## CROMWELL DIRECT PROPERTY FUND

## ADDITIONAL UNIT APPLICATION FORM (DPF)





This application form is for existing investors in the Cromwell Direct Property Fund who wish to apply for additional units in the Fund. The additional investment amount will be added to your existing investment in the Fund. You can only use this form if your application details are unchanged.

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a tick [ v ]. You should read the PDS dated 17 November 2020 and TMD, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214 [CFM], before completing this investment application form.

PART 1	INVESTOR DETAILS
These details can be i	found on the welcome letter which confirmed your initial investment in the Fund.
Investment Reference	e Number Full name(s) of Registered Holding (Example: "John Smith" or "John Smith ATF John R Smith Super Fund")
PART 2	INVESTMENT AMOUNT
Enter the amount you	would like to increase your investment by.
Additional Investmen	t Amount: \$
PART 3	ADVISER DETAILS (if applicable)
If an Initial Advice Fee	e is nominated we will deduct this amount from your application amount and pay this fee to your Adviser.
Adviser given name	Adviser surname
Adviser company	Adviser phone
Adviser email	Initial Advice Fee (if applicable):
Licensed Dealer	Licence No % (Max 3.3%, incl. GST)
I/we declare that I/we have accepted in Australia and all with this application. I/we h	DECLARATION AND AUTHORISATION  received and read the current PDS and agree to be bound by it and the Constitution (each as amended from time to time). I/we declare that the offer was received and Information in this application is true and correct. I/we indemnify CFM against any liabilities whatsoever arising from acting on any information I/we provide in connection ave legal power to invest in accordance with this application and have complied with all applicable laws in doing so. I/we acknowledge that neither CFM or any other operty Group (including its directors and employees) guarantee the Fund's performance, the repayment of capital, any particular rate of return or any distribution. In the
case of joint applications, the account and bind the or power. I/we acknowledge the personal information (includ application can be accepted detailed in the PDS, our appor incorrect details having the weauthorise CFM to calculate the calculate of the power of the p	ne joint applicants agree that unless otherwise indicated on the application form, the units will be held as joint tenants and both investors will be required to operate ther investor for future transactions. If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of the nat I/we have read and understood the 'Privacy Statement' in the current PDS. Until I/we inform CFM otherwise, I/we will be taken to have consented to all uses of our ing marketing) contained under that heading and to our adviser providing further personal information to CFM as required or reasonably deemed necessary by CFM. Any I or rejected by CFM. I/we understand that if I/we fail to provide any information requested or do not agree to any of the possible uses or disclosure of our information as lication may be rejected by CFM and CFM is released and indemnified in respect of any loss or liability arising from its inability to accept an application due to inadequate ween provided. I/we agree that CFM may provide details of our investment to the adviser group or adviser nominated by the means and in the format that they direct. I/ ate and pay the nominated advice fee, up to 3.3% of the application monies, to the nominated adviser group from our application monies. I/we understand that funded once paid. I/we declare the tax information provided is accurate.
SIGN	NATURE Date SIGNATURE Date   D
Name	Name
PART 5	PAYMENT DETAILS
These details are requ	uired so your payment can be matched to your application form.
☐ Electronic Transfer	
	Account Name: CFML DPF Application Account Reference number:  Account Reference: Applicant Name Call 1300 737 760 for your Reference number
	Account notes chee. Applicant name

## **IMPORTANT INFORMATION REQUIRED - FATCA/CRS**

Cromwell is required to collect and report to the Australian Taxation Office (ATO) certain information about the tax residency of our unitholders. If you have not supplied Cromwell with your tax residency status previously, please do so by one of the following methods:

## Online via your registered InvestorServe Access

Visit www.investorserve.com.au > My Details > FATCA-CRS Information

**Email or Post a FATCA/CRS Form** - Call Cromwell's Investor Services Team on 1300 268 078 to obtain a copy of the Automatic Exchange of Information (AEOI) Form for you to complete and return.

Not providing this information to Cromwell may delay the processing of your transaction.



Send your completed application forms to the Fund's registrar:

Email: cromwell@boardroomlimited.com.au

Fax: 02 9252 1987

Post: Boardroom Pty Limited

GPO Box 3993, Sydney NSW 2001