements** listed on page 2.

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.

Direct Debit Service Agreement

In addition to the direct debit service agreement information provided in the relevant PDS and Product Guide (as applicable), please also make note of the following:

Our commitment to you

Drawing arrangements:

- We will advise you, in writing of the details of the regular savings plan (RSP) drawing arrangements [amount; frequency; commencement date] with your investment confirmation.
- We reserve the right to cancel the RSP drawing arrangements if two (2) consecutive drawings are returned unpaid by your nominated financial institution and to arrange with you an alternate payment method.
- We will keep all information pertaining to your nominated account at the financial institution, private and confidential.

Your rights:

- Where you consider that a drawing has been initiated incorrectly outside the RSP arrangements you may take the matter up directly with us, or lodge a direct debit claim through your nominated financial institution.
- You may terminate or stop the RSP drawing arrangement at any time by giving written notice to us, or through your nominated financial institution. Notice given to us should be received by us at least five (5) Melbourne business days before the date of your next scheduled debit.

Your commitment to us

Your responsibilities:

- It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based.
- It is your responsibility to advise us if the account nominated by you is transferred or closed. If you would like to continue to make payments under the RSP after your nominated bank account has been closed, you will need to nominate a new bank account by completing the Change in Direct Debit Authorisation - Regular Savings Plan section (Section 7) of the Change of Details Form available at antarescapital.com.au or by contacting Client Services on **1800 671 849**, or from your Financial Adviser.

1. ADDITIONAL INVESTMENT

If you already have an existing investment in the Funds listed in Section 5 and wish to make additional investments, you should use the Additional Investment Form available at antarescapital.com.au or by contacting Client Services on **1800 671 849**, or from your Financial Adviser.

2. INVESTOR TYPE

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), 9, 10A, 11, 12
<input type="checkbox"/>	Australian companies	3C, 4, 5, 6, 7, 8 (if applicable), 9, 10B, 11, 12
<input type="checkbox"/>	Australian regulated trusts (including self-managed super funds and individual or corporate trustees)	3C, 4, 5, 6, 7, 8 (if applicable), 9, 10C, 11, 12
<input type="checkbox"/>	Unregulated Australian trusts and foreign trusts	3C, 4, 5, 6, 7, 8 (if applicable), 9, 10D, 11, 12
<input type="checkbox"/>	Foreign companies	10E, please contact Client Services on 1800 671 849
<input type="checkbox"/>	Associations	3C, 4, 5, 6, 7, 8 (if applicable), 9, 10F, 11, 12
<input type="checkbox"/>	Government bodies	3C, 4, 5, 6, 7, 8 (if applicable), 9, 10G, 11, 12
<input type="checkbox"/>	Registered co-operatives	3C, 4, 5, 6, 7, 8 (if applicable), 9, 10H, 11, 12
<input type="checkbox"/>	Partnerships	3C, 4, 5, 6, 7, 8 (if applicable), 9, 10I, 11, 12

3. INVESTOR DETAILS

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

Title	Full given name(s)	Surname
Full business name(if any)		ABN (if any)
Date of birth	<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"/> Male <input type="checkbox"/> Female
Telephone: Business hours		Mobile
Occupation (not required for trustee or beneficiary)		
TFN ¹		
TFN exemption reason		
Country of tax residence (non-Australian residents)		

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

Unit/Level	Street number	Street name
Suburb/Town		
State	Postcode	Country

Principal place of business (Sole trader only)

Unit/Level	Street number	Street name
Suburb/Town		
State	Postcode	Country

3B. Investor 2 – Joint investor 2

Title	Full given name(s)	Surname
Date of birth	<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"/> Male <input type="checkbox"/> Female
Telephone: Business hours	Mobile	
Occupation (not required for trustee or beneficiary)		
TFN ¹		
TFN exemption reason (Australian residents)		
Country of tax residence (non-Australian residents)		

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

Unit/Level	Street number	Street name
Suburb/Town		
State	Postcode	Country

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.

- 3C.** **Companies²** **Associations** **Unregulated Australian trusts and foreign trusts**
 Australian regulated trusts (including SMSF and individual and corporate trustees)
 Partnerships **Government bodies** **Registered co-operatives**

Account Name	
Contact person name	Contact person email
Contact person telephone: Business hours	Contact person mobile
ABN/ACN (if registered in Australia)	TFN ³
TFN exemption reason (Australian residents)	
Nature of business / industry (e.g. SMSF or Legal Services)	
Country of tax residence (non-Australian residents)	

² For companies registered outside of Australia, do not use this section; rather refer to **Section 10E**.

³ 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.

4. COMMUNICATION / CORRESPONDENCE

Please use the correspondence address below:

C/- (if applicable)		
Unit/Level	Street number	Street name or PO Box
Suburb/Town		
State	Postcode	Country
Email address		

4A. ELECTRONIC COMMUNICATION

By providing your email address above, you agree that ACP may use this to provide information on your investment(s) such as transaction confirmations, statements, reports and other materials such as investor updates. You will also be able to access these documents on the investor portal, Antares Equities Online.

Any PDS updates and notifications of material changes and significant events impacting the relevant Fund(s) will be published on **antarescapital.com.au** or provided to you via other electronic methods such as email. We'll notify you by email each time we publish communications about significant changes or events on our website.

Your communication preferences can be amended at any time by completing a Change of Details Form available at **antarescapital.com.au** or on request from Client Services on **1800 671 849**.

Please note ACP can only register one email address of your preference.

- Please cross (X) this box if you prefer to receive a paper copy of all communications.
- Please cross (X) this box if you would like your Financial Adviser to receive copies of all transactions. If no election is made no copies will be sent.

4B. ANNUAL REPORT

We will publish a copy of the annual report for the relevant Fund(s) on **antarescapital.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 Section 4.

5. INVESTMENT DETAILS AND METHOD OF PAYMENT

All investments must be made in Australian dollars. The minimum initial investment is \$20,000 per Fund. The minimum monthly Regular Savings Plan investment is \$500 per Fund subject to a minimum initial investment of \$20,000 per Fund. Please ensure that you complete the Direct Debit Authorisation in Section 7 below.

Please indicate how you would like your income distributions to be paid by crossing (X) one box only per Fund. For the Antares Australian Equities Fund, income distributions will be reinvested in the Fund if no election is made. For all other Funds, income distributions will be credited to your nominated Australian bank account if no election is made.

Fund	APIR Code	Initial Investment Amount	Regular Savings Plan Amount	Reinvest Distributions	or	Distributions Credited to Nominated Bank account
Antares Australian Equities Fund	PPL0110AU	A\$ <input type="text"/>	A\$ <input type="text"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Antares Dividend Builder	PPL0002AU	A\$ <input type="text"/>	A\$ <input type="text"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Antares Elite Opportunities Fund	PPL0115AU	A\$ <input type="text"/>	A\$ <input type="text"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Antares High Growth Shares Fund	PPL0106AU	A\$ <input type="text"/>	A\$ <input type="text"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Antares Listed Property Fund	NFS0209AU	A\$ <input type="text"/>	A\$ <input type="text"/>	<input type="checkbox"/>	or	<input type="checkbox"/>

Method of payment

Please cross (X) the relevant box below to nominate your preferred payment method.

Cheque payment - Please make your cheque payable to: **'Antares Capital Partners Ltd'** and crossed **'Not Negotiable'**.

Direct deposit - Please deposit your funds into the following bank account:

Bank: National Australia Bank Limited

BSB No: 083 -001

Account No: 129 502 503

Account name: Antares Capital Partners Ltd

Reference: [Account name]

Direct debit - Please advise below of the date you wish ACP to debit your bank account, allowing a minimum of three (3) business days to facilitate the direct debit. Please provide your bank account details in Section 7.

Direct debit date / /

BPAY® - Antares will notify you of your new account number once your completed Initial Application Form has been received. Please make your payment within 10 business days of receiving this notification.

You will need your new account number and the relevant Fund's biller code when making your payment. The biller codes are listed in the table below.

® Registered to BPAY Pty Limited ABN 69 079 137 518

For methods of payment, please also refer to the terms and conditions as stated in the relevant PDS.

Fund Name	Biller Code
Antares Australian Equities Fund	636613
Antares Dividend Builder	636621
Antares Elite Opportunities Fund	636639
Antares High Growth Shares Fund	636605
Antares Listed Property Fund	636647

6. WITHDRAWAL PROCEEDS AND INCOME DISTRIBUTIONS⁴

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.

Name of Australian bank or financial institution	
Branch	
BSB number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <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="text"/> <input type="text"/>
Account name ⁵	

- ⁴ All payments and transactions by the Fund(s) are in Australian dollars. Payments cannot be made into non-Australian bank accounts.
- 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.

7. DIRECT DEBIT AUTHORISATION

I/We request Antares Capital Partners Ltd, until further notice in writing, to debit my/our account at the financial institution identified below any amounts that Antares Capital Partners Ltd (user ID number 032209) may debit or charge me/us through the direct debit facility. If you are setting up an RSP, this direct debit authorisation will remain in force in accordance with the direct debit service agreement outlined in the relevant PDS and Product Guide (as applicable) and on page 3 of this form.

I/We understand and consent to this amount being shared with other parties as outlined at Section 9.

Bank Account

Name of Australian bank or financial institution	
Branch	
BSB number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <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="text"/> <input type="text"/>
Account name 1	Account name 2
Signature	Signature
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Note: Please note that not all building societies or credit unions accept or make fund transfers. Please check with your financial institution before completing this form. Should this nominated bank account not belong to you as the investor then we may seek further information from you. We will seek to establish your relationship to the third party who holds the nominated bank account as required under Anti-Money Laundering legislation. Refer to page 3 for the Direct Debit Service Agreement.

8. FINANCIAL ADVISER USE ONLY

Please cross (X) the boxes below:

- if you would like to receive online access to view your client's account(s).
- if you have a current agreement with ACP in relation to AML/CTF Act customer identification program and you have not attached the relevant identity verification documentation.⁶

Please select if you would like to receive data feeds into one of the following software:

- XPlan Platform Plus

Financial Adviser name	
Dealer group	
Antares adviser number	
ABN (if registered in Australia)	AFSL No. (if registered in Australia)
Contact phone no.	
Financial Adviser's address	
Email address	

Financial Adviser signature											
Surname											
Given name(s)	Date <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		

⁶ You declare that you have a current agreement with ACP in relation to AML/CTF customer identification program. You declare you have sighted either the original or a certified copy of the original document(s). You declare that you have complied with your obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If you do not satisfy these requirements please contact Client Services by calling **1800 671 849**.

9. INTERESTED PARTIES

- The following parties may receive information relating to this investment.

Name	Company
Email	Contact phone no.

- Please provide copies of all transactions and investor statements to the interested parties.

Please attach a schedule if more space is required.

Delivery address

Unit/Level	Street number	Street name or PO Box
Suburb/Town		
State	Postcode	Country

10. 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 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 **1800 671 849**.

Documents that are written in a language that is not English must be accompanied by an English translation, prepared by an accredited translator.⁷

10A. Person(s) named in 3A, 3B and individuals that have provided details on a separate sheet along with sole traders

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

10B. Australian companies

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

10C. Australian regulated trusts (including SMSFS and individual and corporate trustees)

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

For SMSF Trust, in addition to complete 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.

10D. Unregulated Australian trusts and foreign trusts

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

10E. Foreign companies

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

Please contact Client Services on **1800 671 849** to discuss your application further.

10F. Associations

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

10G. Government bodies

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

10H. Registered co-operatives

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

10I. Partnerships

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

⁷ 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.

11. DECLARATION

I/We declare that:

- All details in this Initial Application Form, relevant FSC Identification Form(s) and all 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, Product Guide (as applicable) and any website updates for the relevant Fund(s) 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 relevant Fund(s) (as amended from time to time), and accepted the offer of units in the relevant Fund(s) made in the PDS, Product Guide (as applicable) and any website updates in Australia;
- I/We have legal power to invest in the relevant Fund(s) 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 applications, the joint investors 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 page 3 in the Initial Application Form containing additional information about the Direct Debit Service Agreement (if applicable);
- I/We acknowledge that I/we have read pages 2 and 3 of this application form containing the information under the heading 'Privacy notification' and the privacy policy at antarescapital.com.au/privacy-statement. 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 relevant Fund(s) does not represent a deposit with or liability of National Australia Bank (NAB) or the NAB Group of companies (NAB Group) and is subject to investment risk, including possible delays in repayment and loss of income and capital 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 NAB Group, guarantees the performance of the Fund(s) or the repayment of the capital or any particular rate of return or distribution from the Fund(s);
- 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;
- 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 2001 in electronic format; and
- I/We have read and understood the terms and conditions of identity verification documents in the relevant PDS and the Product Guide (as applicable) as required by 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.

12. 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 ⁸ <input type="checkbox"/> Individual trustee 1 <input type="checkbox"/> Director 1 ⁹ <input type="checkbox"/> Secretary ⁹ <input type="checkbox"/> Attorney 1 ¹⁰ <input type="checkbox"/> Partner 1 <input type="checkbox"/> Authorised signatory ¹¹			
Signature		Full name	
Date		Date of birth	
D	D	D	D
/	M	M	Y
/	Y	Y	Y
/	Y	Y	Y
Residential address			
Unit/Level	Number	Street name	
Suburb/Town		State	Postcode
Country			

<input type="checkbox"/> Investor 2 ⁸ <input type="checkbox"/> Individual trustee 2 <input type="checkbox"/> Director 2 ⁹ <input type="checkbox"/> Secretary ⁹ <input type="checkbox"/> Attorney 2 ¹⁰ <input type="checkbox"/> Partner 2 <input type="checkbox"/> Authorised signatory ¹¹			
Signature		Full name	
Date		Date of birth	
D	D	D	D
/	M	M	Y
/	Y	Y	Y
/	Y	Y	Y
Residential address			
Unit/Level	Number	Street name	
Suburb/Town		State	Postcode
Country			

⁸ Joint investors must both sign.

⁹ Company applications must be signed by two directors, a director and secretary or the sole director of the company.

¹⁰ Attorney's signature(s) must be witnessed below.

¹¹ A certified copy of the Authorised Signatory List must be submitted to Antares Registry Services.

For accounts with more than one signatory, please select account signing authority: 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
 Refer to attached signatory list & instructions

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 <input type="text" value="DD/MM/YYYY"/>				
Residential address				
Unit/Level	Street number	Street name		
Suburb/Town			State	Postcode
Country				
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 <input type="text" value="DD/MM/YYYY"/>				
Residential address				
Unit/Level	Street number	Street name		
Suburb/Town			State	Postcode
Country				

If you have any questions, please contact Client Services on **1800 671 849** or visit antarescapital.com.au

Important notes

The offer of units in the Funds 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 Product Disclosure Statement (PDS) and Product Guide (as applicable) for the Funds. 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. Application monies paid by cheque from Financial Advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act.