



# APPLICATION FORM

This Application Form accompanies the Product Disclosure Statement dated 27 December 2023 (PDS) issued by Evolution Trustees Limited (Issuer) (ABN 26 611 839 519) in its capacity as responsible entity of the Contact Australian Ex-50 Fund (Fund) ARSN 639 574 708.



If you require further assistance, please do not hesitate to contact Apex Fund Services on 1300 133 451 or via email [registry@apexgroup.com](mailto:registry@apexgroup.com) |





This Application Form accompanies the Product Disclosure Statement dated 27 December 2023 (PDS) issued by Evolution Trustees Limited (ABN 26 611 839 519) in its capacity as responsible entity of the Contact Australian Ex-50 Fund (Fund) ARSN 639 574 708.

It is important that you read the PDS (including Reference Guide and Target Market Determination) in full and the acknowledgements contained in this Application Form before applying for Units.

Unless otherwise defined, capitalised terms used in this Application Form have the same meaning given to them in the PDS.

Please tick one box below and complete the relevant Sections of the Application Form.

**INVESTOR TYPE**

- Individual / Joint Investors / Sole Traders Complete Sections 1, 2, 5, 6, 7, 8 and 9
- Company Complete Sections 1, 3, 5, 6, 7, 8 and 9
- Trust / Superannuation Fund **with Individual Trustee** Complete Sections 1, 2, 4, 5, 6, 7, 8 and 9
- Trust / Superannuation Fund **with Corporate Trustee** Complete Sections 1, 3, 4, 5, 6, 7, 8 and 9

**If investing via a Financial Adviser**

Please ensure both you and your financial adviser also **complete Section 10 – Financial Adviser Details and Customer Identification Declaration**. You do not need to provide copies of your certified identification documentation with your Application Form if this information has been provided to your financial adviser, your financial adviser has elected to retain this information, and agreed to make it available upon request, under Section 10 of this Application Form.

**Post / Deliver**

Please post completed Application Forms and all supporting documentation to:

Contact Australian Ex-50 Fund  
c/- Apex Fund Services  
GPO Box 4968  
Sydney, NSW, 2001

**Questions**

If none of the above categories are applicable to you, or you have other questions relating to this Application Form, please contact Apex Fund Services on **1300 133 451**





SECTION  
I

# SECTION I INVESTMENT DETAILS

## I.1 DETAILS

I/we apply to invest in the Contact Australian Ex-50 Fund.

Amount: AUD  (Minimum of \$10,000)

### Class of Units

Please select the class of Units you wish to acquire:

**Ordinary Units**

Please tick the box beside your chosen payment method and complete the required details:

**Cheque**  
Made payable to: Apex Fund Services Pty Ltd ACF <Contact Australian Ex-50 Fund> Application Account.

**Electronic Funds Transfer or Direct Deposit**  
Bank: **National Australia Bank**  
Account Name: **Apex Fund Services Pty Ltd ACF <Contact Australian Ex-50 Fund> Application Account**  
BSB: **082-401**  
Account number: **255100839**  
Reference: **'Investor surname/company or trust'**

Date of Transfer	Reference Used
<input type="text"/>	<input type="text"/>

### Source of Investment Funds

Please identify the source of your investable assets or wealth:

Gainful Employment     Inheritance/Gift     Business Activity     Superannuation Savings  
 Other – please specify

### What is the purpose of this investment?

Savings     Growth     Income     Retirement     Business account





SECTION 2

SECTION 2 INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS/ INDIVIDUAL TRUSTEES – APPLICATION FORM

Complete this section if you are investing in your own name, including as a sole trader.

2.1 INVESTOR DETAILS

Investor 1

Title Date of Birth

Given Names Surname

Place of Birth (City/Town) Country of Birth

Residential Address (not a PO Box)

Suburb State Postcode Country

Email

Mobile Number Telephone Number

Occupation

Investor 2 - (only applicable for joint investors)

Title Date of Birth

Given Names Surname

Place of Birth (City/Town) Country of Birth

Residential Address (not a PO Box)

Suburb State Postcode Country





Email

Mobile Number

Telephone Number

Occupation

If there are more than two individuals, please provide details and attach to this Application Form.

### Politically Exposed Person (PEP)

Are any of the Investors a PEP? Please refer to page 22 if you are unsure what PEP means.

Yes Please provide description of PEP's position.

No

### Additional Information for Sole Traders (only applicable if applying as a Sole Trader)

Full Business Name (if any)

Australian Business Number (if obtained)

Address of Principal Place of Business (not a PO Box). If same as residential address given above, mark 'As Above'.

Suburb

State

Postcode

Country

## 2.2 IDENTIFICATION DOCUMENTS

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) legislation, we must collect certain information from prospective investors and their beneficial owners supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to page 22 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select one of the following options to verify each investor and Beneficial Owner.

Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or

Provide a certified copy of a passport that contains a photograph and signature of the passport holder.





SECTION  
**3**

**SECTION 3  
COMPANY/CORPORATE TRUSTEE –  
APPLICATION FORM**

Complete this section if you are investing for, or on behalf of, a Company.

**3.1 COMPANY DETAILS**

Full Company Name

Country of Formation, Incorporation or Registration

ARBN (if registered with ASIC)

ACN/ABN (if registered in Australia)

<input type="text"/>	<input type="text"/>
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Tax File Number or Exemption Code (Australian residents)

AFS Licence Number (if applicable)

<input type="text"/>	<input type="text"/>
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Name of Regulator (if licenced by an Australian Commonwealth, State or Territory statutory regulator)

Registered Business Address in Australia or in Country of Formation

Suburb

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Principal Place of Business (not a PO Box address)

Suburb

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**If an Australian Company**, registration status with ASIC.

Proprietary Company     
  Public Company

**If a Foreign Company**, registration status with the relevant foreign registration body.

Private/Proprietary Company     
  Public Company     
  Other – Please Specify

Name of Relevant Foreign Registration Body

Foreign Company Identification Number

<input type="text"/>	<input type="text"/>
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**Is the Company Listed?**

No       Yes - Name of Market/Stock Exchange

Is the company a majority-owned subsidiary of an Australian listed company?

No       Yes - Name of Australian Listed Company   
Name of Market/Stock Exchange

**Directors of the Company/Corporate Trustee**

If the company is **registered as a proprietary company by ASIC** or a **private company by a foreign registration body**, please list the name of each director of the company.

Director 1 - Full Name	Director 4 - Full Name
<input type="text"/>	<input type="text"/>
Director 2 - Full Name	Director 5 - Full Name
<input type="text"/>	<input type="text"/>
Director 3 - Full Name	Director 6 - Full Name
<input type="text"/>	<input type="text"/>

If there are more than six directors, please provide their full names on a separate page and attach to this Initial Application Form.

**Politically Exposed Person (PEP)**

Are any of the company directors a PEP? Please refer to page 22 if you are unsure.

Yes      Please provide description of PEP's position.   
 No

**Beneficial Owners of the Company/Corporate Trustee**

If the company is an **Australian proprietary company**, an **Australian non-listed public company** or a **foreign company**, please provide details for each shareholder who own directly, jointly or beneficially owns 25% or more of the company's issued share capital in Section 6.6. If no shareholder owns 25% or more of the company's issued share capital, please list the persons who directly or indirectly control the company in Section 6.6. Please refer to page 22 if you are unsure as to what Beneficial Owner means.

**Politically Exposed Person (PEP)**

Are any of the Beneficial Owners a PEP? Please refer to page 22 if you are unsure what PEP means.

Yes      Please provide description of PEP's position.   
 No





### 3.2 CONTACT PERSON DETAILS (FINANCIAL ADVISER DETAILS NOT ACCEPTED)

Given Names		Surname	
<input type="text"/>		<input type="text"/>	
Postal Address			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			
Mobile Number		Telephone Number	
<input type="text"/>		<input type="text"/>	

### 3.3 IDENTIFICATION DOCUMENTS

To comply with AML/CTF legislation, we must collect certain identification documents from prospective investors and their beneficial owners supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to page 22 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

**Select one of the following options** to verify the company.

- Perform a search of the ASIC database (unit registry to perform on behalf of the investor); or
- Provide a certified copy of the certification of registration issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public).

**Select one of the following options** to verify the Officeholders who have signed the Application Form and Beneficial Owners identified in Section 6.6.

- Provide a certified copy of a driver’s licence that contains a photograph of the licence/permit holder; or
- Provide a certified copy of a passport that contains a photograph and signature of the passport holder.







SECTION  
**4**

# SECTION 4 TRUST/SUPERANNUATION FUND

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund.

## 4.1 TRUST/FUND DETAILS

Full Name of Trust/Superannuation Fund

Country of Establishment

Tax File Number or Exemption Code

Australian Business Number (if any)

<input type="text"/>	<input type="text"/>
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### Type of Trust

(Please tick **ONE** box from the list below to indicate the type of Trust and provide the required information)

**Type A:**  Regulated Trust (e.g. self-managed superannuation fund)

Name of Regulator (e.g. ASIC, APRA, ATO)

Registration/Licensing Details

<input type="text"/>	<input type="text"/>
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**Type B:**  Government Superannuation Fund

Name of the Legislation Establishing the Fund

**Type C:**  Foreign Superannuation Fund

Name of Regulator

Registration/Licensing Details

<input type="text"/>	<input type="text"/>
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**Type D:**  Other Type of Trust/Unregulated Trust

Trust Description (e.g. family, unit, charitable)





## 4.2 ADDITIONAL INFORMATION FOR TYPE C AND TYPE D TRUSTS

### Settlor of The Trust

The material asset contribution to the trust by the settlor at the time the trust was established was less than \$10,000.00.

The settlor of the trust is deceased.

Neither of the above is correct. Provide the full name of the settlor of the trust.

### Beneficiary Details

Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

**Yes** - Describe the class of beneficiaries below (e.g. unit holders, family members of named person, charitable purposes).

**No** - Provide the full names of each beneficiary in respect of the trust in Section 6.6 (includes beneficial owners who ultimately own 25% or more of the trust).

### Beneficial Owners of the Trust

Please provide details of the Beneficial Owners of the Trust in Section 6.6. A beneficial owner is an individual who ultimately owns 25% or more of the trust or an individual who controls (directly or indirectly) the trust. Control includes acting as a trustee, or as a result of, or by means of, trusts, agreements, arrangements, understandings and practices or exercising control through the capacity to direct the trustees, or having the ability to appoint or remove the trustees. Refer to page 22 if you are unsure as to what Beneficial Owner means.

### Politically Exposed Person (PEP)

Are any of the beneficiaries a PEP? Please refer to page 22 if you are unsure what PEP means.

Yes Please provide description of PEP's position.

No

## 4.3 TRUSTEE DETAILS

If a trustee is an individual, please complete Section 2. If a trustee is a company, please complete Section 3.





#### 4.4 IDENTIFICATION DOCUMENTS

To comply with AML/CTF legislation, we must collect certain information from prospective investors and their beneficial owners supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to page 22 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

**For Trusts identified under 4.1 as Type A & Type B** – select **one** of the following options to verify the Trust.

- Perform a search of the relevant regulator’s website e.g. ‘Super Fund Lookup’ (unit registry to perform on behalf of the investor);
- Provide a copy of an offer document of the managed investments scheme e.g. a copy of a Product Disclosure Statement; or
- Provide a copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

**For Trusts identified under 4.1 as Type C & Type D** – select **one** of the following options to verify the Trust.

- Provide a certified copy or a certified extract of the Trust Deed containing the cover page, recitals and signature page;
- Provide an original letter from a solicitor or qualified accountant that confirms the name of the Trust and full name of the settlor of the Trust; or
- Provide a notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).

**For Trusts identified under 4.1 as Type C & Type D** – select **one** of the following options to verify the Beneficiaries and the Beneficial Owners identified in Section 6.6.

- Provide a certified copy of a driver’s licence that contains a photograph of the licence/permit holder; or
- Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

**AND** relevant identification documents for the trustee as specified in Section 2 or 3 (as applicable).





SECTION  
**5**

## SECTION 5 PAYMENT INSTRUCTIONS DISTRIBUTIONS AND WITHDRAWALS

Please indicate how you would like your distributions to be paid by ticking **one box only**. If this is a new investment and no nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:

- Reinvest in the Fund; or
- Pay to my/our account (Please provide your financial institution account details as per below).

### Financial Institution Account Details (must be an Australian financial institution)

Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.

Bank/Institution	Branch
Account Name	
BSB	Account Number

*The name of your nominated bank account must be the same as the Investor's name.*





SECTION 6

SECTION 6 ACCOUNT HOLDER’S TAX RESIDENCY AND CLASSIFICATION – FATCA & CRS

The account holder is the person listed or identified as applicant in Sections 2, 3 and 4 (Account Holder).

The Account Holder’s Country of Tax Residence, TIN, GIIN, FATCA Status, CRS Status and Controlling Persons (includes Beneficial Ownership details) should be provided in this section. If the person opening the account is not a Financial Institution and is acting as an intermediary, agent, custodian, nominee, signatory, investment advisor or legal guardian on behalf of one or more other account holders this form must be completed by or on behalf of that other person who is referred to as the Account Holder.

If you are unable to complete this form, please seek an appropriate advice relating to the tax information required. For further details relating to the implementation of FATCA and CRS, please refer to The Australian Taxation Office’s guidance material link: https://www.ato.gov.au/General/International-tax-agreements/In-detail/International-arrangements/Automatic-exchange-of-information---CRS-and-FATCA/

If you are applying:

- i. As an Individual/Joint Investors/Sole Trader please complete Section 6.1.
ii. All other types of entities please complete Sections 6.2, 6.3, 6.4, 6.5 and 6.6.

6.1 TAX RESIDENCE – INDIVIDUAL/SOLE TRADER

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes.

Country of Tax Residence 1 Taxpayer Identification Number 1 TIN Unavailable:
Country of Tax Residence 2 Taxpayer Identification Number 2 TIN Unavailable:
Country of Tax Residence 3 Taxpayer Identification Number 3 TIN Unavailable:

TIN Unavailable Explanation(s) - If any 'TIN Unavailable' box is checked, please provide an explanation.

Empty text box for TIN Unavailable Explanation(s)

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.

If Account Holder has additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each such additional country.

Is the Account Holder a U.S. Person?

A U.S. person includes a U.S. citizen or resident alien of the U.S. even if residing outside the U.S.

Yes If 'Yes', the Account Holder’s U.S. country of residence and U.S. Tax Identification Number must be provided above.

No





**6.2 ACCOUNT HOLDER’S GIIN (If any) – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES**

If you are unable to complete this form, please seek an appropriate advice relating to the tax information required.

Account Holder’s GIIN (if any)

Sponsoring Entity’s Name (if the Account Holder is a sponsored entity, please provide the sponsor’s GIIN)

**6.3 TAX RESIDENCE OF THE ACCOUNT HOLDER – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES**

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes.

Country of Tax Residence 1

Taxpayer Identification Number 1

<input type="text"/>	<input type="text"/>
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TIN Unavailable:

Country of Tax Residence 2

Taxpayer Identification Number 2

<input type="text"/>	<input type="text"/>
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TIN Unavailable:

Country of Tax Residence 3

Taxpayer Identification Number 3

<input type="text"/>	<input type="text"/>
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TIN Unavailable:

**TIN Unavailable Explanation(s)** - If any 'TIN Unavailable' box is checked, please provide an explanation.

**I/We certify the tax residence countries provided represent all countries in which the Account Holder is considered a tax resident.**

If Account Holder has additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each such additional country.





### 6.4 FATCA STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

#### Is the Account Holder a U.S. Person?

If **Yes**, complete the U.S. Person certification

#### U.S PERSON CERTIFICATION

Is the Account Holder a specified U.S. person?

**Yes** Provide a U.S. Taxpayer Identification Number (TIN):

**No**

If **No**, complete the non U.S. Person certification

#### NON U.S. PERSON CERTIFICATION

Select a classification that matches your FATCA status (*select only a single category*).

**Participating FFI** (*Provide GIIN in Section 6.2*)

**Local/Partner Jurisdiction FFI** (*Provide GIIN in Section 6.2*)

**Deemed-Compliant FFI** (*Select deemed-compliant category*)

Trustee-Documented Trust (*Provide GIIN and Trustee name in Section 6.2*)

Sponsored Investment Vehicle (*Provide GIIN and Sponsor's name in Section 6.2*)

Registered-Deemed Compliant FFI (*Provide GIIN in Section 6.2*)

Other Deemed-Compliant Category

**Non participating FFI**

**Exempt Beneficial Owner** (*includes self-managed superannuation fund*)

**Direct Reporting NFFE** (*Provide GIIN in Section 6.2*)

**Sponsored Direct Reporting NFFE** (*Provide GIIN and Sponsor's name in Section 6.2*)

**A Start-up Company formed in the past 24 months**

Please provide the date the entity was organised:

**Active NFFE**

**Passive NFFE** (*Complete Section 6.6 – Controlling Persons*)

**Other**

Please describe the FATCA status:





## 6.5 CRS STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

### Is the Account Holder a Financial Institution?

#### Financial Institution

Is the entity an Investment Entity managed by an FI or other Financial Institution?

- Yes** If any tax residence country provided is not a participating CRS jurisdiction, then complete Section 6.6 – Controlling Persons.
- No**

#### Non-Financial Entity (NFE)

If the Account Holder is a Non-Financial Entity (NFE), select a classification that matches your CRS status:

- Government Entity, International Organisation and Central Bank**
- A corporation the stock of which is regularly traded on an established securities market**  
(or entity related to such a corporation):  
 Name of Securities Market:   
 Name of Related Entity:
- Non-Reporting Financial Institution** (includes Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Exempt Collective Investment Vehicle, Trustee Documented Trust and Self-managed Superannuation Fund)
- A Start-up Company formed in the past 24 months**  
Please provide the date the entity was organised:
- Other Active NFE**
- Passive NFFE** (Complete Section 6.6 – Controlling Persons)
- Other**  
Please describe the CRS status:







**6.6 CONTROLLING PERSONS (INCLUDES BENEFICIARY DETAILS UNDER SECTIONS 3.1 AND 4.2)**

This section is considered an integral part of the self-certification to which it is associated. If there is a change in Controlling Persons/Beneficial Ownership, please submit an updated form within 30 days.

**Controlling Person 1 / Beneficial Owner 1**

Given Names	Surname

Current Residence Address

City/Town	State/Province	Postcode	Country ( <i>do not abbreviate</i> )

Date of Birth ( <i>DD/MM/YYYY</i> )	City/Town of Birth	Country of Birth

Country of Tax Residence 1	Taxpayer Identification Number 1

Country of Tax Residence 2	Taxpayer Identification Number 2

**TIN Unavailable Explanation(s)** - If any 'TIN Unavailable' box is checked, please provide an explanation.

Please tick the box/es to select the role types that are relevant to you (i.e. Controlling Person 1/Beneficial Owner 1).

<input type="checkbox"/> <b>Controlling Person</b>	<input type="checkbox"/> <b>Beneficiary Type</b>			
<input type="checkbox"/> Legal Person	<input type="checkbox"/> By Ownership	<input type="checkbox"/> By other means	<input type="checkbox"/> Senior Managing Official	
<input type="checkbox"/> Legal Arrangement - Trust	<input type="checkbox"/> Settlor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Protector	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Other
<input type="checkbox"/> Legal Arrangement - Other	<input type="checkbox"/> Settlor - Equivalent	<input type="checkbox"/> Trustee - Equivalent	<input type="checkbox"/> Protector - Equivalent	<input type="checkbox"/> Beneficiary - Equivalent <input type="checkbox"/> Other - Equivalent





### Controlling Person 2 / Beneficial Owner 2

Given Names	Surname
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

Current Residence Address

City/Town	State/Province	Postcode	Country ( <i>do not abbreviate</i> )
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

Date of Birth ( <i>DD/MM/YYYY</i> )	City/Town of Birth	Country of Birth
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

Country of Tax Residence 1	Taxpayer Identification Number 1
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

Country of Tax Residence 2	Taxpayer Identification Number 2
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

**TIN Unavailable Explanation(s)** - If any 'TIN Unavailable' box is checked, please provide an explanation.

Please tick the box/es to select the role types that are relevant to you (i.e. Controlling Person 2/Beneficial Owner 2).

<input type="checkbox"/> <b>Controlling Person</b>	<input type="checkbox"/> <b>Beneficiary Type</b>			
Legal Person	<input type="checkbox"/> By Ownership	<input type="checkbox"/> By other means	<input type="checkbox"/> Senior Managing Official	
Legal Arrangement - Trust	<input type="checkbox"/> Settlor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Protector	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Other
Legal Arrangement - Other	<input type="checkbox"/> Settlor - Equivalent	<input type="checkbox"/> Trustee - Equivalent	<input type="checkbox"/> Protector - Equivalent	<input type="checkbox"/> Beneficiary - Equivalent <input type="checkbox"/> Other - Equivalent

If there are more than 2 Controlling Persons or Beneficial Owners or Country of Tax Residences, please provide the details on a separate page and attach to this Application Form.





SECTION  
**7**

**SECTION 7  
PRIVACY**

Please tick the box if you consent to your personal information being used and disclosed for marketing purposes as broadly described in the Privacy statement in the PDS.

I/we wish to receive information regarding future investment opportunities.  
You may change your election at any time by contacting the Issuer.

SECTION  
**8**

**SECTION 8  
EMAIL COMMUNICATION CONSENT**

Please tick the box below if you would like to receive all communications, including periodic statements, via email.

I/we would like to receive all communications via email.

*If the above box is not ticked all communications will be posted to you.*

**On-line access** - I wish to be given on-line access to view my investment information.

**I do not wish to receive** the Annual Financial Report(s) for those fund(s) in which I am invested, and I acknowledge and agree that this is a standing request by me until further notice from me.

**Marketing**

From time to time we may send you marketing materials regarding our products and services, as well as the products and services of our related entities. Please indicate if you do not wish us to send you any marketing materials by ticking the box below:

**I do not wish to receive** marketing materials about your products and services, as well as the products and services of your related entities





SECTION  
**9**

# SECTION 9 INVESTOR DECLARATION AND SIGNATURES

## Declaration and Signatures

When you complete this Application Form you make the following declarations:

- I/we have read and understood the PDS to which this Application Form applies, including any supplemental information and the Target Market Determination;
- I/we have received and accepted the offer to invest in Australia;
- The information provided in my/our Application Form is true, correct and complete in all respects;
- I/we agree to be bound by the provisions of the Constitution governing the Fund and the terms and conditions of the PDS, each as amended from time to time;
- I/we acknowledge that none of the Issuer, their related entities, directors or officers have guaranteed or made any representation as to the performance or success of the Fund, or the repayment of capital from the Fund. Investments in the Fund are subject to various risks, including delays in repayment and loss of income or principal invested. Investments in the Fund are not deposits with or other liabilities of the Issuer or any of its related bodies corporate or associates;
- I/we acknowledge the Issuer reserves the right to reject any application or scale back an application in its absolute discretion;
- If applicable, after assessing my/our circumstances, I/we have obtained my/our own independent financial advice prior to investing in the Fund;
- If this Application Form is signed under Power of Attorney, each Attorney declares 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 Form);
- I am/we are over 18 years of age and I am/we are eligible to hold units/investment in the Fund;
- I/we have all requisite power and authority to execute and perform the obligations under the PDS and this Application Form;
- I/we acknowledge that application monies will be held in a trust account until invested in the Fund or returned to me/ us. Interest will not be paid to applicants in respect of their application monies regardless of whether their monies are returned;
- I/we have read the information on privacy and personal information contained in the PDS and consent to my/our personal information being used and disclosed as set out in the PDS;
- I/we acknowledge that the Issuer may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website;
- I/we indemnify the Issuer and each of its related bodies corporate, directors and other officers, shareholders, servants, employees, agents and permitted delegates (together, the **Indemnified Parties**) and to hold each of them harmless from and against any loss, damage, liability, cost or expense, including reasonable legal fees (collectively, a **Loss**) due to or arising out of a breach of representation, warranty, covenant or agreement by me/us contained in any document provided by me/us to the Issuer, its agents or other parties in connection with my/our investment in the Fund. The indemnification obligations provided herein survive the execution and delivery of this Application Form, any investigation at any time made by the Issuer and the issue and/or sale of the investment;
- To the extent permitted by law, I/we release each of the Indemnified Parties from all claims, actions, suits or demands whatsoever and howsoever arising that I/we may have against any Indemnified Party in connection with the PDS or my/our investment;
- Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding an interest in me/ us is a United States citizen or resident of the United States or any other country for taxation purposes;
- I/we will promptly notify the Issuer of any change to the information I/we have previously provided to the Issuer, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us;
- I/we consent to the Issuer disclosing any information it has in compliance with its obligations under the US Foreign Tax Compliance Act (**FATCA**) and the OECD Common Reporting Standards for Automatic Exchange of Financial Account Information (**CRS**) and any related Australian law and guidance implementing the same. This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the relevant tax authorities as required;
- I/we acknowledge that the collection of my/our personal information may be required by the *Financial Transaction Reports Act 1988*, the *Corporations Act 2001*, the *Income Tax Assessment Act 1936*, the *Income Tax Assessment Act 1997*, the *Taxation Administration Act 1953*, the FATCA and CRS (includes any related Australian law and guidance) and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. Otherwise, the collection of information is not required by law, but I/we acknowledge that if I/we do not provide personal information, the Issuer may not allow me/us to invest in the Fund;
- I am/we are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement (**AML/CTF Law**);
- I/we will provide the Issuer with all additional information and assistance that the Issuer may request in order for the Issuer to comply with the AML/CTF Law, FATCA and CRS;





I/we acknowledge that the Issuer may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of investment in the Fund, if the Issuer is concerned that the request or transaction may breach any obligation of, or cause the Issuer to commit or participate in an offence (including under the AML/CTF Law, FATCA and CRS).

Signature 1	Signature 2

Full Name	Full Name

Date	Date

Tick capacity (mandatory for companies):

- Sole Director and Company Secretary
- Director
- Secretary

Tick capacity (mandatory for companies):

- Sole Director and Company Secretary
- Director
- Secretary

Company Seal (if applicable)

- Joint applicants must both sign;
- Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company, details of which appear in Section 3.1; or
- For trust/superannuation fund applications each individual trustee must sign.

Post your original signed Application Form and original certified copies of your identification document(s) to:

Contact Australian Ex-50  
Fund c/- Apex Fund Services  
GPO Box 4968  
Sydney, NSW, 2001

Please ensure that you have transferred your application monies or enclose a cheque for payment.





## CERTIFYING A COPY OF AN ORIGINAL DOCUMENT

All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier.

A ‘certified extract’ means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described below.

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

### People who can certify documents or extracts are:

1. A lawyer, being 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 2018*).
8. A police officer.
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*).
12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 2018*).
13. A finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the *Statutory Declaration Regulations 2018*).
14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licencees.
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

## POLITICALLY EXPOSED PERSONS (PEP)

To comply with AML/CTF laws, we require you to disclose whether you are, or have an association with, a Politically Exposed Person (‘PEP’). A PEP is an individual who holds a prominent public position or function in a government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de facto partner, child, and a child’s spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as, or have an association with, a PEP, we may request additional information from you.

## BENEFICIAL OWNER

To comply with AML/CTF laws, we require you to disclose the Beneficial Owners. Beneficial Owner means an individual who ultimately owns or controls (directly or indirectly) the investor.

‘Owns’ means ownership (either directly or indirectly) of 25% or more of the investor.

‘Controls’ includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising and control through the capacity to determine decisions about financial and operating policies.





SECTION 10

SECTION 10 FINANCIAL ADVISER DETAILS AND CUSTOMER IDENTIFICATION DECLARATION

Customer Identification Declaration (Financial Adviser to complete)

I confirm that I have completed an appropriate Customer Identification Procedure (CID) on this investor and/or the beneficial owners which meets the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act).

Please select the relevant option below:

- I have attached the verification documents that were used to perform the CID for this investor and/or the beneficial owners; OR I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide them to the Issuer or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act I will forward them to the Issuer.

I agree to provide the Issuer or its agents with any other information that they may require to support this Application.

Financial Adviser Name (if a new adviser, please attach a copy of your employee/representative authority)

Text input field for Financial Adviser Name

Form with two columns: Given Names, Surname

Form for Current Residence Address

Form with four columns: City/Town, State/Province, Postcode, Country (do not abbreviate)

Form with three columns: Date of Birth (DD/MM/YYYY), City/Town of Birth, Country of Birth

Form with two columns: Country of Tax Residence 1, Taxpayer Identification Number 1

Form with two columns: Country of Tax Residence 2, Taxpayer Identification Number 2





**Dealer Details**

Dealer Name

Dealer Number (if applicable)

Contact Person

AFSL Number

ABN

<input type="text"/>	<input type="text"/>
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Postal Address

Suburb

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Office Telephone

Fax Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Email

Dealer Stamp

Signature of Financial Adviser

Date

**Financial Adviser Access to Investor Information (Investor to complete)**

Please tick the box below if you wish your financial adviser to have access to information and/or to receive copies of all transaction confirmations. If no election is made, access to information and/or copies of transaction confirmations will not be provided to your financial adviser.

Please provide access to information and send copies of all transaction confirmations to my/our financial adviser. You may change your election at any time by contacting the Issuer.







## ADDITIONAL INVESTMENT FORM – CONTACT AUSTRALIAN EX-50

### Additional Investment Form for Existing Investors

Please use this form if you are already an investor in the Contact Australian Ex-50 Fund and wish to make an additional investment. New investors should go to page 2 of the Application Form.

#### Investor Details

Number	Name
<input type="text"/>	<input type="text"/>

Company/Fund/Super Fund Name

#### Additional Investment Details

Please tick the box beside your chosen payment method and complete the required details.

**Cheque**  
 Made payable to: Apex Fund Services Pty Ltd ACF <Contact Australian Ex-50 Fund> Application Account.  
 Amount: AUD

**Electronic Funds Transfer or Direct Deposit**  
 Bank: **National Australia Bank**  
 Account Name: **Apex Fund Services Pty Ltd ACF <Contact Australian Ex-50 Fund> Application Account**  
 BSB: **082-401**  
 Account number: **255100839**  
 Reference: **'Investor surname/company or trust'**  
 Amount: AUD

Date of Transfer	Reference Used
<input type="text"/>	<input type="text"/>





### Investor Confirmation

By signing this form, I/we:

- declare that I/we have read and understand the current (and any Supplementary) PDS for the relevant fund(s);
- declare that all details provided in this request form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- (If signing under power of attorney) declare that I/we have not received notice of revocation of that power;
- acknowledge and agree to be bound by the declarations and conditions provided by me/us as outlined in the relevant Application Form;
- acknowledge that investments in the fund(s) are subject to investment risk. For further information on the risks associated with the fund(s) please refer to the relevant PDS.

Signature 1

Signature 2

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Full Name

Full Name

--	--

Date

Date

--	--

Tick capacity (mandatory for companies):

- Sole Director and Company Secretary
- Director
- Secretary

Tick capacity (mandatory for companies):

- Sole Director and Company Secretary
- Director
- Secretary

Company Seal (if applicable)

- Joint applicants must both sign;
- Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company; or
- For trust/superannuation fund applications each individual trustee must sign.

