Auscap
Asset Management

# APPLICATION FORM — MONTHLY CLASS

This is the Monthly Class Application Form (Sections 1 to 4), Additional Application Form (Section 5) and Redemption Request Form (Section 6) pertaining to Product Disclosure Statement (PDS) dated 29 September 2022 for the Auscap Long Short Australian Equities Fund (ARSN 615 542 213) issued by Auscap Asset Management Limited (ABN 11 158 929 143, AFSL 428 014).

You can download the latest version of the PDS and any updated information from Auscap's website at www.auscapam.com. A paper copy of the PDS and any updated information will be provided free of charge upon request during the life of the PDS. To request a copy, please contact Auscap by phone on +61 2 8378 0800 or by email at info@auscapam.com or in writing to **Auscap Asset Management Limited, Level 30, 9 Castlereagh Street, Sydney, NSW 2000 Australia**.

## Completing this Application Form

| Investor Type | Correct Name | Section to Complete | Supporting Documents<br>We require originals or certified copies to be posted to Link Fund Solutions |
|---|---|---|---|
| **Individual/Joint investors**<br>• use full name of each applicant, do not use initials | Wendy Sarah Smith | Section 1 | • Original signed application form<br>• Certified ID for each individual investor |
| **SMSF** and **Trusts with Individuals as Trustees**<br>• use trustee(s) personal name (s); and<br>• use fund/trust name as designation | Wendy Sarah Smith ATF Wendy Smith Super Fund | Section 2 | • Original signed application form<br>• Certified ID for at least 1 individual Trustee<br>• Certified ID for all Beneficial Owners<br>• Certified copy of the Trust Deed<br>• Certified ID for the settlor of the trust (unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD$10,000 on creation of the trust) |
| **SMSF and Trusts with Company as Trustee**<br>• use trustee(s) company name(s); and<br>• use fund/trust name as designation | XYZ Pty Ltd ATF Smith Family Trust | Section 3 | • Original signed application form<br>• Certified copy or certified extract of the trust deed<br>• Certified ID of Beneficial Owners of the Company<br>• Certified ID of Beneficial Owners of the Trust<br>• Certified ID for the settlor of the Trust (unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD$10,000 on creation of the trust) |
| **Company**<br>• use full company name, do not use abbreviations | Company Name Pty Ltd<br><br>Company Name Limited | Section 4 | • Original signed application form<br>• Certified IDs of Beneficial Owners of the Company |

- Please note that this is a summary only and further documents may be required
- Applications under power of attorney must be accompanied by a certified copy or the original of the Power of Attorney with specimen signatures.

## Transferring Funds and Submitting Documents

Completed and approved Application forms and Application monies should be received by 5.00pm on the last Business Day of the month prior to the investment date either by cheque or electronic transfer to:

| | |
|---|---|
| Account Name: | Auscap Asset Management ATF Auscap Long Short Australian Equities Fund |
| Bank: | ANZ |
| BSB: | 012 006 |
| Account number: | 836165921 |

**Please include the applicant's / investment entity's name as a reference on all electronic transfers.**

Please send all original documents to:

**Link Fund Solutions Pty Limited**
**Unitholder Services**
**Attention: Auscap Fund Unit Registry**
**Locked Bag 5038**
**Parramatta NSW 2124**

**Regular Information**

Following acceptance of your application, once the unit price is confirmed you will be sent a subscription confirmation. You should check the details on the advice carefully and contact the Administrator, Link Fund Solutions, if you have any questions.

## Required ID and Additional Documents

Investors please provide for each person listed in the relevant section of this form:

- Certified copy of a Primary Photographic Identification Document (see below for definition); or
- Certified copy of a Primary Non-Photographic Identification Document AND a Secondary Identification Document (see below for definitions).

**Certified copy** means a document that has been certified as a true copy of an original document by a person eligible to certify documents (as listed on the following page).

**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 on the following page.

### What are the Identification Documents?

Primary Photographic Identification Documents:

1) *Licence or permit issued by a State or Territory of Australia or equivalent authority of a foreign country for the purpose of driving a vehicle that contains a photograph of the person in whose name the document is issued.*
2) *Passport issued by the Commonwealth of Australia.*
3) *Passport issued for the purpose of international travel that is issued by a foreign government and contains a photograph and the signature of a person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).*
4) *ID Card issued by a State or Territory of Australia for the purpose of proving a person's age that contains a photograph of the person in whose name the document is issued.*
5) *National Identity Card issued by a foreign government, for the purpose of identification, that contains a photograph of the person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).*

Primary Non-Photographic Identification Documents:

1) *Birth Certificate or Birth Extract issued by a State or Territory of Australia.*
2) *Citizenship Certificate issued by the Commonwealth of Australia.*
3) *Citizenship Certificate issued by a foreign Government (accompanied by a written translation prepared by an accredited translator where required).*
4) *Birth certificate issued by a foreign government (accompanied by a written translation prepared by an accredited translator where required).*
5) *Pension or health card issued by Centrelink that entitles financial benefits to the person in whose name the card is issued.*

Secondary Identification Documents:

1) *A notice that was issued to an individual by the Commonwealth, a State or Territory of Australia within the preceding 12 months that contains the name of the individual and his or her residential address and records for the provision of financial benefits to the individual under a law of the Commonwealth, State or Territory.*
2) *A notice that was issued to an individual by a local government or utilities provider in Australia within the preceding 3 months that contains the name of the individual and his or her residential address and records the provision of services by that local government body or utilities provider to that address or to that person.*

People who can certify documents or extracts are:

- a **lawyer** – a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
- a **judge** of a court;
- a **magistrate**;
- a **chief executive officer** of a Commonwealth court;
- a **registrar** or **deputy registrar** of a court;
- a **Justice of the Peace**;
- a **notary public** (for the purposes of the Statutory Declaration Regulations 1993);
- a **police officer**;
- a **postal agent** – an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- 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;
- an **Australian consular officer** or an **Australian diplomatic officer** (within the meaning of the Consular Fees Act 1955);
- an **officer** with 2 or more continuous years of service with one or more **financial institutions** (for the purposes of the Statutory Declaration Regulations 1993);
- 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 1993);
- an **officer** with, or an **authorised representative** of, a **holder of an Australian financial services licence**, having 2 or more continuous years of service with one or more licensees; and
- an **accountant** – 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.

The eligible certifier must include the following information:

- their full name;
- address;
- telephone number;
- the date of certifying;
- capacity in which they are eligible to certify; and
- an official stamp/seal if applicable.

The certified copy must include the statement, ***"I certify this is a true copy of the original document***".

For photographic documents, the certified copy must include the statement, "***I certify this is a true copy of the original document and the photograph is a true likeness"***.

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

## Explanation of FATCA & CRS

***Neither Auscap nor Link Fund Solutions is able to provide you with tax or professional advice in respect of FATCA or CRS and we strongly encourage you to seek the advice of an experienced tax or professional adviser in relation to completing the FATCA & CRS parts of this Application form.***

### *What are FATCA & CRS?*

The U.S. Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS) are two ways in which a large number of governments are seeking the same thing – to improve global tax compliance. Both require financial institutions to capture relevant information on foreign tax payers, as follows:

- FATCA promotes cross border tax compliance by U.S. taxpayers, by implementing an international standard for the automatic exchange of information related to those taxpayers. Australia has entered into an inter-governmental agreement (IGA) with the U.S. to implement FATCA in Australia, to be administered through the ATO. The AUS-USA FATCA IGA requires the ATO to obtain detailed account information for U.S. citizens and/or taxpayers on an annual basis. The effect of this is that, to satisfy their FATCA obligations, relevant Australian financial institutions must identify any U.S. taxpayers and report those taxpayers' financial account data to the ATO.
- CRS is a global reporting standard, developed by the OECD, for the automatic exchange of information (AEoI). Its goal is to allow tax authorities to obtain a clearer understanding of financial assets held abroad by their residents, for tax purposes. Over 100 countries (**refer to OECD link on page 5 below for participating jurisdictions**) have agreed to share information on residents' assets and incomes in accordance with defined reporting standards. Once again, this means that financial institutions around the globe must provide tax authorities with taxpayer financial account data, and the financial institutions must therefore collect this information from their customers and pass it on.

### *Common FATCA & CRS terms*

**Financial Institution** (also referred to as *Foreign financial institution* or "***FFI***" under FATCA) – an entity created or organised outside of the U.S. and includes:

a) **Depository institution** – entity that accepts deposits in the ordinary course of banking or similar business (banks, credit unions), or

b) **Custodial institution** – entity that holds financial assets for the account of others as a substantial portion of its business (brokers, custodians), or

c) **Investments entity** – means any entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:

- trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange; interest rate and index instruments; transferable securities; or commodity futures trading;
- individual and collective portfolio management; or
- otherwise investing, administering, or managing funds or money on behalf of other persons.

**Non-Financial Foreign Entity ("NFFE") / Non-Financial Entity ("NFE")** – any non-U.S. entity that is not a financial institution. NFFE / NFE can be either *Active NFFE / NFE* or *Passive NFFE / NFE* (refer below for more details).

**U.S. citizen or U.S. resident for tax purposes** – includes:

- anyone born in the U.S. (who has not renounced their citizenship)
- anyone living in the U.S.
- a green card holder
- U.S. passport holder
- U.S. companies, trusts or partnerships

**Controlling Persons –** means the natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.

**GIIN** – Global Intermediary Identification Number is an IRS registration number for financial institutions.

**TIN** – is Taxpayer Identification Number and may include Social Security Number (SSN) or Employer Identification Number (EIN).

**IGA** – Agreement between the Government of Australia and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA.

**Australian Retirement Fund**

1. Any plan, scheme, fund, trust, or other arrangement operated principally to administer or provide pension, retirement, superannuation, or death benefits that is a superannuation entity or public sector superannuation scheme (including an exempt public sector superannuation scheme) as defined in the *Superannuation Industry (Supervision) Act 1993*, or a constitutionally protected fund as defined in the *Income Tax Assessment Act 1997.*
2. A pooled superannuation trust as defined in the *Income Tax Assessment Act 1997.*
3. Any Entity that is wholly owned by, and conducts investment activities, accepts deposits from, or holds financial assets exclusively for or on behalf of, one or more plans, schemes, funds, trusts, or other arrangements referred to in subparagraphs (1) or (2) of this paragraph.

**Non-Participating Jurisdiction for CRS purposes** – Refer to OECD link below for list of participating jurisdictions.

## *FATCA & CRS status*

FATCA status refers to entity classification under FATCA and may include:

1. **Active NFFE / NFE** – any NFFE / NFE that meets the following criteria:
   - NFFE / NFE where less than 50% of income is passive income (i.e. dividends, interest, annuities etc.) and less than 50% of its assets produce passive income; or
   - Entity's stock is regularly traded on established securities market (e.g. entity listed on ASX) or affiliated group of such entity; or
   - Entity organised in U.S. Territory and owned by its residents; or
   - Foreign government; or
   - International organisation; or
   - Foreign Central Bank of Issue; or
   - Any other specifically identified class of entities, including those posing a low risk of tax evasion, as determined by the IRS (e.g. start-up entities, entities in liquidation, not-for profit entities etc).
2. **Passive NFFE / NFE** – any NFFE / NFE that is not an Active NFFE / NFE.
3. **Participating FFI** – an FFI that enters into an agreement with the IRS to undertake certain due diligence, withholding and reporting requirements for U.S. account holders in accordance with FATCA and is generally able to provide GIIN.
4. **Exempt Beneficial Owner** – this is non-reporting entity under FATCA and may include:
   - the Australian Government, State and local governments and local authorities and their wholly owned agencies or instrumentalities, including certain named entities;
   - International, intergovernmental and supranational organisations;
   - Reserve Bank of Australia and its subsidiaries;
   - Complying Australian superannuation funds (including self-managed super funds);
   - Investment entity wholly owned by *exempt beneficial owners*;
5. **Non-Reporting IGA FFI** – this is non-reporting entity (certified or registered deemed-compliant FFI) under FATCA and may include:
   - Financial institution with Australian client base (must satisfy all conditions listed in paragraph III. A of Annex II of the IGA, including at least 98% of the U.S. dollar value of all account balances must be held by Australian residents);
   - Small local banks that meet criteria listed in the IGA;
   - Financial Institution that is not an Investment Entity with only Low-Value Accounts (i.e. with value of U.S.$ 50,000 or less) and with total assets of no more than U.S.$50 million;
   - Qualified credit card issuer (with customer deposits of U.S.$50,000 or less);
   - Trustee-Documented Trust – A trust established under the laws of Australia to the extent that the trustee of the trust is a Reporting U.S. Financial Institution, Reporting Model 1 FFI, or Participating FFI and reports all information required to be reported pursuant to the Agreement with respect to all U.S. Reportable Accounts of the trust;
   - Sponsored investment entity – an investment entity established in Australia that has a Sponsoring entity;
   - Certain Investment Manager and Investment Advisors;
   - Certain Collective Investment Vehicles that meet criteria listed in the IGA.
6. **Non-Participating FFI** – an entity that does not comply with FATCA and generally will not fall into any of the below categories:
   - Participating FFI; or
   - Deemed-compliant FFI; or
   - Exempt Beneficial Owner

***Further information about FATCA & CRS can be found at:***
*http://www.irs.gov/fatca*
*http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1314/QG/FATCA*
*www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/*
*http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/MCAA-Signatories.pdf*

## Additional Applications

**Additional Investment**

Additional investments can be made using the Additional Application Form at Section 5 in this document. However, where BPAY® is used for an additional investment, the Unitholder is not required to complete the Additional Application Form. See section 6.1 of the PDS for further information.

BPAY® is registered to BPAY Pty Limited ABN 69 079 137 518.

Auscap
Asset Management

INDIVIDUALS AND SOLE TRADERS

## SECTION 1
## MONTHLY CLASS APPLICATION FORM FOR PDS DATED 29 SEPTEMBER 2022
# Auscap Long Short Australian Equities Fund

**ARSN 615 542 213**

**This application form relates to the Product Disclosure Statement dated 29 September 2022 (PDS) issued by Auscap Asset Management Limited ABN 11 158 929 143, AFSL 428014. Please read the PDS in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS have the same meaning in this Application Form.**

## INDIVIDUALS AND SOLE TRADERS

## COMPLETE THIS SECTION 1 AS INDIVIDUALS

Please provide the name of the holding (in a format that you want to appear on the Register of Unitholders).

**New Investor Name:** *Name of the holding in a format that you want to appear on the Register of Unitholders*

## 1. Contact Details

These contact details will be used for all investment related communication.

**Full given name(s)**

**Surname**

**Telephone/Mobile**

**Email** *Please provide contact email address that is to be used for all correspondence. You can provide more than 1 email address.*

**Address** Street

Suburb

State Postcode Country

## 2. Adviser Details

By completing this section, you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information and to receive copies of all statements and transaction confirmations.

**Adviser name**

**Dealer Group**

**Adviser Firm**

**AFSL Number**

**Telephone/Mobile**

**Contact Email**

**Mailing address**

Street

Suburb

State Postcode Country

## 3. Investment Details

**Amount AUD $**

**Purpose of Investment**

Would you like to outline the purpose of your investment (e.g. superannuation, portfolio investment, etc.)?

- ☐ Yes, please specify
- ☐ No

**Source of Funds**

- ☐ Savings
- ☐ Business activity
- ☐ Real estate
- ☐ Gift
- ☐ Salary
- ☐ Financial investments
- ☐ Inheritance
- ☐ Other (please specify)

## 4. Distributions

Please indicate whether you would like to receive distributions in cash or have them automatically reinvested into the Fund. If you leave this block blank, distributions will automatically be reinvested into the Fund (the default option).

☐ **Reinvest my distributions** ☐ **Pay my distributions in cash**

## 5. Bank Accounts

**Your bank account details**

Distributions and withdrawal proceeds can only be paid to a bank account nominated by the Unitholder. By completing this section, you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Please pay distributions and withdrawal proceeds to the following bank account:

**Beneficiary Bank**

**Branch Name**

**BSB** **Account Number**

**Account Name**

For bank accounts outside Australia, please provide the following additional details:

**Beneficiary Bank Address**

**National Beneficiary Bank Clearing Code (if applicable)** **Beneficiary Bank SWIFT Code**

**Intermediary Bank details (if applicable)**

## 6. Individual Identifications

### INVESTOR 1

Investor's name must match investor's ID exactly

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

**Are you a resident of Australia for taxation purposes?** *(Select ☑ one of the following options)*

☐ **Yes** – *Please complete the below*

☐ **No** – *Please provide country of residence:*

**Tax File Number (TFN) or Australian Business Number (ABN):**

**Exemption Number (if applicable):**

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

***COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER***

▶ Investor's name must match investor's ID exactly

**Full business name**

**Principal Place of Business (if any)** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

**Are you a resident of Australia for taxation purposes?** *(Select ☑ one of the following options)*

☐ **Yes** – *Please complete the below*

☐ **No** – *Please provide country of residence:*

**Tax File Number (TFN) or Australian Business Number (ABN):**

**Exemption Number (if applicable):**

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

## INVESTOR 2

▶ Investor's name must match investor's ID exactly

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

**Are you a resident of Australia for taxation purposes?** *(Select ☑ one of the following options)*

☐ **Yes** – *Please complete the below*

☐ **No** – *Please provide country of residence:*

**Tax File Number (TFN) or Australian Business Number (ABN):**

**Exemption Number (if applicable):**

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

***COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER***

▶ Investor's name must match investor's ID exactly

**Full business name**

**Principal Place of Business (if any)** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

**Are you a resident of Australia for taxation purposes?** *(Select ☑ one of the following options)*

☐ **Yes** – *Please complete the below*

☐ **No** – *Please provide country of residence:*

**Tax File Number (TFN) or Australian Business Number (ABN):**

**Exemption Number (if applicable):**

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

***If there are more than 2 joint individual investors, please provide details on a separate sheet of paper and attach it to your Application Form.***

## 7. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4 above.

**Full name (investor 1):**

**Are you a U.S citizen or US resident for tax purposes?** *(Select ☑ one of the following options)*

☐ **Yes** ▶ *Please provide your Taxpayer Identification Number (TIN)*

☐ **No** *Continue to part 8*

**Taxpayer Identification Number (TIN):**

**Full name (investor 2):**

**Are you a U.S citizen or US resident for tax purposes?** *(Select ☑ one of the following options)*

☐ **Yes** ▶ *Please provide your Taxpayer Identification Number (TIN)*

☐ **No** *Continue to part 8*

**Taxpayer Identification Number (TIN):**

## 8. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4 above.

**Full name (investor 1):**

**Are you a tax resident of any other country outside of Australia?** *(Select ☑ one of the following options)*

☐ **Yes** ▶ *Please provide details below. If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)*

☐ **No** *Continue to part 9*

| | Country of Tax Residence | Tax Identification Number (TIN) or equivalent | Reason Code if no TIN provided* |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where you are a resident does not issue TINs to its residents
- **Reason B:** You are otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why you are unable to obtain a TIN:

**Full name (investor 2):**

**Are you a tax resident of any other country outside of Australia?** *(Select ☑ one of the following options)*

☐ **Yes** ▶ *Please provide details below. If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)*

☐ **No** *Continue to part 9*

| | Country of Tax Residence | Tax Identification Number (TIN) or equivalent | Reason Code if no TIN provided* |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where you are a resident does not issue TINs to its residents
- **Reason B:** You are otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why you are unable to obtain a TIN:

## 9. Design and Distribution Obligations – Target Market

Are you a "wholesale client" investor as defined under sections 761G and 761GA of the *Corporations Act 2001* (Cth) (Australia) or a "wholesale investor" as defined in the *Financial Markets Conduct Act 2013* (New Zealand)?

☐ Yes *Continue to part 10* ☐ No

*If 'No', please answer the following questions to assist in determining whether you are in the target market for the Fund. The Design and Distribution Obligations under the Corporations Act are intended to ensure that financial products are targeted at the right people. More information on the Fund's target market can be found at* ***www.auscapam.com/ddo****. Being in the target market for the Fund should not be taken as a representation or confirmation by Auscap Asset Management Limited that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs.*

**A.** Do you have a medium to long term investment timeframe in relation to this proposed investment in the Fund (Auscap's minimum suggested investment timeframe is five years)?

☐ Yes ☐ No

**B.** Are you seeking an investment that is primarily intended to provide capital growth without the need to provide a regular income stream?

☐ Yes ☐ No

**C.** Would this proposed investment in the Fund form part of a diversified investment portfolio for you (across different asset classes)?

☐ Yes ☐ No

**D.** Would you consider yourself to have a high risk / return profile in relation to this proposed investment in the Fund?

☐ Yes ☐ No

**E.** From a liquidity perspective, are you comfortable with monthly redemptions with a minimum one month's notice?

☐ Yes ☐ No

**F.** Have you received personal financial advice in relation to this proposed investment in the Fund?

☐ Yes ☐ No

## 10. Declaration and Signature

I/we acknowledge, declare and agree that by signing this Application Form:

- I/we have received and read the Product Disclosure Statement to which this Application Form applies and have received and accepted the offer to invest in the Fund in Australia or New Zealand.
- If I/we have received the PDS from the internet or other electronic means, that I/we received it personally or a print out of it, accompanied by this Application Form.
- All details provided by me/us in this Application Form are true and correct.
- If this application form is signed by joint applicants, we agree that we hold the units as joint tenants and either of us may operate the account and bind the other, including with respect to future transactions such as applications or withdrawals.
- I/we are not bankrupt or a minor.
- I/we agree to be bound by the terms and conditions of the current PDS and of the Constitution, as amended.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for Units, including reinvestments, unless I/we notify the Responsible Entity otherwise.
- None of the representatives, employees, directors or shareholders of the Responsible Entity, or any other person guarantees the repayment of capital invested in the Fund, the performance of the Fund or any particular return from the Fund and I/we understand the risks involved in investing in the Fund.
- I/we acknowledge that the Responsible Entity may be required to pass on information about me/us or my/our investment to the relevant regulatory authority in compliance with the AML Requirements. I/we will provide such information and assistance that may be requested by the Responsible Entity to comply with its obligations under the AML Requirements and I indemnify it against any loss caused by my failure to provide such information or assistance.
- The monies used to fund my/our investment in the Fund are not derived from, or related to, any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my/our investment in the Fund will not be used to finance any illegal activities.
- I/we am/are not a "politically exposed" person or organisation for the purpose of any AML Requirements. A "politically exposed" person is (i) an individual who holds a prominent public position or function in a government body or international organisation, and/or (ii) an immediate family member or close associate of such an individual.
- I/we consent to details about my/our application and holdings being disclosed in accordance with the Privacy section of the PDS.
- I/we confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the Units to which it relates given by me/us by mail or email. If instructions are given by email, the onus is on me/us to ensure that such instructions are received in legible form and I/we undertake to confirm them in writing. I/we indemnify the Responsible Entity and Administrator against any loss arising as a result of any of them acting on email instructions. The Responsible Entity and Administrator may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I/we declare that the information provided in this form is correct and where relevant reflects my/our tax status for the purposes of FATCA & CRS.
- I/we will promptly notify the Responsible Entity and Link Fund Solutions ("Link") and provide it with any changes to the information provided by me/us in connection with this form and on request provide any further information reasonably required by the Responsible Entity and/or Link to comply with any obligation under FATCA or CRS.
- I/we acknowledge that I/we have read and understood the privacy section in the PDS and consent to the collection, handling, use and disclosure of my/our personal information in accordance with the Privacy Act 1988 and as described in the PDS, which may involve my/our personal information being provided to external parties in overseas locations such as India.
- I/we acknowledge that the Responsible Entity reserves the right to reject any application.

**Account operating instructions** (if no selection is made, all individuals to sign will be assumed)

☐ Any individual to sign ☐ Any two individuals to sign ☐ All individuals to sign

☐ Other (please specify):

| | | | |
|---|---|---|---|
| **Signature**<br>*Print to sign*<br>Sign ▶ | | **Signature**<br>*Print to sign*<br>Sign ▶ | |
| Print Name | | Print Name | |
| Date | | Date | |

## 11. Supporting Documents

Please provide the following documents with your form:

- **Original signed application form**
- **Certified ID for each individual investor listed**

## 12. Post this form

Please post this completed form and the supporting documents to:

**Link Fund Solutions Pty Limited**
**Unitholder Services**
**Attention: Auscap Fund Unit Registry**
**Locked Bag 5038**
**Parramatta NSW 2124**

## 13. Payment details

Cheque – Please make payable to: Auscap Asset Management ATF Auscap Long Short Australian Equities Fund

Electronic Funds Transfer (EFT) to :

| | |
|---|---|
| Bank: | ANZ |
| BSB: | 012 006 |
| Account Number: | 836165921 |
| Account Name: | Auscap Asset Management ATF Auscap Long Short Australian Equities Fund |
| Reference: | (Investor Name) |

Auscap
Asset Management

## SECTION 2
## MONTHLY CLASS APPLICATION FORM FOR PDS DATED 29 SEPTEMBER 2022

# Auscap Long Short Australian Equities Fund

**ARSN 615 542 213**

**This application form relates to the Product Disclosure Statement dated 29 September 2022 (PDS) issued by Auscap Asset Management Limited ABN 11 158 929 143, AFSL 428014. Please read the PDS in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS have the same meaning in this Application Form.**

## SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES



## SMSF or TRUSTS with INDIVIDUALS AS TRUSTEES

Please provide the name of the holding (in a format that you want to appear on the Register of Unitholders).

**New Investor Name:** *Name of the holding in a format that you want to appear on the Register of Unitholders*

## 1. Contact Details

These contact details will be used for all investment related communication.

**Full given name(s)**

**Surname**

**Telephone/Mobile**

**Email** *Please provide contact email address that is to be used for all correspondence. You can provide more than 1 email address.*

**Address for communications**

Street

Suburb

State Postcode Country

## 2. Adviser Details

By completing this section, you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information and to receive copies of all statements and transaction confirmations.

**Adviser name**

**Dealer Group**

**Adviser Firm**

**AFSL Number**

**Telephone/Mobile**

**Contact Email**

**Mailing address**

Street

Suburb

State Postcode Country

## 3. Investment Details

**Amount AUD $**

**Purpose of Investment**

Would you like to outline the purpose of your investment (e.g. superannuation, portfolio investment, etc.)?

- ☐ Yes, please specify
- ☐ No

**Source of Funds**

- ☐ Savings
- ☐ Business activity
- ☐ Real estate
- ☐ Gift
- ☐ Salary
- ☐ Financial investments
- ☐ Inheritance
- ☐ Other (please specify)

## 4. Trust Details

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

### SMSF or Trust

**Name**

**Are you a resident of Australia for taxation purposes?** *(Select ☑ one of the following options)*

☐ **Yes** – *Please complete the below*

☐ **No** – *Please provide country of residence:*

**Tax File Number (TFN) of the Trust**

**Australian Business Number (ABN) of the Trust**

**Exemption Number (if applicable):**

Country of establishment of trust:

Type of trust (e.g. family trust, discretionary trust):



## 4.1 Individual Trustees

Please provide details of all individual trustees

### Individual Trustee 1

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

## Individual Trustee 2

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

## 4.2 Settlor

Name of Settlor of the trust (if applicable – note that this part is not applicable for SMSFs):

**Full given name(s)** **Surname**

Was there no settlor, did the settlor contribute less than AUD$10,000 on creation of the trust or is the settlor deceased?
*(Select ☑ one of the following options)*

☐ **Yes**

☐ **No**

## 4.3 Beneficial Owners (Please state if Trustees and Beneficial Owners are the same)

Provide the names of individuals that directly or indirectly control the trust. This may be the individuals identified as the trustee(s) above, however these individuals must be listed again below to confirm that they are the trust's beneficial owner. This includes control by acting as trustee, or by means of trusts, agreements, understandings and practices, or exercising control through the capacity to direct the trustees, or the ability to appoint or remove the trustee(s). Note that this part is not applicable for SMSFs.

## Beneficial Owner 1

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

### Beneficial Owner 2

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

## 4.4 Beneficiaries of the Trust

Note that this part is not applicable for SMSFs.

### Beneficiary 1

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Address**

Street

Suburb

State Postcode Country

**Class of Beneficiary:**

*If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.*

### Beneficiary 2

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Address**

Street

Suburb

State Postcode Country

**Class of Beneficiary:**

*If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.*

## 5. Distributions

Please indicate whether you would like to receive distributions in cash or have them automatically reinvested into the Fund. If you leave this block blank, distributions will automatically be reinvested into the Fund (the default option).

☐ **Reinvest my distributions** ☐ **Pay my distributions in cash**

## 6. Bank Accounts

**Your bank account details**

Distributions and withdrawal proceeds can only be paid to a bank account nominated by the Unitholder. By completing this section, you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Please pay distributions and withdrawal proceeds to the following bank account:

| | | | |
|---|---|---|---|
| **Beneficiary Bank** | | | |
| **Branch Name** | | | |
| **BSB** | | **Account Number** | |
| **Account Name** | | | |

For bank accounts outside Australia, please provide the following additional details:

| | | | |
|---|---|---|---|
| **Beneficiary Bank Address** | | | |
| **National Beneficiary Bank Clearing Code (if applicable)** | | **Beneficiary Bank SWIFT Code** | |
| **Intermediary Bank details (if applicable)** | | | |

## 7. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4 above.

**Full legal name of the SMSF or other Trust**

*Select only ONE of the following options that best describes the SMSF or other Trust and provide the information requested.*

☐ **The entity is an Australian Retirement Fund** (refer to FATCA & CRS terms) **or a SMSF**
*Skip to part 9*

☐ **The entity is not an Australian Retirement Fund** (refer to FATCA & CRS terms) **or a SMSF**
▶ *Please complete details below*

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

*Select only ONE of the following three FATCA categories that best describes the entity and provide the information requested.*

☐ **1. U.S. person as defined under FATCA and U.S. Internal Revenue Code.**

This includes but is not limited to company, trust or partnership that is established under the laws of the U.S. and is considered a U.S. resident for tax purposes.

▶ *Please also answer questions (a) and (b) below and then continue to part 8*

**(a) U.S. federal tax classification** ▶ *Please confirm entity's U.S. federal tax classification below*

☐ Single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company – C corporation ☐ Limited liability company – S corporation

☐ Limited liability company – Partnership ☐ Other ▶ *Please provide detail:*

**(b) Is the entity exempt from FATCA reporting?**

☐ **Yes** ▶ *Please provide the entity's FATCA exemption code*

☐ **No** ▶ *Please provide the entity's U.S. Taxpayer Identification Number (TIN)*

☐ **2. Financial institution (FFI)** ▶ *Select one of the options from (a) to (e) to confirm which type of FFI the entity is*

☐ **(a) Reporting IGA FFI or Participating FFI**

▶ *Provide entity's GIIN and continue to part 8*

GIIN

☐ **(b) Sponsored FFI or Trustee Documented Trust**

*Please complete details of the Sponsoring Entity or Trustee below and continue to part 8*

Name of Sponsoring Entity or Trustee

GIIN of Sponsoring Entity or Trustee

☐ **(c) FFI that does not need to register (e.g. Non-Reporting IGA FFI)** *Please complete details below and continue to part 8*

FATCA status

GIIN (if applicable)

☐ **(d) Non-participating FFI** *Note that information about the entity will be reported to the ATO and IRS. Continue to part 8*

☐ **(e) Exempt Beneficial Owner** *Continue to part 8*

☐ **3. Non-Financial Foreign Entity (NFFE)** ▶ *Select one of the options from (a) or (b) to confirm which type of NFFE the entity is*

☐ **(a) Active NFFE** *Continue to part 8*

**(b) Passive NFFE** ▶ *Please select (i) or (ii) below*

☐ **(i) with no controlling U.S. persons** *Continue to part 8*

☐ **(ii) with controlling persons (refer to FATCA & CRS terms) who are U.S. citizens or U.S. residents for tax purposes?** ▶ *Please provide details of each of the controlling U.S. persons below (if there are more than 2 controlling U.S. persons please provide their details on a separate page and attach it to this form) and continue to part 8*

| U.S. Person 1 | U.S. Person 2 |
|---|---|
| ☐ Controlling Person ☐ Beneficiary ☐ Trustee | ☐ Controlling Person ☐ Beneficiary ☐ Trustee |
| ☐ Other – *please specify* | ☐ Other – *please specify* |
| Full Name | Full Name |
| Residential address *(PO box is not acceptable)* | Residential address *(PO box is not acceptable)* |
| U.S. Taxpayer Identification Number (TIN) | U.S. Taxpayer Identification Number (TIN) |

## 8. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4 above.

**(a) Is the entity a tax resident of any other country outside of Australia?**

☐ **Yes** ▶ *Please provide details below and continue to part 8(b). If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)*

| | Country of Tax Residence | Tax Identification Number (TIN) or equivalent | Reason Code if no TIN provided* |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents
- **Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why the entity is unable to obtain a TIN:

☐ **No** *Continue to part 8(b)*

**(b) Is the entity a Financial Institution for the purposes of CRS?**

☐ Yes *Continue to part 8(c)*

☐ No *Skip to part 8(d)*

**(c) Is the entity an Investment Entity (Financial Institution) located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?**

☐ Yes *Skip to part 8(e)*

☐ No *Skip to part 9*

**(d) Is the entity an Active Non-Financial Entity (Active NFE)?**

☐ Yes ▶ *Please specify the type of Active NFE below and then skip to part 9*

☐ Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

☐ No *The entity is a Passive Non-Financial Entity (Passive NFE). Continue to part 8(e)*

**(e) Controlling Persons – Does the following apply to the entity:**

- Is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?

☐ Yes ▶ *Complete details below for these persons and then continue to part 9*

| ***Person 1*** | ***Person 2*** |
|---|---|
| Name | Name |
| Position (e.g. trustee / beneficiary) | Position (e.g. trustee / beneficiary) |
| Date of Birth | Date of Birth |
| Residential address | Residential address |
| Country of Tax Residence | Country of Tax Residence |
| Tax Identification Number (TIN) or equivalent | Tax Identification Number (TIN) or equivalent |
| Reason Code if no TIN provided* | Reason Code if no TIN provided* |

*If there are more than 2 controlling persons, please list them on a separate piece of paper*

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where the person is resident does not issue TINs to its residents
- **Reason B:** The person is otherwise unable to obtain a TIN or equivalent number (Please explain why the person is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why the person is unable to obtain a TIN:

☐ No *Continue to part 9*

## 9. Design and Distribution Obligations – Target Market

Are you a "wholesale client" investor as defined under sections 761G and 761GA of the *Corporations Act 2001* (Cth) (Australia) or a "wholesale investor" as defined in the *Financial Markets Conduct Act 2013* (New Zealand)?

☐ Yes *Continue to part 10* ☐ No

*If 'No', please answer the following questions to assist in determining whether you are in the target market for the Fund. The Design and Distribution Obligations under the Corporations Act are intended to ensure that financial products are targeted at the right people. More information on the Fund's target market can be found at* ***www.auscapam.com/ddo****. Being in the target market for the Fund should not be taken as a representation or confirmation by Auscap Asset Management Limited that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs.*

**A.** Do you have a medium to long term investment timeframe in relation to this proposed investment in the Fund (Auscap's minimum suggested investment timeframe is five years)?

☐ Yes ☐ No

**B.** Are you seeking an investment that is primarily intended to provide capital growth without the need to provide a regular income stream?

☐ Yes ☐ No

**C.** Would this proposed investment in the Fund form part of a diversified investment portfolio for you (across different asset classes)?

☐ Yes ☐ No

**D.** Would you consider yourself to have a high risk / return profile in relation to this proposed investment in the Fund?

☐ Yes ☐ No

**E.** From a liquidity perspective, are you comfortable with monthly redemptions with a minimum one month's notice?

☐ Yes ☐ No

**F.** Have you received personal financial advice in relation to this proposed investment in the Fund?

☐ Yes ☐ No

## 10. Declaration and Signature

I/we acknowledge, declare and agree that by signing this Application Form:

- I/we have received and read the Product Disclosure Statement to which this Application Form applies and have received and accepted the offer to invest in the Fund in Australia or New Zealand.
- If I/we have received the PDS from the internet or other electronic means, that I/we received it personally or a print out of it, accompanied by this Application Form.
- All details provided by me in this Application Form are true and correct.
- If this application form is signed by joint applicants, we agree that we hold the units as joint tenants and either of us may operate the account and bind the other, including with respect to future transactions such as applications or withdrawals.
- I/we are not bankrupt or a minor.
- I/we agree to be bound by the terms and conditions of the current PDS and of the Constitution, as amended.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for Units, including reinvestments, unless I/we notify the Responsible Entity otherwise.
- None of the representatives, employees, directors or shareholders of the Responsible Entity, or any other person guarantees the repayment of capital invested in the Fund, the performance of the Fund or any particular return from the Fund and I/we understand the risks involved in investing in the Fund.
- I/we acknowledge that the Responsible Entity may be required to pass on information about me/us or my/our investment to the relevant regulatory authority in compliance with the AML Requirements. I/we will provide such information and assistance that may be requested by the Responsible Entity to comply with its obligations under the AML Requirements and I/we indemnify it against any loss caused by my/our failure to provide such information or assistance.

- The monies used to fund my/our investment in the Fund are not derived from, or related to, any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my investment in the Fund will not be used to finance any illegal activities.
- I/we am/are not a "politically exposed" person or organisation for the purpose of any AML Requirements. A "politically exposed" person is (i) an individual who holds a prominent public position or function in a government body or international organisation, and/or (ii) an immediate family member or close associate of such an individual.
- I/we consent to details about my application and holdings being disclosed in accordance with the Privacy section of the PDS.
- I/we confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the Units to which it relates given by me by mail or email. If instructions are given by email, the onus is on me/us to ensure that such instructions are received in legible form and I/we undertake to confirm them in writing. I/we indemnify the Responsible Entity and administrator against any loss arising as a result of any of them acting on email instructions. The Responsible Entity and administrator may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I/we declare that the information provided in this form is correct and where relevant reflects my/our tax status for the purposes of FATCA & CRS.
- I/we will promptly notify the Responsible Entity and Link Fund Solutions ("Link") and provide it with any changes to the information provided by me/us in connection with this form and on request provide any further information reasonably required by the Responsible Entity and/or Link to comply with any obligation under FATCA or CRS.
- I/we acknowledge that I/we have read and understood the privacy section in the PDS and consent to the collection, handling, use and disclosure of my/our personal information in accordance with the Privacy Act 1988 and as described in the PDS, which may involve my/our personal information being provided to external parties in overseas locations such as India.
- I/we acknowledge that the Responsible Entity reserves the right to reject any application.



**Account operating instructions** (if no selection is made, all individuals to sign will be assumed)

☐ Any individual to sign ☐ Any two individuals to sign ☐ All individuals to sign

☐ Other (please specify):

| | |
|---|---|
| **Signature**<br>*Print to sign*<br>Sign ▶ | **Signature**<br>*Print to sign*<br>Sign ▶ |
| Print Name | Print Name |
| Title (select one)<br>☐ Individual<br>☐ Trustee<br>☐ Partner<br>☐ Other | Title (select one)<br>☐ Individual<br>☐ Trustee<br>☐ Partner<br>☐ Other |
| Date | Date |

## 11. Supporting Documents

Please provide the following documents with your form:

- **Original signed application form**
- **Certified copy or certified extract of the Trust Deed**
- **Certified IDs of trustees**
- **Certified ID for all Beneficial Owners of the Trust**
- **Certified ID for the settlor of the trust (unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD$10,000 on creation of the trust)**

## 12. Post this form

Please post this completed form and the supporting documents to:

**Link Fund Solutions Pty Limited**
**Unitholder Services**
**Attention: Auscap Fund Unit Registry**
**Locked Bag 5038**
**Parramatta NSW 2124**

## 13. Payment details

| | | |
|---|---|---|
| Cheque – Please make payable to: | Auscap Asset Management ATF Auscap Long Short Australian Equities Fund | |
| Electronic Funds Transfer (EFT) to : | Bank: | ANZ |
| | BSB: | 012 006 |
| | Account Number: | 836165921 |
| | Account Name: | Auscap Asset Management ATF Auscap Long Short Australian Equities Fund |
| | Reference: | (Investor Name) |

Auscap
Asset Management

## SECTION 3
## MONTHLY CLASS APPLICATION FORM FOR PDS DATED 29 SEPTEMBER 2022
# Auscap Long Short Australian Equities Fund

**ARSN 615 542 213**

**This application form relates to the Product Disclosure Statement dated 29 September 2022 (PDS) issued by Auscap Asset Management Limited ABN 11 158 929 143, AFSL 428014. Please read the PDS in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS have the same meaning in this Application Form.**

## SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

## COMPLETE THIS FORM FOR SMSF or OTHER TRUSTS with COMPANY AS TRUSTEE

Please provide the name of the holding (in a format that you want to appear on the Register of Unitholders).

**New Investor Name:** *Name of the holding in a format that you want to appear on the Register of Unitholders*

## 1. Contact Details

These contact details will be used for all investment related communication.

**Full given name(s)**

**Surname**

**Telephone/Mobile**

**Email** *Please provide contact email address that is to be used for all correspondence. You can provide more than 1 email address.*

**Address for communications**

Street

Suburb

State Postcode Country

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

## 2. Adviser Details

By completing this section, you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information and to receive copies of all statements and transaction confirmations.

**Adviser name**

**Dealer Group**

**Adviser Firm**

**AFSL Number**

**Telephone/Mobile**

**Contact Email**

**Mailing address**

Street

Suburb

State Postcode Country

## 3. Investment Details

**Amount AUD $**

**Purpose of Investment**

Would you like to outline the purpose of your investment (e.g. superannuation, portfolio investment, etc.)?

- [ ] Yes, please specify
- [ ] No

**Source of Funds**

- [ ] Savings
- [ ] Business activity
- [ ] Real estate
- [ ] Gift
- [ ] Salary
- [ ] Financial investments
- [ ] Inheritance
- [ ] Other (please specify)

## 4. Company Details

**Full legal name of the Company**

☐ **Regulated company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence Number

☐ **Australian listed company or Foreign listed company**

Name of market / exchange

☐ **Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market or exchange

☐ **Foreign company**

Country of formation / incorporation / registration

**Company ACN**

**Exemption Number (if applicable):**

**Registered Company Address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

**Company Principal Place of Business** *(PO Box is NOT acceptable)*

☐ Same as Registered Company Address above

OR

Street

Suburb

State Postcode Country

## 4.1 Company Type *(select ☑ only ONE of the following categories)*

☐ **Australian Listed Public Company** *Skip to part 5*

☐ **Australian Proprietary / Private Company or Non-Listed Public Company** *Continue to parts 4.2 and 4.3*

☐ **Foreign Company** *Continue to parts 4.2 and 4.3*

## 4.2 Directors *(only needs to be completed for proprietary / private or non-listed public companies)*

How many directors are there?

Please provide the full name of each director

| | Full given name(s) | Surname |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

If there are more directors, please provide details on a separate sheet of paper and attach it to your Application Form.

## 4.3 Beneficial Owners including Shareholders *only needs to be completed for companies that are not Australian listed public companies, majority owned by an Australian listed public company or that are not regulated*

Please provide details of ALL individuals who are beneficial owners (directly or indirectly) of 25% or more of the company's issued capital or who directly or indirectly control the company. Control includes exercising control through the capacity to determine decisions about financial or operational policies, or by means of trusts, agreements, arrangements, understandings and practices, voting rights of 25% or more or power of veto.

### Shareholder 1

**Full given name(s)**

**Surname**

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

### Shareholder 2

**Full given name(s)**

**Surname**

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

## Shareholder 3

**Full given name(s)** **Surname**

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

If there are more shareholders, please provide details on a separate sheet of paper and attach it to your Application Form.

## 5. Trust Details

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

## SMSF or Trust

**Name**

**Are you a resident of Australia for taxation purposes?** *(Select ☑ one of the following options)*

☐ **Yes** – *Please complete the below*

☐ **No** – *Please provide country of residence:*

**Tax File Number (TFN) of the Trust**

**Australian Business Number (ABN) of the Trust**

**Exemption Number (if applicable):**

Country of establishment of trust:

Type of trust (e.g. family trust, discretionary trust):

## 5.1. Settlor

Name of Settlor of the trust (if applicable – note that this part is not applicable for SMSFs):

**Full given name(s)** **Surname**

Was there no settlor, did the settlor contribute less than AUD$10,000 on creation of the trust or is the settlor deceased?
*(Select ☑ one of the following options)*

☐ **Yes** ☐ **No**

## 5.2. Beneficial Owners (Please state if Trustees and Beneficial Owners are the same)

Please provide the names of individuals that directly or indirectly control the trust. This may be the individuals identified as the trustee(s) above, however these individuals must be listed again below to confirm that they are the trust's beneficial owner. This includes control by acting as trustee, or by means of trusts, agreements, understandings and practices, or exercising control through the capacity to direct the trustees, or the ability to appoint or remove the trustee(s). Note that this part is not applicable for SMSFs.

### Beneficial Owner 1

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

### Beneficial Owner 2

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

## 5.3. Beneficiaries

Note that this part is not applicable for SMSFs.

### Beneficiary 1

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Address**

Street

Suburb

State Postcode Country

**Class of Beneficiary:**

*If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.*

## Beneficiary 2

**Full given name(s)** **Surname** **Date of Birth** (dd/mm/yyyy)

/ /

**Address**

Street

Suburb

State Postcode Country

**Class of Beneficiary:**

*If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.*

## 6. Distributions

Please indicate whether you would like to receive distributions in cash or have them automatically reinvested into the Fund. If you leave this block blank, distributions will automatically be reinvested into the Fund (the default option).

☐ **Reinvest my distributions** ☐ **Pay my distributions in cash**

## 7. Bank Accounts

**Your bank account details**

Distributions and withdrawal proceeds can only be paid to a bank account nominated by the Unitholder. By completing this section, you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Please pay distributions and withdrawal proceeds to the following bank account:

**Beneficiary Bank**

**Branch Name**

**BSB** **Account Number**

**Account Name**

For bank accounts outside Australia, please provide the following additional details:

**Beneficiary Bank Address**

**National Beneficiary Bank Clearing Code (if applicable)** **Beneficiary Bank SWIFT Code**

**Intermediary Bank details (if applicable)**

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

## 8. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4 above.

**Full legal name of the SMSF or other Trust**

*Select only ONE of the following options that best describes the SMSF or other Trust and provide the information requested.*

☐ **The entity is an Australian Retirement Fund** (refer to FATCA & CRS terms) **or a SMSF**
*Skip to part 10*

☐ **The entity is not an Australian Retirement Fund** (refer to FATCA & CRS terms) **or a SMSF**
*Please complete details below*

*Select only ONE of the following three FATCA categories that best describes the entity and provide the information requested.*

☐ **1. U.S. person as defined under FATCA and U.S. Internal Revenue Code.**

This includes but is not limited to company, trust or partnership that is established under the laws of the U.S. and is considered a U.S. resident for tax purposes.

*Please also answer questions (a) and (b) below and then continue to part 9*

**(a) U.S. federal tax classification** *Please confirm entity's U.S. federal tax classification below*

☐ Single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company – C corporation ☐ Limited liability company – S corporation

☐ Limited liability company – Partnership ☐ Other *Please provide detail:*

**(b) Is the entity exempt from FATCA reporting?**

☐ **Yes** *Please provide the entity's FATCA exemption code*

☐ **No** *Please provide the entity's U.S. Taxpayer Identification Number (TIN)*

☐ **2. Financial institution (FFI)** *Select one of the options from (a) to (e) to confirm which type of FFI the entity is*

☐ **(a) Reporting IGA FFI or Participating FFI**
*Provide entity's GIIN and continue to part 9*

GIIN

☐ **(b) Sponsored FFI or Trustee Documented Trust**
*Please complete details of the Sponsoring Entity or Trustee below and continue to part 9*

Name of Sponsoring Entity or Trustee

GIIN of Sponsoring Entity or Trustee

☐ **(c) FFI that does not need to register (e.g. Non-Reporting IGA FFI)** *Please complete details below and continue to part 9*

FATCA status

GIIN (if applicable)

☐ **(d) Non-participating FFI** *Note that information about the entity will be reported to the ATO and IRS. Continue to part 9*

☐ **(e) Exempt Beneficial Owner** *Continue to part 9*

☐ **3. Non-Financial Foreign Entity (NFFE)** ▶ *Select one of the options from (a) or (b) to confirm which type of NFFE the entity is*

☐ **(a) Active NFFE** *Continue to part 9*

**(b) Passive NFFE** ▶ *Please select (i) or (ii) below*

☐ **(i) with no controlling U.S. persons** *Continue to part 9*

☐ **(ii) with controlling persons (refer to FATCA & CRS terms) who are U.S. citizens or U.S. residents for tax purposes?** ▶ *Please provide details of each of the controlling U.S. persons below (if there are more than 2 controlling U.S. persons please provide their details on a separate page and attach it to this form) and continue to part 9*

| ***U.S. Person 1*** | ***U.S. Person 2*** |
|---|---|
| ☐ Controlling Person ☐ Beneficiary ☐ Trustee | ☐ Controlling Person ☐ Beneficiary ☐ Trustee |
| ☐ Owner ☐ Director ☐ Other – *please specify* | ☐ Owner ☐ Director ☐ Other – *please specify* |
| Full Name | Full Name |
| Residential address *(PO box is not acceptable)* | Residential address *(PO box is not acceptable)* |
| U.S. Taxpayer Identification Number (TIN) | U.S. Taxpayer Identification Number (TIN) |

## 9. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4 above.

**(a) Is the entity a tax resident of any other country outside of Australia?**

☐ **Yes** ▶ *Please provide details below and continue to part 9(b). If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)*

| | Country of Tax Residence | Tax Identification Number (TIN) or equivalent | Reason Code if no TIN provided* |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents
- **Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why the entity is unable to obtain a TIN:

☐ **No** *Continue to part 9(b)*

**(b) Is the entity a Financial Institution for the purposes of CRS?**

☐ Yes *Continue to part 9(c)*

☐ No *Skip to part 9(d)*

**(c) Is the entity an Investment Entity (Financial Institution) located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?**

☐ Yes *Skip to part 9(e)*

☐ No *Skip to part 10*

**(d) Is the entity an Active Non-Financial Entity (Active NFE)?**

☐ Yes ▶ *Please specify the type of Active NFE below and then skip to part 10*

- ☐ Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income
- ☐ Corporation that is regularly traded or a related entity of a regularly traded corporation
- ☐ Governmental Entity, International Organisation or Central Bank

☐ No *The entity is a Passive Non-Financial Entity (Passive NFE). Continue to part 9(e)*

**(e) Controlling Persons – Does the following apply to the entity:**

- Is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?

☐ Yes ▶ *Complete details below for these persons and then continue to part 10*

| ***Person 1*** | ***Person 2*** |
|---|---|
| Name | Name |
| | |
| Position (e.g. trustee / beneficiary) | Position (e.g. trustee / beneficiary) |
| | |
| Date of Birth | Date of Birth |
| | |
| Residential address | Residential address |
| | |
| Country of Tax Residence | Country of Tax Residence |
| | |
| Tax Identification Number (TIN) or equivalent | Tax Identification Number (TIN) or equivalent |
| | |
| Reason Code if no TIN provided* | Reason Code if no TIN provided* |
| | |

*If there are more than 2 controlling persons, please list them on a separate piece of paper*

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where the person is resident does not issue TINs to its residents
- **Reason B:** The person is otherwise unable to obtain a TIN or equivalent number (Please explain why the person is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why the person is unable to obtain a TIN:

☐ No *Continue to part 10*

## 10. Design and Distribution Obligations – Target Market

Are you a "wholesale client" investor as defined under sections 761G and 761GA of the *Corporations Act 2001* (Cth) (Australia) or a "wholesale investor" as defined in the *Financial Markets Conduct Act 2013* (New Zealand)?

☐ Yes *Continue to part 11* ☐ No

*If 'No', please answer the following questions to assist in determining whether you are in the target market for the Fund. The Design and Distribution Obligations under the Corporations Act are intended to ensure that financial products are targeted at the right people. More information on the Fund's target market can be found at* ***www.auscapam.com/ddo****. Being in the target market for the Fund should not be taken as a representation or confirmation by Auscap Asset Management Limited that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs.*

**A.** Do you have a medium to long term investment timeframe in relation to this proposed investment in the Fund (Auscap's minimum suggested investment timeframe is five years)?

☐ Yes ☐ No

**B.** Are you seeking an investment that is primarily intended to provide capital growth without the need to provide a regular income stream?

☐ Yes ☐ No

**C.** Would this proposed investment in the Fund form part of a diversified investment portfolio for you (across different asset classes)?

☐ Yes ☐ No

**D.** Would you consider yourself to have a high risk / return profile in relation to this proposed investment in the Fund?

☐ Yes ☐ No

**E.** From a liquidity perspective, are you comfortable with monthly redemptions with a minimum one month's notice?

☐ Yes ☐ No

**F.** Have you received personal financial advice in relation to this proposed investment in the Fund?

☐ Yes ☐ No

## 11. Declaration and Signature

I/we acknowledge, declare and agree that by signing this Application Form:

- I/we have received and read the Product Disclosure Statement to which this Application Form applies and have received and accepted the offer to invest in the Fund in Australia or New Zealand.
- If /we have received the PDS from the internet or other electronic means, that I/we received it personally or a print out of it, accompanied by this Application Form.
- All details provided by me in this Application Form are true and correct.
- If this application form is signed by joint applicants, we agree that we hold the units as joint tenants and either of us may operate the account and bind the other, including with respect to future transactions such as applications or withdrawals.
- I/we are not bankrupt or a minor.
- I/we agree to be bound by the terms and conditions of the current PDS and of the Constitution, as amended.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for Units, including reinvestments, unless I/we notify the Responsible Entity otherwise.

- None of the representatives, employees, directors or shareholders of the Responsible Entity, or any other person guarantees the repayment of capital invested in the Fund, the performance of the Fund or any particular return from the Fund and I/we understand the risks involved in investing in the Fund.
- I/we acknowledge that the Responsible Entity may be required to pass on information about me/us or my/our investment to the relevant regulatory authority in compliance with the AML Requirements. I/we will provide such information and assistance that may be requested by the Responsible Entity to comply with its obligations under the AML Requirements and I/we indemnify it against any loss caused by my/our failure to provide such information or assistance.
- The monies used to fund my/our investment in the Fund are not derived from, or related to, any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my/our investment in the Fund will not be used to finance any illegal activities.
- I/we am/are not a "politically exposed" person or organisation for the purpose of any AML Requirements. A "politically exposed" person is (i) an individual who holds a prominent public position or function in a government body or international organisation, and/or (ii) an immediate family member or close associate of such an individual.
- I/we consent to details about my/our application and holdings being disclosed in accordance with the Privacy section of the PDS.
- I/we confirm that the Responsible Entity and administrator are authorised to accept and act upon any instructions in respect of this application and the Units to which it relates given by me/us by mail or email. If instructions are given by email, the onus is on me/us to ensure that such instructions are received in legible form and I/we undertake to confirm them in writing. I/we indemnify the Responsible Entity and administrator against any loss arising as a result of any of them acting on email instructions. The Responsible Entity and administrator may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I/we declare that the information provided in this form is correct and where relevant reflects my/our tax status for the purposes of FATCA & CRS.
- I/we will promptly notify the Responsible Entity and Link Fund Solutions ("Link") and provide it with any changes to the information provided by me/us in connection with this form and on request provide any further information reasonably required by the Responsible Entity and/or Link to comply with any obligation under FATCA or CRS.
- I/we acknowledge that I/we have read and understood the privacy section in the PDS and consent to the collection, handling, use and disclosure of my/our personal information in accordance with the Privacy Act 1988 and as described in the PDS, which may involve my/our personal information being provided to external parties in overseas locations such as India.
- I/we acknowledge that the Responsible Entity reserves the right to reject any application.

**Account operating instructions** (if no selection is made, all individuals to sign will be assumed)

☐ Any individual to sign ☐ Any two individuals to sign ☐ All individuals to sign

☐ Other (please specify):

| | |
|---|---|
| **Signature**<br>*Print to sign*<br>Sign ▶ | **Signature**<br>*Print to sign*<br>Sign ▶ |
| Print Name | Print Name |
| Title (select one)<br>☐ Individual<br>☐ Sole Director<br>☐ Director<br>☐ Trustee<br>☐ Partner<br>☐ Other | Title (select one)<br>☐ Individual<br>☐ Sole Director<br>☐ Director<br>☐ Trustee<br>☐ Partner<br>☐ Other |
| Date | Date |

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

## 12. Supporting Documents

Please provide the following documents with your form:

- **Original signed application form**
- **Certified copy or Certified extract of the Trust Deed**
- **Certified IDs for each of the beneficial owners of the trust and company**
- If there is a corporate trustee who is a Foreign company NOT registered with ASIC, please attach a certified copy of the certification of registration issued by the relevant foreign registration body
- **Certified ID for the settlor of the trust (unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD$10,000 on creation of the trust)**

## 13. Post this form

Please post this completed form and the supporting documents to:

**Link Fund Solutions Pty Limited**
**Unitholder Services**
**Attention: Auscap Fund Unit Registry**
**Locked Bag 5038**
**Parramatta NSW 2124**

## 14. Payment details

| | | |
|---|---|---|
| Cheque – Please make payable to: | Auscap Asset Management ATF Auscap Long Short Australian Equities Fund | |
| Electronic Funds Transfer (EFT) to : | Bank: | ANZ |
| | BSB: | 012 006 |
| | Account Number: | 836165921 |
| | Account Name: | Auscap Asset Management ATF Auscap Long Short Australian Equities Fund |
| | Reference: | (Investor Name) |

Auscap
Asset Management

## SECTION 4
## MONTHLY CLASS APPLICATION FORM FOR PDS DATED 29 SEPTEMBER 2022
# Auscap Long Short Australian Equities Fund

**ARSN 615 542 213**

**This application form relates to the Product Disclosure Statement dated 29 September 2022 (PDS) issued by Auscap Asset Management Limited ABN 11 158 929 143, AFSL 428014. Please read the PDS in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS have the same meaning in this Application Form.**

## COMPANY

## COMPLETE THIS FORM AS A COMPANY

Please provide the name of the holding (in a format that you want to appear on the Register of Unitholders).

**New Investor Name:** *Name of the holding in a format that you want to appear on the Register of Unitholders*

## 1. Contact Details

These contact details will be used for all investment related communication

**Full given name(s)**

**Surname**

**Telephone/Mobile**

**Email** *Please provide contact email address that is to be used for all correspondence. You can provide more than 1 email address.*

**Address for communications**

Street

Suburb

State Postcode Country

COMPANY

## 2. Adviser Details

By completing this section, you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information and to receive copies of all statements and transaction confirmations.

**Adviser name**

**Dealer Group**

**Adviser Firm**

**AFSL Number**

**Telephone/Mobile**

**Contact Email**

**Mailing address**

Street

Suburb

State Postcode Country

## 3. Investment Details

**Amount AUD $**

**Purpose of Investment**

Would you like to outline the purpose of your investment (e.g. superannuation, portfolio investment, etc.)?

- ☐ Yes, please specify
- ☐ No

**Source of Funds**

- ☐ Savings
- ☐ Business activity
- ☐ Real estate
- ☐ Gift
- ☐ Salary
- ☐ Financial investments
- ☐ Inheritance
- ☐ Other (please specify)

COMPANY

## 4. Company Details

**Full legal name of the Company**

☐ **Regulated company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence Number

☐ **Australian listed company or Foreign listed company**

Name of market / exchange

☐ **Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market or exchange

☐ **Foreign company**

Country of formation / incorporation / registration

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

**Company ACN**

**Australian Business Number (ABN) of the Company**

**Tax File Number (TFN) of the Company**

**Exemption Number (if applicable):**

**Registered Company Address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

**Company Principal Place of Business** *(PO Box is NOT acceptable)*

☐ Same as Registered Company Address above

OR

Street

Suburb

State Postcode Country

COMPANY

## 4.1 Company Type *(select ☑ only ONE of the following categories)*

☐ **Australian Listed Public Company** *Skip to part 5*

☐ **Australian Proprietary / Private Company or Non-Listed Public Company** *Continue to parts 4.2 and 4.3*

☐ **Foreign Company** *Continue to parts 4.2 and 4.3*

## 4.2 Directors *(only needs to be completed for proprietary / private or non-listed public companies)*

How many directors are there?

Please provide the full name of each director

| | Full given name(s) | Surname |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

If there are more directors, please provide details on a separate sheet of paper and attach it to your Application Form.

## 4.3 Beneficial Owners including Shareholders *only needs to be completed for companies that are not Australian listed public companies, majority owned by an Australian listed public company or that are not regulated*

Please provide details of ALL individuals who are beneficial owners (directly or indirectly) of 25% or more of the company's issued capital or who directly or indirectly control the company. Control includes exercising control through the capacity to determine decisions about financial or operational policies, or by means of trusts, agreements, arrangements, understandings and practices, voting rights of 25% or more or power of veto.

Please provide certified copies of each of the above persons IDs

### Shareholder 1

**Full given name(s)**

**Surname**

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

COMPANY

## Shareholder 2

**Full given name(s)** **Surname**

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

## Shareholder 3

**Full given name(s)** **Surname**

**Residential address** *(PO Box is NOT acceptable)*

Street

Suburb

State Postcode Country

If there are more shareholders, please provide details on a separate sheet of paper and attach it to your Application Form.

## 5. Distributions

Please indicate whether you would like to receive distributions in cash or have them automatically reinvested into the Fund. If you leave this block blank, distributions will automatically be reinvested into the Fund (the default option).

☐ **Reinvest my distributions** ☐ **Pay my distributions in cash**

## 6. Bank Accounts

**Your bank account details**

Distributions and withdrawal proceeds can only be paid to a bank account nominated by the Unitholder. By completing this section, you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Please pay distributions and withdrawal proceeds to the following bank account:

**Beneficiary Bank**

**Branch Name**

**BSB** **Account Number**

**Account Name**

COMPANY

**Your bank account details** *(continued)*

For bank accounts outside Australia, please provide the following additional details:

**Beneficiary Bank Address**

**National Beneficiary Bank Clearing Code (if applicable)**

**Beneficiary Bank SWIFT Code**

**Intermediary Bank details (if applicable)**

## 7. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4 above.

**Full legal name of the entity**

*Select only ONE of the following three FATCA categories that best describes the entity and provide the information requested.*

☐ **1. U.S. person as defined under FATCA and U.S. Internal Revenue Code.**

This includes but is not limited to company, trust or partnership that is established under the laws of the U.S. and is considered a U.S. resident for tax purposes.

*Please also answer questions (a) and (b) below and then continue to part 8*

**(a) U.S. federal tax classification** *Please confirm entity's U.S. federal tax classification below*

☐ Single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company – C corporation ☐ Limited liability company – S corporation

☐ Limited liability company – Partnership ☐ Other *Please provide detail:*

**(b) Is the entity exempt from FATCA reporting?**

☐ **Yes** *Please provide the entity's FATCA exemption code*

☐ **No** *Please provide the entity's U.S. Taxpayer Identification Number (TIN)*

☐ **2. Financial institution (FFI)** *Select one of the options from (a) to (e) to confirm which type of FFI the entity is*

☐ **(a) Reporting IGA FFI or Participating FFI**

*Provide entity's GIIN and continue to part 8*

GIIN

☐ **(b) Sponsored FFI or Trustee Documented Trust**

*Please complete details of the Sponsoring Entity or Trustee below and continue to part 8*

Name of Sponsoring Entity or Trustee

GIIN of Sponsoring Entity or Trustee

☐ **(c) FFI that does not need to register (e.g. Non-Reporting IGA FFI)** *Please complete details below and continue to part 8*

FATCA status

GIIN (if applicable)

COMPANY

☐ **(d) Non-participating FFI** *Note that information about the entity will be reported to the ATO and IRS. Continue to part 8*

☐ **(e) Exempt Beneficial Owner** *Continue to part 8*

☐ **3. Non-Financial Foreign Entity (NFFE)** ▶ *Select one of the options from (a) or (b) to confirm which type of NFFE the entity is*

☐ **(a) Active NFFE** *Continue to part 8*

**(b) Passive NFFE** ▶ *Please select (i) or (ii) below*

☐ **(i) with no controlling U.S. persons** *Continue to part 8*

☐ **(ii) with controlling persons (refer to FATCA & CRS terms) who are U.S. citizens or U.S. residents for tax purposes?** ▶ *Please provide details of each of the controlling U.S. persons below (if there are more than 2 controlling U.S. persons please provide their details on a separate page and attach it to this form) and continue to part 8*

| ***U.S. Person 1*** | ***U.S. Person 2*** |
|---|---|
| ☐ Controlling Person ☐ Owner ☐ Director | ☐ Controlling Person ☐ Owner ☐ Director |
| ☐ Other – *please specify* | ☐ Other – *please specify* |
| | |
| Full Name | Full Name |
| | |
| Residential address *(PO box is not acceptable)* | Residential address *(PO box is not acceptable)* |
| | |
| U.S. Taxpayer Identification Number (TIN) | U.S. Taxpayer Identification Number (TIN) |
| | |

## 8. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4 above.

**(a) Is the entity a tax resident of any other country outside of Australia?**

☐ **Yes** ▶ *Please provide details below and continue to part 8(b). If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)*

| | Country of Tax Residence | Tax Identification Number (TIN) or equivalent | Reason Code if no TIN provided* |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents
- **Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why the entity is unable to obtain a TIN:

☐ **No** *Continue to part 8(b)*

**(b) Is the entity a Financial Institution for the purposes of CRS?**

☐ Yes *Continue to part 8(c)*

☐ No *Skip to part 8(d)*

**(c) Is the entity an Investment Entity (Financial Institution) located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?**

☐ Yes *Skip to part 8(e)*

☐ No *Skip to part 9*

**(d) Is the entity an Active Non-Financial Entity (Active NFE)?**

☐ Yes ▶ *Please specify the type of Active NFE below and then skip to part 9*

☐ Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

☐ Corporation that is regularly traded or a related entity of a regularly traded corporation

☐ Governmental Entity, International Organisation or Central Bank

☐ No *The entity is a Passive Non-Financial Entity (Passive NFE). Continue to part 8(e)*

**(e) Controlling Persons – Does the following apply to the entity:**

- Is any natural person that exercises control over the entity (this would include directors or beneficial owners who ultimately own 25% or more of the share capital) a tax resident of any country outside of Australia?

☐ Yes ▶ *Complete details below for these persons and then continue to part 9*

| ***Person 1*** | ***Person 2*** |
|---|---|
| Name | Name |
| Position (e.g. director) | Position (e.g. director) |
| Date of Birth | Date of Birth |
| Residential address | Residential address |
| Country of Tax Residence | Country of Tax Residence |
| Tax Identification Number (TIN) or equivalent | Tax Identification Number (TIN) or equivalent |
| Reason Code if no TIN provided* | Reason Code if no TIN provided* |

*If there are more than 2 controlling persons, please list them on a separate piece of paper*

*If TIN or equivalent is not provided, please provide the reason from the following options:

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- **Reason A:** The country/jurisdiction where the person is resident does not issue TINs to its residents
- **Reason B:** The person is otherwise unable to obtain a TIN or equivalent number (Please explain why the person is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why the person is unable to obtain a TIN:

☐ No *Continue to part 9*

## 9. Design and Distribution Obligations – Target Market

Are you a "wholesale client" investor as defined under sections 761G and 761GA of the *Corporations Act 2001* (Cth) (Australia) or a "wholesale investor" as defined in the *Financial Markets Conduct Act 2013* (New Zealand)?

☐ Yes *Continue to part 10* ☐ No

*If 'No', please answer the following questions to assist in determining whether you are in the target market for the Fund. The Design and Distribution Obligations under the Corporations Act are intended to ensure that financial products are targeted at the right people. More information on the Fund's target market can be found at* ***www.auscapam.com/ddo****. Being in the target market for the Fund should not be taken as a representation or confirmation by Auscap Asset Management Limited that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs.*

**A.** Do you have a medium to long term investment timeframe in relation to this proposed investment in the Fund (Auscap's minimum suggested investment timeframe is five years)?

☐ Yes ☐ No

**B.** Are you seeking an investment that is primarily intended to provide capital growth without the need to provide a regular income stream?

☐ Yes ☐ No

**C.** Would this proposed investment in the Fund form part of a diversified investment portfolio for you (across different asset classes)?

☐ Yes ☐ No

**D.** Would you consider yourself to have a high risk / return profile in relation to this proposed investment in the Fund?

☐ Yes ☐ No

**E.** From a liquidity perspective, are you comfortable with monthly redemptions with a minimum one month's notice?

☐ Yes ☐ No

**F.** Have you received personal financial advice in relation to this proposed investment in the Fund?

☐ Yes ☐ No

## 10. Declaration and Signature

I/we acknowledge, declare and agree that by signing this Application Form:

- I/we have received and read the Product Disclosure Statement to which this Application Form applies and have received and accepted the offer to invest in the Fund in Australia or New Zealand.
- If I/we have received the PDS from the internet or other electronic means, that I/we received it personally or a print out of it, accompanied by this Application Form.
- All details provided by me/us in this Application Form are true and correct.

- If this application form is signed by joint applicants, we agree that we hold the units as joint tenants and either of us may operate the account and bind the other, including with respect to future transactions such as applications or withdrawals.
- I/we are not bankrupt or a minor.
- I/we agree to be bound by the terms and conditions of the current PDS and of the Constitution, as amended.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for Units, including reinvestments, unless I/we notify the Responsible Entity otherwise.
- None of the representatives, employees, directors or shareholders of the Responsible Entity, or any other person guarantees the repayment of capital invested in the Fund, the performance of the Fund or any particular return from the Fund and I/we understand the risks involved in investing in the Fund.
- I/we acknowledge that the Responsible Entity may be required to pass on information about me/us or my/our investment to the relevant regulatory authority in compliance with the AML Requirements. I/we will provide such information and assistance that may be requested by the Responsible Entity to comply with its obligations under the AML Requirements and I/we indemnify it against any loss caused by my/our failure to provide such information or assistance.
- The monies used to fund my/our investment in the Fund are not derived from, or related to, any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my/our investment in the Fund will not be used to finance any illegal activities.
- I/we am/are not a "politically exposed" person or organisation for the purpose of any AML Requirements. A "politically exposed" person is (i) an individual who holds a prominent public position or function in a government body or international organisation, and/or (ii) an immediate family member or close associate of such an individual.
- I/we consent to details about my application and holdings being disclosed in accordance with the Privacy section of the PDS.
- I/we confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the Units to which it relates given by me/us by mail or email. If instructions are given by email, the onus is on me/us to ensure that such instructions are received in legible form and I/we undertake to confirm them in writing. I/we indemnify the Responsible Entity and administrator against any loss arising as a result of any of them acting on email instructions. The Responsible Entity and administrator may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I/we declare that the information provided in this form is correct and where relevant reflects my/our tax status for the purposes of FATCA & CRS.
- I/we will promptly notify the Responsible Entity and Link Fund Solutions ("Link") and provide it with any changes to the information provided by me/us in connection with this form and on request provide any further information reasonably required by the Responsible Entity and/or Link to comply with any obligation under FATCA or CRS.
- I/we acknowledge that I/we have read and understood the privacy section in the PDS and consent to the collection, handling, use and disclosure of my/our personal information in accordance with the Privacy Act 1988 and as described in the PDS, which may involve my/our personal information being provided to external parties in overseas locations such as India.
- I/we acknowledge that the Responsible Entity reserves the right to reject any application.

**Account operating instructions** (if no selection is made, all individuals to sign will be assumed)

☐ Any individual to sign ☐ Any two individuals to sign ☐ All individuals to sign

☐ Other (please specify):

| | |
|---|---|
| **Signature**<br>*Print to sign*<br>Sign ▶ | **Signature**<br>*Print to sign*<br>Sign ▶ |
| Print Name | Print Name |
| Title (select one)<br>☐ Director<br>☐ Sole Director<br>☐ Other | Title (select one)<br>☐ Director<br>☐ Sole Director<br>☐ Other |
| Date | Date |

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## 11. Supporting Documents

Please provide the following documents with your form:

- **Original signed application form**
- **Certified IDs for all beneficial owners**
- **Certified copy of the company's incorporation/registration**

## 12. Post this form

Please post this completed form and the supporting documents to:

**Link Fund Solutions Pty Limited**
**Unitholder Services**
**Attention: Auscap Fund Unit Registry**
**Locked Bag 5038**
**Parramatta NSW 2124**

## 13. Payment details

| | | |
|---|---|---|
| Cheque – Please make payable to: | Auscap Asset Management ATF Auscap Long Short Australian Equities Fund | |
| Electronic Funds Transfer (EFT) to : | Bank: | ANZ |
| | BSB: | 012 006 |
| | Account Number: | 836165921 |
| | Account Name: | Auscap Asset Management ATF Auscap Long Short Australian Equities Fund |
| | Reference: | (Investor Name) |

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## SECTION 5
## MONTHLY CLASS APPLICATION FORM FOR PDS DATED 29 SEPTEMBER 2022

# Auscap Long Short Australian Equities Fund

**ARSN 615 542 213**

**This form should be used by existing Unitholders provided your details have not changed.**

**This form should not be used by existing Unitholders making an additional investment using BPAY. Please see your Monthly Unitholder Statement for further information, including your personal BPAY details.**

## This form should be used by existing Unitholders provided your details have not changed

**Investor Number**

**Investor Name**

## 1. AMOUNT OF ADDITIONAL INVESTMENT

Please indicate how much you wish to invest **$AUD**

Please make payment net of all bank charges. Only the net amount received will be invested in the Fund.

## 2. PAYMENT DETAILS

Please tick the box to advise how your payment will be made:

☐ Cheque – Please make payable to: Auscap Asset Management ATF Auscap Long Short Australian Equities Fund

☐ Electronic Funds Transfer (EFT) to :

| | |
|---|---|
| Bank: | ANZ |
| BSB: | 012 006 |
| Account Number: | 836165921 |
| Account Name: | Auscap Asset Management ATF Auscap Long Short Australian Equities Fund |
| Reference: | (Investor Name/Unitholder number) |

**IMPORTANT**: Please include the applicant's / investment entity's name as a reference on all EFT payments. All EFT payments must also be accompanied by a notification email to Auscap@linkmarketservices.com.au in order to ensure that the investor account is properly credited.

## 3. CONTACT DETAILS

Contact Name

Contact Number

## 4. DECLARATION AND AUTHORISATION

Please make sure you have completed the part above.

In signing, I/we request you to issue the additional units applied for to me/us and authorise you to register me/us as the holder(s) of the units issued. I/we acknowledge that this form is provided on the basis that the Responsible Entity will effect it according to the terms and conditions of the current PDS and I/we agree to be bound by the terms of the PDS and the Fund's Constitution (as amended from time to time).

| Signature Sign ▶ *Print to sign* | Name and title of signatory (block letters please) | Date |
|---|---|---|
| | | |

| Signature Sign ▶ *Print to sign* | Name and title of signatory (block letters please) | Date |
|---|---|---|
| | | |

## 5. POST OR EMAIL THIS FORM

Please **post** this completed form with your cheque (if applicable) to:

**Link Fund Solutions Pty Limited**
**Unitholder Services**
**Attention: Auscap Fund Unit Registry**
**Locked Bag 5038**
**Parramatta NSW 2124**

Alternatively you can **email** this form to **Auscap@linkmarketservices.com.au**

Auscap
Asset Management

## SECTION 6
## REDEMPTION REQUEST FORM
# Auscap Long Short Australian Equities Fund

**ARSN 615 542 213**

*Please complete in black or blue pen and use CAPITAL letters.*

## 1. Investor Details

**Investor Number**

**Investor Name**

***Contact Details***

Contact Name: Contact phone:

Contact email:

## 2. Redemption Amount *(please select one)*

☐ **Full Redemption –** please proceed to part 3

☐ **Partial Redemption –** Amount to redeem **$AUD**

OR

Units to redeem **UNITS**

REDEMPTION REQUEST FORM

## 3. Payment of Redemption Proceeds *(please select one only)*

☐ **Pay into the account previously advised** – please proceed to the next part 4

☐ **Pay redemption proceeds into following account** – please provide details below

***IMPORTANT INFORMATION: Additional security checks to verify bank account changes will be performed before the payment of your redemption proceeds if the bank account provided does not match the bank account that is currently recorded in our records under your investment, or if you have changed your bank account details.***

**Bank**

**Branch Name**

**BSB** **Account Number**

**Account Name**

## 4. Authorisation

I/we instruct Link Fund Solutions to effect the redemption in accordance with the completed instructions set out above.

| | |
|---|---|
| **Signature**<br>*Print to sign*<br>Sign ▶ | **Signature**<br>*Print to sign*<br>Sign ▶ |
| Print Name | Print Name |
| Title (select one)<br>☐ Individual<br>☐ Sole Director<br>☐ Director<br>☐ Trustee<br>☐ Partner<br>☐ Other | Title (select one)<br>☐ Individual<br>☐ Sole Director<br>☐ Director<br>☐ Trustee<br>☐ Partner<br>☐ Other |
| Date | Date |

## 5. POST OR EMAIL THIS FORM

Please **post** this completed form to:

**Link Fund Solutions Pty Limited**
**Unitholder Services**
**Attention: Auscap Fund Unit Registry**
**Locked Bag 5038**
**Parramatta NSW 2124**

Alternatively you can **scan and email** this form to Auscap@linkmarketservices.com.au