

Clime All Cap Australian Equities Fund (Wholesale) Initial Application Form



How to Invest

To invest in the Fund you will need to complete and sign the attached Application Form.

- Supply of Tax File Numbers (TFN) is discretionary. It is not an offence if you decide not to supply your TFN. If you do not supply your TFN, however, tax will be deducted from your income earned at the highest marginal tax rate (plus Medicare levy) and forwarded to the Australian Taxation Office. These deductions will appear on your statements. A form is attached for your convenience.
- Joint applications must be signed by all applicants. Joint investments will be deemed to be held as Joint Tenants.
- Applications under Power of Attorney must be accompanied by a certified copy or the original of the Power of Attorney with specimen signatures.

The minimum initial investment in the Fund is \$100,000. The Trustee may in its discretion accept lesser amounts. All investors will need to qualify as a Wholesale Investor.

Application monies should be received by 4.00 pm Sydney time on the last NSW business day of the month by electronic transfer to:

Account Name: CBG Asset Management ATF Clime All Cap Australian Equities Fund(Wholesale)

BSB: 082-401 Account number: 886019965

Alternatively cheques should be made payable to: ATF Clime All Cap Australian equities Fund (Wholesale)

Please send completed Application Form with relevant AML documentation to:

Mainstream Fund Services Pty Ltd Clime All Cap Australian Equities Fund (Wholesale) Unit Registry GPO Box 4968 Sydney NSW 2001

How do you qualify as a Wholesale Investor

If you are applying for \$500,000 or more you'll be automatically deemed Wholesale Investor and no additional documentation is required. If you are investing less than \$500,000 and you are an Australian Investor, additional documentation will be required to certify that you are a Wholesale Investor in the form of:

- 1. An accountant's certificate certifying that the proposed Unitholder has:
 - net assets of at least A\$2.5million, or
 - gross income for each of the last two financial years of at least \$250,000.

OR

- 2. A statutory declaration that the proposed Unitholder:
 - is a trustee of a superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 with net assets of at least A\$10 million,
 - controls at least A\$10 million (including any amount held by an associate or under a trust that the investing entity manages),
 - is a manufacturer and employs 100 or more people, or the investing entity is not a manufacturer and employs 20 or more people,
 - · holds an Australian financial services licence, or
 - is a 'professional investor' as otherwise defined in the Corporations Act.

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Please contact the Manager if you need us to assist you in providing the appropriate documentation to certify that you are a Wholesale Investor.

Privacy

You acknowledge that any personal information you provide to us will be collected and handled in accordance with Mainstream's privacy policy, a copy of which can be found at www.mainstreamgroup.com.au or posted / emailed to you if you contact Mainstream Fund Services on 1300 133 451 or registry@mainstreamgroup.com.au By submitting this form or any other paperwork relating to your investment you consent to your personal information being collected and handled by the unit registry in accordance with that policy.

Regular Information

Following acceptance of your application, you will be sent an application advice. You should check the details on the advice carefully and contact White if you have any questions.

Additional Investment

Additional investments can be made using the Additional Application Form on page A23.

If Unitholders choose to send Application and Redemption Request Forms by post, facsimile or email, they bear the risk of such requests not being received. Neither the Administrator nor Trustee accept any responsibility or liability for any loss caused as a result of non-receipt or ineligibility of any facsimile notice or email or for any loss caused in respect of any action taken as a consequence of such facsimile or email instruction believed in good faith to have originated from properly authorised persons.

If You Have Any Questions

If you have any questions about any matter relating to the Fund, please telephone Ronni Chalmers on (02) 8599 1164.

Examples of correct names and required signatures

Type of Investor	☑ Correct Name	Incorrect Name	Signature Required
Individual/ joint investors use full name of each applicant, do not use initials	Alexander John Smith Laura Sue Barden	Alex Smith Laura S Barden	signature of each applicant
company use full company title, do not use abbreviations	ABC Pty Ltd XYZ Limited	ABC P/L, ABC Co, XYZ Inc.	 by two directors, or by a director and a secretary, or if there is only one director by that sole director
Trusts/minors • use trustee(s)/ individual(s)name(s) • use trust/minor name as designation	Paul Ryan Smith ATF <smith family<br="">Trust> Paul Ryan Smith<joel smith=""></joel></smith>	Paul Smith Family Trust Joel Smith	 signature of each trustee/ individual if trustee is a company see above
Superannuation fund use trustee(s)personal name(s) use fund name as designation	Amy Rachel Wood ATF <amy wood<br="">Super Fund> ABC Pty Ltd ATF <smith Superannuation Fund></smith </amy>	A R Wood Super Fund Smith Super Fund	signature of each trustee if trustee is a company see above
Deceased estates use executor(s) personal names, do not use name of the deceased	John Smith <est a="" c="" jane="" smith=""></est>	Estate of the Late Jane Smith	signature of the executor(s)

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APPLICATION FORM

Clime All Cap Australian Equities Fund (Wholesale)

This application form relates to the Information Memorandum dated 1 February 2016 (IM) issued by CBG Asset Management Limited ABN 12 098 327 809, AFSL 246790. Please read the IM in full before completing this Application Form. Unless otherwise specified, terms defined in the IM have the same meaning in this Application Form.

INDIVIDUALS, COMPANIES, TRUSTS & TRUSTEES

PART A: INVESTOR & INVESTMENT DETAILS

Is this an application from ☐ NEW INVESTOR — Ple		•				
New Investor Name:						
Type of Investor: (Please	tick applicable box))				
Superannuation Fund	d Other T	rust 🗌 Individu	ual /Joint Individua	als	Compan	y Other
Please continue below to s	ection 1. Contact Det	ails				
☐ EXISTING INVESTOR proceed with this form if yo Investor Number:						ber (and only
1. Contact Deta	ails					
Full given name(s)			Surname			
Company name / Trus	stee Name (if applical	ble)				
Telephone			Facsimile			
Email (required, will be	used for all correspo	ndence)				
Address						
Street						
Suburb	State		Postcode		Country	

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2. Investment Details												
Amount AUD \$												
AUD \$ Please note the minimum initial investment amount is \$100,000.												
Source of funds being invested												
retirement income □ employment income □	business activities □ s	sale o	f asse	ets 🗆								
inheritence/gift □ financial investments □ Other												
0.0.0												
3. Payment Details												
Please tick the box to advise how your payment												
☐ Cheque – Please make payable to:	CBG Asset Management	Ltd A	TF C	BG A	ust E	quitie	es Fu	nd (V	/hole	sale)		
☐ Electronic Funds Transfer (EFT) to:												
	BSB: 082-40 Account Number: 886019 Account Name: CBG A Equities Fund(Wholesale) Reference: Investor	9965 Asset I		gemei	nt Ltd	ATF (Clime	All Ca	ap Aus	stralia	n	
4. Taxation Details												
Where the investment in the fund is held jointly provided. If there are more than 2 investors pro											m.	
INVESTOR 1												
Name:												
Are you a resident of Australia for taxation p Yes - please complete the below No - please provide country of tax reside		ne follo	wing o	ptions	s) 							
Tax File Number (TFN) or Australian Busines	ss Number (ABN):											
Please indicate to whom this TFN or ABN be	elongs (Select ☑ one of the fol	lowing	optior	ns):	<u> </u>	<u> </u>			<u> </u>			
☐ Trust or Superannuation Fund												
☐ Individual												
Other – please specify:												
Exemption Number (if applicable):												
INVESTOR 2												
Name:												
Are you a resident of Australia for taxation p Yes - please complete the below No - please provide country of tax resid		ne follo	wing o	ptions	s)							
Tax File Number (TFN) or Australian Busines	ss Number (ABN):											
Please indicate to whom this TFN or ABN be	elongs (Select ☑ one of the fol	lowing	option	ns):	1	1	I	I	1	I	I	l
☐ Trust or Superannuation Fund												
☐ Individual												
Other – please specify:												
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 and unless you claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). By inserting the ABN and signing this Application Form, you declare

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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).

5. Distrib	utions									
Distributions	Please confirm how you would like to receive any distributions – either paid into an Australian bank as or automatically reinvested as additional units in the Fund. Reinvestment Payment into bank account (the distributions will be paid to bank account prin section 6 below)									
	If no election is made, any distributions will be reinvested.									
6. Bank A	ccount									
not completed it n	your bank account details for the purpose of payment of future withdrawal proceeds. If this section is ay cause a delay in processing of your redemption proceeds. Additional security checks to verify ages will be performed at the time of payment of your redemption proceeds. If you reside in Australia distributions and withdrawal proceeds can only be paid to an Australian bank									
account details	account in the name of the unitholder and cannot be paid by cheque or to third party accounts. 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									

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PART B: INVESTOR IDENTIFICATION

If you are a new investor please complete both PART A: Investor & Investment Details and PART B: Investor Identification, and send all documents to Mainstream Fund Services at the address below. If your investor type does not fall into any of the three investor categories in sections 1 - 3 of PART B: Investor Identification in this form please contact Mainstream to enquire about what information and documentation is required for identification purposes under Anti-Money Laundering/Counter Terrorism Financing legislation.

The document requirements (including certified identification evidence) in respect of the information requested are included for your reference at the end of this part.

SECTION 1 - INVESTOR TYPE: ALL TRUSTS (INCLUDING SUPERANNUATION FUNDS)

1.1 General Information
Full name of trust
Full name of the Trustee/(s) of the trust
Country where trust established
1.2 Type of Trust (select ☑ only one of the following trust types and provide the information requested)
☐ Registered managed investment scheme
Provide Australian Registered Scheme Number (ARSN)
Regulated trust (e.g. a Self-Managed Superfund)
Provide name of the regulator (e.g. ASIC, APRA, ATO)
Provide the trust's ABN or registration / licensing details
☐ Government superannuation fund
Provide name of the legislation establishing the fund
☐ Other trust type
Trust description (e.g. unregistered, fixed, family, unit)
Full name of settlor(s) 1
For other trust type please also provide the following documentation:
☐ Original Certified copy ² or certified extract of the trust deed; or
\Box Notice of assessment or certified copy 1 of assessment issued by the ATO in the last 12 months.

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¹ The person(s) who settles the initial sum or assets to create the trust. This will be verified against the trust deed which should outline the full name of the settlor(s).

² For the definition of **certified copy** and list of people that can certify documents refer to Section 6 on page A20 of this application form.

1.3 Trustee Details	
How many trustees are there?	
Trustee 1	
Full given name(s) or Company name	Surname
Trustee 2	
Full given name(s) or Company name	Surname
	separate sheet of paper and attached it to your application form.
For all trust types please complete the following	
□ If you are completing this form as an <i>Individual Tru</i> ONE of the trustees in addition to completing application.	ustee please complete 'Section 3 - Investor Type: Individual' for at least able sections 1.3 and 1.4 and 1.5
_	stee please complete 'Section 2 - Investor Type: Company' in addition to
	If and Corporate Trustee please complete 'Section 3 -Investor Type: 'in addition to completing applicable sections 1.3 and 1.4.
1.4 Beneficiary Details (only complete if "Other tru	st type" is selected in section 1.2 above)
Do NOT complete if the trust is a registered managed superannuation fund.	investment scheme, regulated trust (e.g. SMSF) or government
Do the terms of the trust identify the beneficiaries by refer	ence to membership of a class?
Provide details of the membership class(-es)	
(e.g. unit holders, family members of named person,	
charitable purpose)	
How many beneficiaries are there?	provide full name of each beneficiary below:
Full given name(s)	Surname
1	
2	
3	
If there are more beneficiaries, provide details on a se	eparate sheet of paper and attached it to your application form.
4.5. Donne (Carlad Communal in Data No.	
1.5 Beneficial Ownership Details (only complete	e it "Other trust type" is selected in section 1.2 above)
Do NOT complete if the trust is a registered managed superannuation fund.	investment scheme, regulated trust (e.g. SMSF) or government
Provide the names of the individuals that directly or indirect the trustee above, they must be listed again below to conf	ctly control* the trust. If this is confirmed to be the individual identified as irm that they are the trust's beneficial owners.
* includes control by acting as trustee; or by means of trus exercising control through the capacity to direct the trustee	sts, agreements, arrangements, understandings and practices; or es; or the ability to appoint or remove the trustees.
Beneficial Owner 1	
Full given name(s) Surnar	ne Date of Birth (dd/mm/yyyy)

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							/	/	/	
Residentia	address (PO Box is NOT acce	eptable)								
Street	,	,								
Suburb		State		Postcode		Cou	ntry			
Occupation										
Occupation										
Role (such	as trustee or appointor)									
Beneficial O	wner 2									
Full give	n name(s)	;	Surname				Date of	Birth ((dd/mm/yyy	y)
	•							/	/	
Desident's	La Marana (DO D. 1, MOT.									
Street	l address (PO Box is NOT acce	eptable)								
Circoi										
Suburb		State		Postcode		Cou	ntry			
Occupation										
Role (such	as trustee or appointor)									
rtoic (scon	as trustee of appointor)									
Beneficial O	wner 3									
Full give	n name(s)	;	Surname				Date of	Birth (dd/mm/yyy	y)
	••							/	/	
Danidantia	Laddraga (DO D: NOT						<u> </u>			
Street	address (PO Box is NOT acce	ртаріе)								
Circoi										
Suburb		State		Postcode		Cou	ntry			
Occupation										
Polo (such	as trustee or appointor)									
Kole (Such	as trustee of appointor)									
_										
☐ If there form.	are more beneficial owners	s, provide	details on a se	eparate she	et of paper and	attac	h it to y	our ap	plication	
ioiii.										
IDENTIFIC	CATION DOCUMENTS	FOR IN	IDIVIDUAL E	BENEFICI	AL OWNERS	S:				

For all Individual beneficial owners please provide the following information in addition to completing this section:

- Original certified copy ³ of a Primary Photographic Identification Document (see below for definition); or
- Original certified copy ¹ of a Primary Non-Photographic Identification Document AND a Secondary Identification Document (see below for definitions).

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³ For the definition of **certified copy** and list of people that can certify documents refer to Section 6 on page A20

What are the Identification Documents?

Primary Photographic Identification Documents;

- 1) Licence or permit issued by 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 Commonwealth of Australia.
- 3) Passport issued for 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) 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 Commonwealth of Australia.
- 3) Citizenship Certificate issued by a foreign Government (accompanied by a written translation prepared by accredited translator where required).
- 4) Birth certificate issued by a foreign government (accompanied by a written translation prepared by accredited translator where required).
- 5) Pension card issued by Centre Link that entitles financial benefits to the person in whose name the card is issued.

Secondary Identification Documents;

- 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 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.

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SECTION 2 - INVESTOR TYPE: AUSTRALIAN & FOREIGN COMPANY

Please note, if you are an Australian Company acting as trustee of a fund, please also complete Section 1.

2.1 General Information	on							
Full name as registered by ASIC or foreign registration body								
Registration number (select ☑ the following	□ ACN	□ ARBN						
categories which apply to the company and provide the information requested)		pody registration number						
	Please also provide name of the foreign registration body below:							
Country of formation / incorporation / registration								
Registered office address (PO Box is NOT a	acceptable)						
Street								
Suburb	State	Postcode Country						
Principal place of business	(if any) (PO Box	is NOT acceptable)						
Street								
Suburb	State	Postcode Country						
information requested)		select ☑ the following categories which apply to the company and provide the						
☐ Regulated company (lic	ensed by an Aus	tralian Commonwealth, State or Territory statutory regulator)						
Regulator name								
Licence Number								
☐ Australian listed compa	any or Foreign li	isted company as defined in the IFSA/FPA Guidelines						
Name of market / exchange								
☐ Majority-owned subsidi	ary of an Austra	ilian listed company						
Australian listed company name								
Name of market or exchange								
☐ Foreign company								
Country of formation / incorporation / registration								

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2.3 Compa	any Type (sel	ect)NE of	the following ca	tegories)				
☐ Public		Section 2 n	ow com	npleted, continue	e to Section 4				
☐ Proprieta	ary/Private	Go to Section	on 2.4 a	and 2.5 below.					
☐ Other		Go to Section	on 2.4 a	and 2.5 below					
2.4 Directo	ors (only needs	to be compl	eted for	r proprietary, pri	vate and other c	ompanies)			
	does NOT need								
How many di	ectors are there	?		provide full na	me of each dired	etor			
Full giver	name(s)				Surname				
2									
3									
4									
☐ If there a	re more directo	ors, provide	details	on a separate	sheet of paper	and attached in	t to your a	pplication form.	
☐ If the cor	mpany is a regu	llated comp	any (as	s selected in 2.2	2 above) section	n 2 is now com	peted, co	ntinue to Section 4.	
				y needs to be co	ompleted for pro	prietary, private	or other co	ompanies that are not	
regulated com	panies as select	eu in Section	12.2)						
Provide detai indirect share Shareholder	holdings).	duals who ul	timately	/ own 25% or m	ore of the compa	any's issued sha	are capital ((through direct or	
Full given	name/s)			Surname			Date o	of Birth (dd/mm/yyyy)	
r un given	iiaiiie(3)			Julianie			Date	/ /	
								<i>'</i>	
Residential a	ddress (PO Box is	s NOT accepta	able)						
Street									
Suburb		Sta	te		Postcode		Country		
Occupation									
Shareholder	2								
Full aimen	(-)			C			Data a	.f Dintle (alal/secses/susus)	
Full given	name(s)			Surname			Date	of Birth (dd/mm/yyyy) / /	
								/ /	
Residential a	ddress (PO Box is	s NOT accepta	ble)						
Street									
Suburb		Sta	te		Postcode		Country		
Occupation									

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Shareholder 3

Full give	n name(s)		Surname			Date of E	Birth (dd/mm/yyyy)
						/	/
Residential	address (PO Box is NOT ac	ceptable)					
Street							
				1			
Suburb		State		Postcode		Country	
Occupation							
☐ If there	are more shareholder bo form.	eneficial ov	vner, provide deta	ils on a sep	arate sheet of pa	per and att	ached it to your
Other ber	eficial owners						
directly or in * includes e trusts, agre- can be iden	no individuals who meet the directly control* the comp xercising control through the ments, arrangements, untified then the most senior to sign on the company's because 1	any. he capacity derstanding managing o	to determine decisi	ons about fir	nancial or operatin % or more; or pow	g policies; over of veto.	or by means of f no such person
Full give	n name(s)		Surname			Date of E	Birth (dd/mm/yyyy) /
							•
Residentia Street	address (PO Box is NOT a	acceptable)					
Suburb		State	F	Postcode	Co	untry	
Occupation							
Role (such	as managing director)						
Beneficial O	wner 2						
Full give	n name(s)		Surname			Date of E	Birth (dd/mm/yyyy)
Residentia	address (PO Box is NOT a	acceptable)					
Street							
Suburb		State	F	Postcode	Co	untry	
Occupation							
Role (such	as managing director)						

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Beneficial Owner 3

Full given name(s)	Surname		Date of Birth (dd/mm/yyyy)
			/ /
Residential address (PO Box is NOT acce	eptable)		
Street			
Suburb	State Posto	code Co	ountry
Occupation			
Role (such as managing director)			
☐ If there are more beneficial owner form.	s, provide details on a separat	e sheet of paper and att	ach it to your application
☐ If the company is an Australian of COMPLETE.	eompany or Foreign company	registered with ASIC	the form is now
☐ If the company is a Foreign con certification of registration issued			h certified copy ⁴ of the

IDENTIFICATION DOCUMENTS FOR INDIVIDUAL BENEFICIAL OWNERS:

For all Individual beneficial owners please provide the following information in addition to completing this section:

- Original certified copy ⁵ of a Primary Photographic Identification Document (see below for definition); or
- Original certified copy ¹ of a Primary Non-Photographic Identification Document AND a Secondary Identification Document (see below for definitions).

What are the Identification Documents?

Primary Photographic Identification Documents;

- 6) Licence or permit issued by 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.
- 7) Passport issued by Commonwealth of Australia.
- 8) Passport issued for 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).
- 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.
- 10) 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;

- 6) Birth Certificate or Birth Extract issued by a State or Territory of Australia.
- 7) Citizenship Certificate issued by Commonwealth of Australia.
- 8) Citizenship Certificate issued by a foreign Government (accompanied by a written translation prepared by accredited translator where required).
- 9) Birth certificate issued by a foreign government (accompanied by a written translation prepared by accredited translator where required).
- 10) Pension card issued by Centre Link that entitles financial benefits to the person in whose name the card is issued.

Secondary Identification Documents;

- 3) 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 the provision of financial benefits to the individual under a law of the Commonwealth, State or Territory.
- 4) 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.

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⁴ For the definition of **certified copy** and list of people that can certify documents refer to Section 6 on page A20 of this application form.

⁵ For the definition of **certified copy** and list of people that can certify documents refer to Section 6 on page A20 of this application form.

SECTION 3 - INVESTOR TYPE: INDIVIDUAL

Please note, if you are an individual(s) acting as trustee(s) of a fund, please also complete Section 1.

INVESTOR 1						
Investor's name I	nust match investor	's ID exactly	/.			
Full given name	e(s)	Sı	urname		Da	ate of Birth (dd/mm/yyyy)
						/ /
Residential addre	SS (PO Box is NOT acc	eptable)				
Street						
Suburb		State		Postcode	Country	,
				1		
COMPLETE TH	S PART IF INDIVI	DUAL IS A	SOLE TRA	DER		
Full business n	ame				ABN (if an	у)
Principal Place of Street	Business (if any) (F	PO Box is NOT	acceptable)			
				1		
Suburb		State		Postcode	Country	,
INVESTOR 2						
Investor's name i	nust match investor	s ID exactly	<i>/</i> .			
Full given name	(s)	Su	urname		Da	ate of Birth (dd/mm/yyyy)
						/ /
	SS (PO Box is NOT acc	eptable)				
Street						
Suburb		State		Postcode	Country	,
		_		•	<u></u>	
	IS PART IF INDIVI	DUAL IS A	SOLE TRA	DER		
Full business n	ame				ABN (if an	y)
Principal Place of Street	Business (if any) (F	PO Box is NOT	acceptable)			
				1		
Suburb		State		Postcode	Country	·

If there are more than 2 joint individual investors, provide details on a separate sheet of paper and attached it to your application form.

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IDENTIFICATION DOCUMENTS FOR INDIVIDUAL INVESTOR(S):

For all Individual investors please provide the following information in addition to completing this section:

- Original certified copy ⁶ of a Primary Photographic Identification Document (see below for definition); or
- Original certified copy ¹ of a Primary Non-Photographic Identification Document AND a Secondary Identification Document (see below for definitions).

What are the Identification Documents?

Primary Photographic Identification Documents;

- 11) Licence or permit issued by 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.
- 12) Passport issued by Commonwealth of Australia.
- 13) Passport issued for 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).
- 14) 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.
- 15) 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:

- 11) Birth Certificate or Birth Extract issued by a State or Territory of Australia.
- 12) Citizenship Certificate issued by Commonwealth of Australia.
- 13) Citizenship Certificate issued by a foreign Government (accompanied by a written translation prepared by accredited translator where required).
- 14) Birth certificate issued by a foreign government (accompanied by a written translation prepared by accredited translator where required).
- 15) Pension card issued by Centre Link that entitles financial benefits to the person in whose name the card is issued.

Secondary Identification Documents:

5) 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 the provision of financial benefits to the individual under a law of the Commonwealth, State or Territory.

6) 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.

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⁶ For the definition of **certified copy** and list of people that can certify documents refer to Section 6 on page A20 of this application form.

SECTION 4: Foreign Account Tax Compliance Act (FATCA) - Self-certification Declaration

This certification must be completed <u>by all investors</u> to declare their FATCA status or U.S. tax status. U.S. IRS Form W-8 or W-9 is accepted in place of this declaration. Please refer to section 5 for explanations of FATCA terms before completing this form. Neither Trustee of the Fund nor Mainstream is able to provide you with tax or professional advice in respect of FATCA or the IGA and we strongly encourage you to seek the advice of experienced tax or professional adviser in relation to completing this form.

Purpose of this form

The Foreign Account Tax Compliance Act (FATCA), a United States regulatory requirement that aims to deter tax evasion by U.S. taxpayers was introduced in 2010. From 1 July 2014 financial institutions (being managed investment funds) are required to identify investors that hold certain "financial accounts" and are U.S. persons or that are entities with substantial U.S. owners. Information on accounts and investments held by these investors must then be reported to the U.S. Internal Revenue Service (IRS) via the Australian Taxation Office (ATO). In certain instances, FATCA also imposes withholding tax on certain U.S. sourced income and the proceeds of sale on U.S. assets.

1. Type of Investor	
☐ Individual or joint investor ► complete sections 2 and 6	
□ Superannuation fund ► complete sections 3 and 6	
☐ Company, Trust, Partnership or other ► complete sections 4, 5	and 6
2. Individual or Joint Investors	
For joint investors please provide details for each individual (inc details on separate page and attach it to this form.	cluding minors). If there are more than 2 individuals please provide their
Individual 1	Individual 2
Full Name	Full Name
Are you a U.S. citizen or U.S. resident for tax purposes?	Are you a U.S. citizen or U.S. resident for tax purposes?
□ No ► Continue to section 6	□ No ► Continue to section 6
☐ Yes ► Provide your U.S. Taxpayer Identification Number (TIN)	☐ Yes ► Provide your U.S. Taxpayer Identification Number (TIN)
	Continue to section 6
3. Superannuation funds	
or caperannuation range	
Full legal name of the Superannuation Fund	
Select only ONE of the following options that best describes the St	uperannuation Fund and provide the information requested.
☐ I am an Australian Retirement Fund (refer to FATCA definition	ns in section 8)
► We'll record your FATCA status as an Exempt Beneficial Ow	vner
☐ I am not an Australian Retirement Fund (refer to FATCA defin	
FATCA status	GIIN (if applicable)
	► Continue to section 6
4. Entity Investors	
5 Illiand and of the calls	
Full legal name of the entity	
Select only ONE of the following five FATCA categories that best d	lescribes the entity and provide the information requested
□ 1. U.S. person as defined under FATCA and U.S. Inte This includes but is not limited to company, trust or pa U.S. resident for tax purposes. ► Please also answer que	rtnership that is established under the laws of a U.S. and is considered a
(a) U.S. federal tax classification ► Please confirm entity	's U.S. federal tax classification below
☐ Single-member LLC ☐ C Corporation☐ Limited liability company - C corporation	□ S Corporation □ Partnership □ Trust/estate □ Limited liability company - S corporation

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☐ Limited liability company — Partnership	☐ Other ► Please provide detail:				
(a) Are you exempt from FATCA reporting?	FATCA exemption code				
☐ Yes ► Please provide your FATCA exemption cod	de				
	U.S. TIN				
■ No ► Please provide your U.S. Taxpayer Identific	cation Number (TIN)				
□ 2. Non-Financial Foreign Entity (NFFE) ➤ Select one of the	the options from (a) to (c) to confirm which type of NFFE are you				
□ (a) Active NFFE ► Continue to section 6					
☐ (b) Passive NFFE with no controlling U.S. persons ▶	Continue to section 6				
□ (c) Passive NFFE with controlling persons (refer to F tax purposes? Provide details of each of the controlling persons Provide details Provide det	FATCA definitions in section 8) who are U.S. citizens or U.S. residents fontrolling U.S. person in section 5	or			
□ 3. Entity that is an Exempt Beneficial Owner ► Continu	ue to section 6				
□ 4. Financial institution (FFI) ➤ Select one of the options for	from (a) to (d) to confirm which type of FFI are you				
☐ (a) Reporting IGA FFI or Participating FFI	GIIN				
► Provide entity's GIIN and continue to section 6					
☐ (b) Sponsored FFI or Trustee Documented Trust					
 Please complete details of the Sponsoring entity or Name of Sponsoring entity or Trustee 	Trustee below and continue to section 6 GIIN of Sponsoring entity or Trustee				
name of openioring entity of master	Sint of opening entity of master				
(c) FFI that does not need to register (e.g. Non-Report	rting IGA FFI) ▶ Please complete details below and continue to section 6				
FATCA status	GIIN (if applicable)				
☐ (d) Non-participating FFI ► Note that information abo	out you will be reported to ATO and IRS. Continue to section 6				
□ 5. Other entity type (not listed above) ► Please comple					
FATCA status	GIIN (if applicable)				
5. Controlling U.S. persons of Passive NFFE					
Only complete this section if you have selected item 2(c) in the provide their details on separate page and attach it to this form.	previous section. If there are more than 2 controlling U.S. persons pleas	e			
U.S. Person 1	U.S. Person 2				
\Box Controlling Person \Box Beneficiary \Box Trustee \Box Owner	$\ \square$ Controlling Person $\ \square$ Beneficiary $\ \square$ Trustee $\ \square$ Owner				
☐ Director ☐ Other – please specify	☐ Director ☐ Other – please specify				
Full Name	Full Name	\neg			
Residential address (PO box is not acceptable)	Residential address (PO box is not acceptable)				
incidential dual ess (i o sox is not deceptable)		\neg			
		_			
	_	4			
U.S. Taxpayer Identification Number (TIN)	U.S. Taxpayer Identification Number (TIN)				

▶ Please refer to next page for explanations

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SECTION 5. Explanation of FATCA terms

Common FATCA 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:

- Depository institution entity that accepts deposits in the ordinary course of banking or similar business (banks, credit unions), or
- 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") - any non-U.S. entity that is not a financial institution. NFFE can be either *Active NFFE* or *Passive NFFE* (refer below for more details).

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

- anyone born in the U.S. (who hasn't 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.

 $\mbox{{\bf GIIN}}$ - Global Intermediary Identification Number is an IRS registration number for financial institutions.

 ${f TIN}$ — is U.S. 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

- 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.
- A pooled superannuation trust as defined in the *Income Tax* Assessment Act 1997.
- 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.

Further information about FATCA can be also found at:

http://www.irs.gov/fatca

http://treasury.gov.au/Policy-Topics/Taxation/Tax-

Treaties/HTML/Intergovernmental-Agreement

http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1314/QG/FATCA

- 1. Active NFFE any NFFE that meets following criteria:
 - NFFE 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.)
- Passive NFFE with controlling U.S. persons any NFFE that is not an Active NFFE or is not a withholding foreign partnership or trust and has controlling U.S. persons.
- Passive NFFE with no controlling U.S. persons any NFFE that is not an Active NFFE or is not a withholding foreign partnership or trust and where none of the entity's controlling persons are U.S. persons.
- 4. 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.
- 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 selfmanaged super funds);
 - Investment entity wholly owned by exempt beneficial owners;
- 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 condition 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
- 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
 - Reporting FFI; or
 - Exempt Beneficial Owner

SECTION 6: DECLARATION AND SIGNATURE

- I acknowledge declare and agree that by signing this application form:
- · I have received and read the IM to which this Application Form applies and have received and accepted the offer to invest in Australia.
- I declare that I am a wholesale investor as defined in section 761G of the Corporations Act
- If I have received the IM from the internet or other electronic means that I 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.
- · I agree to be bound by the terms and conditions of the current IM and of the Constitution of the Fund, as amended.
- That the Trustee is authorised to apply the TFN or ABN provided above to all future applications for units, including reinvestments, unless I notify the Trustee otherwise.
- None of Investment Manager, the Trustee or any other person guarantees the repayment of capital invested in, the Fund, the performance
 of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I acknowledge that the Trustee may be required to pass on information about me or my investment to the relevant regulatory authority in
 compliance with the AML Act. I will provide such information and assistance that may be requested by the Trustee to comply with its
 obligations under the AML Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- I acknowledge that the Trustee may be required to pass on information about me or my investment to the relevant regulatory authority in
 compliance with the US Foreign Account Tax Compliance Act ("FATCA"). I will provide such information and assistance that may be
 requested by the Trustee to comply with its obligations under the FATCA Act and I indemnify it against any loss caused by my failure to
 provide such information or assistance.
- The monies used to fund my 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 am not a 'politically exposed' person or organisation for the purpose of any AML law.
- I acknowledge that any personal information I provide to Mainstream will be collected and handled in accordance with Mainstream's privacy policy, a copy of which can be found at www.mainstreamgroup.com.au or posted / emailed to me if I contact MFS on +1300 133 451 or registry@mainstreamgroup.com.au. By submitting this form or any other paperwork relating to my investment I consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.
- I confirm that the Trustee 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 facsimile. If instructions are given by facsimile, the onus is on me to ensure that such instructions are received in legible form and I undertake to confirm them in writing. I indemnify the Trustee and Administrator against any loss arising as a result of any of them acting on facsimile instructions. The Trustee/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 acknowledge that the Trustee reserves the right to reject any application.

Any individual to sign	ons (if no selection is made, all individuals to sign will b ☐ Any two individuals to sign	pe assumed) All individuals to sign
☐ Other (please specify– e.g. µ Signature	per attached Power of Attorney): Name and title (block letters please	e) Date
S.g. a.a.	Traine and the (block toxics preade	
Signature	Name and title (block letters please	e) Date
Signature	Name and title (block letters please	e) Date
Signature	Name and title (block letters please	e) Date

SECTION 6: CERTIFIED COPY OF AN ORIGINAL DOCUMENT

Certified copy means a document that has been certified as a true copy of an original document.

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 in the sub-paragraphs below.

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 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;
- the **post office** an **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 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.
- person authorised as a notary public in a foreign country

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.

SOPHISTICATED OR PROFESSIONAL INVESTOR CERTIFICATE

If you are investing less than \$500,000 you will need to complete this form or submit an equivalent qualified accountants certificate to satisfy the Trustee that you are a wholesale client/sophisticated investor

To: CBG As	sset Management Limit	ted						
Please:								
☐ Comple	te Section 1 ; and							
☐ Complete Section 2 – either complete Option B and have your accountant sign it OR complete Option A; and								
☐ Sign an	d Date Section 3							
SECTION	1: INVESTOR DE	TAILS						
	en name(s) or Compa			Surn	ame			
r un giv	cirriame(s) or compe	any name			41110			
Residential	address if an investor	or company	registered office ad	ddress (PO	Box is NOT acc	eptable)		
Street								
Cuburb		State		Postcode		Country		
Suburb		State		Posicode		Country		
Telephone		Facsimile		Email				
I and another	land that	•		•				
I acknowled (a) th	ige that: iis Certificate is given t	o CBG Asse	t Management Lim	ited to deter	mine whether it	is able to m	nake certain offers of	
	ecurities to me in comp ffers of securities made				d may be made	on the basi	e of this cartificate:	
(c) I	may be required to obs						ered tome as a registered	
	ophisticated Investor; I have completed Sect	ion 2 Ontion	A CBG Asset Ma	nagement is	authorised to s	end the ren	newal certificate to my	
C	ertified accountant on r	ny behalf; ar		nagomoni	, additioniood to o		oval commodic to my	
(e) I	may only act as princip	aı						
SECTION	N 2: CERTIFICATI	ON						
OPTION	A: Professional I	nvestor C	ategory					
	I am (tick whichever b							
_								
	n who controls at least ourpose of investment			ount held by	an associate or	under a tru	st that the person manages)	
	n who is a licensed or	•		principal. Li	cense No.:		: or	
_ `			•					
	A regulated superannuation fund, an approved deposit fund, a pooled superannuation trust, or a public sector superannuation scheme within the meaning of the Superannuation Industry (Supervision) Act 1993 if the fund, trust or scheme has net assets of							
	\$10 million.		F 17 1/0 1	41. 1.1				
Details of the	e Managed Fund or Si	uperannuatio	on Funa/Trust/Sche	erne (block l	etters piease)			
Name								
Address								
Street								
Suburb		State		Postcode		Country		
Jubuib		Jiaie		1 0310000		Journay		
Telephone		Facsimile		Email				

 $\textbf{NOTE:} \ \mathsf{CBG} \ \mathsf{Asset} \ \mathsf{Management} \ \mathsf{Limited} \ \mathsf{may} \ \mathsf{require} \ \mathsf{independent} \ \mathsf{verification} \ \mathsf{of} \ \mathsf{your} \ \mathsf{professional} \ \mathsf{investor} \ \mathsf{status}.$

OPTION B: Qualified Accountant's* Certification									
Details of the Qualified Accountant* (block letters please):									
Accou	ntant's	nam	e						
Name	of firm								
Addre	ss								
Street	Γ								
Suburb	, [State		Postcode		Country	
	L								
Teleph	one			Facsimile		Email			
I certify	y that th	ne foll	owing is true ar	nd correct in	every particular:				
		(a)	I am a qualifie	d accountan	t* within the meani	ng of section	n 9 of the Corpo	rations Act	2001;
		(b)	This certificate	e is given at	the request of the i	nvestor des	cribed in Sectior	n 1 of this c	ertificate ("Investor");
		(c)	This certificate	e is given for	the purpose of sec	ction 708(8)((c) of the Corpor	ations Act	2001; and
		(d)	The Investor h	nas:		, ,			
		, ,	• N	let assets of	at least \$2,500,00	0; or			
					ne for each of the I		al vears of at lea	ast \$250.00	0 a vear.
S	ignatur	е		3	Name and title			,	Date
	.g					(4.000)			
		untant"	means a member o	f a professional t	oody that is approved by	ASIC in writing t	for the purpose of the	definition. ASI	C has indicated that it will approve any
member (a) T		ilian So	ciety of Certified Pra	cticing Accounta	ints ("ASPCA"), who is e	ntitled to use the	post-nominals "CPA	" or "FCPA", a	nd is subject to and complies with the
			professional develor artered Accountants		•	to use the post-	-nominals of "CA", "A	CA" or "FCA",	and is subject to and complies with the
ICAA's continuing professional education requirements; or									
(c) The National Institute of Accountants ("the NIA"), who is entitled to use the post-nominals "MNIA" or "FNIA", and it subject to and complies with NIA's continuing professional education requirements.									
SECTION 3: INVESTOR'S SIGNATURE									
					orm, and that the i	nformation s	set out is true an	d correct.	
Please sign below:									
_S	ignatur	е			Name if invest	or (block lett	ters please)		Date

POST OR FAX THIS FORM

Please return the completed certificate to the postal address provided below:

MAIL: Mainstream Fund Services Pty Limited, Attention: Clime All Cap Australian Equities Fund (Wholesale) Unit Registry, GPO Box 4968, Sydney NSW 2001

FAX: (02)

ADDITIONAL APPLICATION FORM Clime All Cap Australian Equities Fund (Wholesale)

This form should be used by existing unit holders provided your details have not changed.

Investor Number								
Investor Name								
AMOUNT OF ADI	OITIONAL INVEST	MENT						
AMOUNT OF ADDITIONAL INVESTMENT								
Please indicate how much you wish to invest \$AUD								
Please note there is no	minimum additional inv	estment amount.						
Please tick the box to a	dvise how your paymen	t will be made:						
☐ Cheque – Please n	, ,	CBG Asset Ma	nagement ATF Clime All C	ap Australian E	quities Fund(Wholesale)			
☐ Electronic Funds T	ransfer (EFT) to:							
BSB: 082- Account Number: 8860 Account Name: CBG	19965	ATF Clime All Ca	o Australian Equities Fund	d(Wholesale)				
IMPORTANT: All EFT payments must be accompanied by a notification email to registry@mainstreamgroup.com.au in order to ensure that the investor account is properly credited.								
CONTACT DETAI	LS							
Contact Name			Contact Number					
DECLARATION A	ND AUTHORISAT	ΓΙΟΝ						
 Please make sure you have completed the section above. In signing, I/we authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that the Trustee will affect it according to the terms and conditions of the current IM. 								
Signature Name and title of Signatory (block letters please) Date								
Signature		Name and title of Signatory (block letters please) Date			Date			

Please note it's up to the investor to ensure Mainstream have been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there maybe delays in processing of this request.

POST OR FAX THIS FORM

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

Mainstream Fund Services Pty Ltd, Attention: Clime All Cap Australian Equities Fund (Wholesale) Unit Registry, GPO Box 4968, Sydney NSW 2001

Alternatively you can fax this form to (02) 9251 3525 or scan and email this request to registry@mainstreamgroup.com.au.

Note: If you funding the application via cheque you'll need to post the documents to us. No investment will be allocated to an investor until both funds, and a valid application form and identification documents (where applicable), have been received by the Administrator.

