

CROMWELL PHOENIX PROPERTY SECURITIES FUND ORDINARY UNITS ORDINARY INVESTOR APPLICATION FORMS

Dated 15 November 2023 Issued by Cromwell Funds Management Limited ABN 63 114 782 777 AFSL 333214

This Application Pack accompanies the Product Disclosure Statement (PDS) and Target Market Determination (TMD) for the Cromwell Phoenix Property Securities Fund Ordinary Units ARSN 129 580 267 (Fund) issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214 (CFM, we, us, our). You should read the accompanying PDS and TMD before completing any application form included in this Application Pack.

Application Instructions and Forms

EQ.	Read the PDS	PDS available from: www.cromwell.com.au/psf 1300 268 078 invest@cromwell.com.au	
EQ.	Read the TMD	Target Market Determination available from: www.cromwell.com.au/psf/tmd 1300 268 078 invest@cromwell.com.au	
APPLY	Apply Online	Visit http://apply.cromwell.com.au	
APP	Complete the Application Form	Ordinary Investor Application Form(s) also available to existing Fund unitholders: Ordinary Units - Additional Unit Application Form	
∑	Post	Mail your application form/s to the Fund's registrar: Boardroom Pty Limited GPO Box 3993 Sydney NSW 2001	BoardRoom Smart Business Solutions

Payment Details

You can make payment in one of three ways:

B	BPAY®	To make payment by BPAY®, use Biller Code 279216 and contact Boardroom Pty Limited on 1300 737 760 or cromwell@boardroomlimited.com.au for your Reference number.
\$	Cheque	Cheques should be either Australian bank cheques or drawn on an Australian domiciled account in the name of the applicant and made payable to: CFM PSF APPLICATION
		Cheques should be posted in the same envelope as your signed application form.
\$	Electronic Transfer	If you would like to make payment by electronic funds transfer, instructions and bank account details can be found on the application form.

Correct format of Registerable Titles

Only legal entities are allowed to hold units in the Fund. Applications must be in the name(s) of natural person(s), companies or other legal entities acceptable to the Fund. At least one full given name and the surname are required for each natural person. The name of the beneficiary or any other non-registerable name may be included by way of an account designation if completed exactly as described in the example of correct forms of registerable title shown below.

Type of Investor	Correct format of Registerable Name	Incorrect format
Individual		
Use given names, not initials	John Alfred Smith	J A Smith
Company		
Use company name, not abbreviations. Director(s) names must be completed within the Applicant(s) Details section	ABC Pty Ltd	ABC P/L or ABC Co
Trust ¹		
Use trustee(s) names	Sue Smith	Sue Smith Family Trust
Use name of the trust in the account designator section	Sue Smith Family Trust	Sue Smith
Superannuation Funds		
Use name of trustee of fund	Jane Smith Pty Ltd	Jane Smith Super Fund
Use name of fund in the account designator section	Jane Smith Super Fund	Jane Smith Pty Ltd
Deceased Estates ²		
Use executor(s) names	Sue Lennon	Estate of the Late Jon Lennon
Use name of the deceased in the account designator section	Estate of the Late Jon Lennon	
A Minor (less than 18 years old) ³		
Use trustee(s) personal names	Sue Smith	Junior Smith
Use name of the minor in the account designator section	Junior Smith	Sue Smith

- 1. If there are two or more trustees, please name each. All trustees should sign.
- 2. A copy of the grant of probate or letters of administration, originally certified as being a true and accurate copy of the original by a Justice of the Peace, a lawyer or a commissioner of declarations should be attached.
- 3. If the minor does not hold a TFN, please supply the TFN of one of the trustees.

Reminders

CFM has the sole discretion whether to accept or reject an application. CFM will reject an application if application monies are not received in full and in cleared funds. If your application is rejected, wholly or in part, then CFM will notify you in writing and return the relevant application monies, within 30 business days. By applying for units, you are making an offer to become an investor in the Fund and you are agreeing to be legally bound by the Constitution and the terms of the PDS. A summary of the Constitution is included in Section 9.1 of the PDS.

INCOMPLETE APPLICATIONS

If for any reason Cromwell is unable to process your application (e.g. if the Application Form is incorrectly completed or we have not received all required identification and verification documents or the application monies in full in cleared funds), we may, at our absolute discretion, delay your application and, where possible, request you to rectify any deficiencies in your application. In such an instance, your application monies will be held in a trust account pursuant to section 1017E of the Corporations Act. If your application is not processed within 30 days, your application monies will be returned.

CONFIDENTIALITY

CFM will maintain all information collected from investors in a secure manner in accordance with anti-money laundering and counter terrorism financing (AML/CTF) legislation and relevant privacy principles. We will only disclose information about you where we are required to do so by the laws of Australia. This means that identification information may be disclosed to government or law enforcement agencies. We may also disclose this information to other entities involved with the investment to the extent that this information is required to fulfil that entity's AML/CTF legislation obligations.

Investor Identification

In 2006 the Federal Government enacted the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) (AML/CTF Act). The purpose of this legislation is to enable Australia's financial sector to maintain international business relationships, detect and prevent money laundering and terrorism financing by meeting the needs of law enforcement agencies and to bring Australia in line with international standards.

Why does this legislation affect Cromwell?

As CFM is the responsible entity for investment products, we have to meet stringent investor identification and verification requirements. This means that prior to units in any Cromwell-managed fund being issued, we must be 'reasonably satisfied' that investors are who they claim to be.

What do you need to do?

If you invest in the Fund through a financial adviser or an investor directed portfolio service (IDPS) facility then they will request and collect any verification materials. If you are investing directly, you need to complete the application form and provide certified copies of identification documents which relate to the type of entity making the investment:

Type of Entity	Forms to be completed	Page
Individual / Joint Investors (each applicant must complete a form)	APPLICATION FORM 1: Individual & Sole Traders Form	4
Australian Companies	APPLICATION FORM 2: Australian Companies Form	12
Australian Regulated Trusts (including Self Managed Super Funds)	APPLICATION FORM 3: Australian Regulated Trusts (including Self Managed Super Funds) Form	20
Unregulated Australian Trusts and Foreign Trusts (e.g. Family, Unit and Testamentary Trusts)	APPLICATION FORM 4: Unregulated Australian Trusts and Foreign Trusts Form	26

Not on the list?

If you are investing via a type of entity not listed above, please phone Cromwell on 1300 268 078 to discuss which form is appropriate for your needs or visit www.cromwell.com.au/psf for a complete list of Investor Application Forms..

We may request additional information from you where we reasonably consider it necessary to satisfy our obligations under the AML/CTF Act, and applications will not be processed until the necessary information is provided.

Who is allowed to certify AML/CTF Identification documents?

- a Justice of the Peace
- a commisioner for declarations
- a member of the Institution of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants
- 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 or a magistrate
- a permanent employee of Australia Post employed in an office supplying postal services to the public with 5 years continuous service
- a full time teacher at a school or tertiary institution

a police officer

a person who, under a law in force in a State or Territory, is currently licenced or registered to practice one of the following occupations: Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist, Veterinary surgeon

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

any other persons mentioned in Part 1 and Part 2 of the *Statutory Declarations Regulations 1993* (Cth) – Schedule 2.

Politically exposed person (PEP) means an individual:

- who holds a prominent public position or function in a government body or an international organisation, including:
 - a) Head of State or head of a country or government; or
 - b) government minister or equivalent senior politician; or
 - c) senior government official; or
 - d) Judge of the High Court of Australia, the Federal Court of Australia or a Supreme Court of a State or Territory, or a Judge of a court of equivalent seniority in a foreign country or international organisation; or
 - e) governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia; or
 - f) senior foreign representative, ambassador, or high commissioner; or
 - g) high-ranking member of the armed forces; or
 - h) board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation; and
- 2) an immediate family member of a person referred to in paragraph (1), including:
 - a) a spouse; or
 - b) a de facto partner; or
 - c) a child and a child's spouse or de facto partner; or
 - d) a parent; and
- 3) a close associate of a person referred to in paragraph (1), which means any individual who is known (having regard to information that is public or readily available) to have:
 - a) joint beneficial ownership of a legal entity or legal arrangement with a person referred to in paragraph (1); or
 - b) sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of a person described in paragraph (1).

A "beneficial owner":

- of a person who is a reporting entity, means an individual who owns or controls (directly or indirectly) the reporting entity;
- 2) of a person who is a customer of a reporting entity, means an individual who ultimately owns or controls (directly or indirectly) the customer;
- 3) in this definition, control includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating practices; and
- 4) in this definition, owns means ownership (either directly or indirectly) of 25% or more of a person.

CROMWELL PHOENIX PROPERTY SECURITIES FUND ARSN 129 580 267

ORDINARY INVESTMENT APPLICATION FORM 1 - INDIVIDUALS & SOLE TRADERS



Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a tick (\checkmark). You should read the PDS dated 15 November 2023 and TMD, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214, before completing this investment application form for Ordinary Units.

PART 1	INVESTMENT AMOUNT			
Minimum application is \$10,000 and thereafter multiples of \$1,000. Payment instructions are detailed on page 1 of the Application Forms.	Investment amount: \$			
PART 2	INVESTOR DETAILS			
	Has the person / entity investing in this Fund invested in a Cromwell managed fund previously? Yes, investor number: Investment name: If there are no changes to any of your details go to Part 6 No. Go to Part 3 and attach identification documents			
PART 3	INVESTOR IDENTIFICATION - PERSONAL DETAILS			
INDIVIDUAL 1	Surname Date of Birth (dd/mm/yyyy) Title Full Given Name(s) Residential Address (PO Box is NOT acceptable) Street			
	Suburb State Postcode Country			
Complete this part if individual is a sole trader.	Full Business Name (if any) ABN (if any) Principal Place of Business (if any) (PO Box is NOT acceptable) Street			
	Suburb State Postcode Country			
Please include your TFN in the space provided to ensure tax is not deducted from distributions.	Tax File Number If the investor above is exempt from providing a TFN, please provide the reason for the exemption (eg: Sole Parent Benefits, Service Pension, etc.)			
INTERNAL USE ONLY				

INDIVIDUAL 2	Surname				Date of Birth (dd/mm/yyyy)	
	Title	Full Given Na	me(s)			
	Residential Add	ress (PO Box is NO	Tacceptable)			
	Street					
	Suburb		State	Postcode	Country	
Complete this part if individual	Full Business Na	ame (if any)			ABN (if any)	
is a sole trader.	T dit Bdemede Hi	(a,,			r.B.r. (ii. d.r.y)	
	Principal Place	of Business (if a	ny) (P0 Box is No	T acceptable)		
	Street					
	Suburb		State	Postcode	Country	
Please include your TFN in the space	Tax File Number	•	_			
provided to ensure tax is not deducted						
from distributions.	If the investor above is exempt from providing a TFN, please provide the reason for the exemption					
	(eg: Sole Parent E				·	
INDIVIDUAL 1 & 2	Account Designat	or				
Individual investors may designate						
an investment on behalf of another	A T F					
individual. CFM is only required to act on instructions from the investors						
listed in Part 3. CFM is not bound						
to take any notice of any interest						
of any person listed in the Account						
Designator.						
PART 4	POLITICALLY	EXPOSED P	ERSON			
The information below is required under	the Anti-Money Lau	undering and Cou	ınter-terrorism	n Financing Act	2006 (refer to page 3)	
The information beton to require a unuer		arraer mig arra ees			2000 (. o.o. to page o).	
INDIVIDUAL 1	Are you a Politically Exposed Person (as defined on Page 3)?					
				5 .		
	No Go t	to Part 5				
			" please provid	e details of how	you meet the definition of Politically	
	Ехрс	sed Person				
INDIVIDUAL 2	Are you a Politically Exposed Person (as defined on Page 3)?					
	No Go t	to Part 5				
	Voc If you	u answered "Yes	" please provid	e details of how	you meet the definition of Politically	
		sed Person	produce provid		- , doi: a.e. doi: a.e. for a contractly	
					1	

PART 5 IDENTIFICATION DOCUMENTS (ORIGINALLY CERTIFIED COPIES TO BE PROVIDED)

The information below is required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (refer to page 3). For each individual please attach an originally certified, legible copy of the ID documentation you are relying upon to confirm your identity (and any required translation). Contact the Cromwell Investor Service Team on 1300 268 078 if you are unable to provide the required documents.

PART 5.1

Acceptable primary photographic ID documents.

Select ONE valid option from this section only

- Australian State / Territory driver's licence containing a photograph of the person
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

PART 5.2

Acceptable secondary ID documents (should only be completed if you do not own a document from Part 5.1).

Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink

AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months
 that records the provision of financial benefits to the individual and which contains the individual's
 name and residential address
- A document issued by the Australian Taxation Office within the preceding 12 months that records
 a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual),
 which contains the individual's name and residential address
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that was issued to the individual by a school principal within the preceding 3 months, and contains the name and residential address, and records the period of time that the individual attended that school

PART 5.3

Acceptable foreign documents (should only be completed if you do not own a document from Part 5.1).

BOTH documents from this section must be presented

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the $\bar{}$ individual's date of birth*
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*
- * Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

PART 6

TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

INDIVIDUAL 1

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Please answer BOTH tax residen	cy questions:	
Is the individual a tax resident of Au	stralia?	Yes No
Is the individual a tax resident of and	other Country?	Yes No
	a country other than Australia, ple . If they are a tax resident of more t	ase provide their Tax Identification than one other country, please list
Country	TIN	If no TIN, list reason A, B or C
Country	TIN	If no TIN, list reason A, B or C
Country	TIN	If no TIN, list reason A, B or C
Reason B The individual has not I	dency does not issue TINs to tax respective to tax respective to tax respective to the TIN to be also to the terminal to the terminal to the terminal to the terminal t	
Please answer BOTH tax residen	cy questions:	
Is the individual a tax resident of Au	stralia?	Yes No
Is the individual a tax resident of and	other Country?	Yes No
	a country other than Australia, ple . If they are a tax resident of more t	ase provide their Tax Identification than one other country, please list
Country	TIN	If no TIN, list reason A, B or C
Country	TIN	If no TIN, list reason A, B or C
Country	TIN	If no TIN, list reason A, B or C
If there are more countries, provide and tick this hox	de details on a separate sheet	

INDIVIDUAL 2

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Reason A The country of tax residency does not issue TINs to tax residents.

Reason B The individual has not been issued with a TIN.

Reason C The country of tax residency does not require the TIN to be disclosed.

PART 7 **DISTRIBUTION PAYMENTS** You are required to provide your Account Name bank account details for payment of distributions. Distributions will not Financial Institution be paid by cheque. We can only accept Australian bank account **BSB** Account Number details. If no bank account details are provided, your distributions will If you would like your distribution reinvested as additional units please select one of the following options: be reinvested. Full Participation Partial Specify the number Participation This account must be in the investors of securities or name. Payment to a third party is not percentage you would permitted. like to participate If you select Partial Participation in the distribution reinvestment please ensure you provide bank account details for the cash portion of your distribution. PART 8 APPLICANT(S) CONTACT DETAILS [MUST NOT BE ADVISER DETAILS] Please enter contact details, Address including phone numbers in case we need to contact you in Postcode City State relation to your application. Phone After hours Adviser details are not Facsimile Mobile acceptable unless your Adviser holds a power of attorney, a Email certified copy of which must be provided. By providing this email address, you agree to receive all communications, including transaction confirmations, statements, reports and other notifications required by the Corporations Act, by email. From time to time we may still need to send correspondence by post. Contact us if you would like to receive a hard copy of the annual report in the post. These contact details will be used for all administration Would you like to be advised of other offers from Cromwell? Yes 🗌 No 🗌 correspondence. How did you hear about the Fund? PART 9 ADDITIONAL INVESTMENT ENQUIRER

If you would like someone other than the Contact or your Adviser to be able to enquire about this investment, please provide us with their details here.

Given name	
Surname	
Date of birth	DD/MM/YYYY Company (if applicable)

PART 10	ADDITIONAL QUESTIONS			
	Are you investing in this Fund on the advice of a licensed financial services provider who has provided investment advice having regard to your personal objectives, financial situation and needs? No			
	Go to Part 11 (Please ensure Adviser Go to Question 1 Details - Part 11 is completed in full.)			
	 By investing in Ordinary Units in the Cromwell Phoenix Property Securities Fund, you are investing in a portfolio of listed property and property related securities that are predominantly listed on the Australiar Securities Exchange (ASX). 			
	Do you accept that an investment in the Fund exposes you to risks associated with listed securities such as:			
	• Security specific, general market and wider economic factors and events that can result in a rise and fall the value of the Fund's assets;			
	The performance of the broader equities market can impact the performance of the Fund; and			
	 CFM may make poor investment decisions or inappropriate or incorrect investment methods resulting in poor or nil returns. 			
	☐ Yes ☐ No			
	2. Do you accept the capital value of your investment is not guaranteed?			
	☐ Yes ☐ No			
	3. Are you aware that the quarterly income paid by this Fund is not guaranteed and will vary over time?			
	☐ Yes ☐ No			
	4. Please indicate the percentage your investment in the Fund represents of the assets you have available f investment, excluding your residential home:			
	<25% 25-75% 75-100% I prefer not to provide this information			
	Additional information If you have answered 'NO' to any of questions 1-3, please read the following statement:			
	"You have answered the above question in a manner which suggests this product may not be suitable f you. Before proceeding with your investment, we recommend you do one or more of the following:			
	a) Review the target market determination for the product which can be found online at www.cromwel com.au/psf/TMD or by contacting Cromwell to request a copy.			
	b) Review the product disclosure statement which can be found online at www.cromwell.com.au/psf/P or by contacting Cromwell directly to request a copy.			
	c) Seek advice from your financial adviser, stockbroker or other investment professional."			
PART 11	ADVISER DETAILS			
	Adviser given name			
Please have your financial adviser complete and sign	Adviser surname			
this section, to confirm they hold a current AFS license and	Adviser company (if applicable)			
are authorised to advise on managed investment products.				
, , , , , , , , , , , , , , , , , , , ,	Adviser Phone			
	Adviser email			
	Dealer Group Name AFSL No:			
	ASIC Moneysmart Adviser number			
arrangements in place to ensure complian	oviding personal advice to the Applicant in relation to their investment in the Fund and I further represent that I: have product governate with my distribution obligations in Part 7.8A of the Corporations Act; will provide to CFM the reports specified in the TMD within the timefrate or anything to put CFM in breach of Part 7.8A of the Corporations Act; and will notify CFM immediately if I become aware of anything that we are 7.8A of the Corporations Act.			
	Date // /			

Name

PART 12

DECLARATION AND AUTHORISATION

I/we declare that I/we have 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 acknowledge that we have read and understood the TMD. I/we declare that the offer was received and accepted in Australia and all information in this application is true and correct. I/we indemnify CFM against any inabilities whatsoever arising from acting on any information I/we provide in connection with this application. I/we have 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 member of the Cromwell Property 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 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 the account and bind the other 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 power. I/we acknowledge that 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 personal information (including marketing) contained under that heading and to our adviser providing further personal information to CFM as required or reasonably deemed necessary by CFM. Any application can be accepted by CFM. I/we understand that if we fail to provide any information requested or do not agree to any of the possible uses or disclosure of our information as detailed in the PDS, our application 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 or incorrect details having been p

SIGN	IATURE A	SIGNATURE B
Date / / /		Date /
Name		Name
PART 13	PAYMENT DETAILS	
	Please indicate which payment	method you have used:
These details are required so your payment can be matched to your	Cheque > Ma	ade payable to: CFM PSF APPLICATION
application form.	☐ BPAY > Ca	ıll 1300 737 760 for your Reference:
	Bil	ller Code: 279216
	Re	eference:
		B: 012 003 Account: 835 403 991 count Name: CFML PSF Application Account ference: Applicant Name
PART 14	POSTAL	
		il your original application form and certified copies of identification to the nd's registrar:
	GP	ardroom Pty Limited 10 BOX 3993
	Syc	dney NSW 2001



CROMWELL PHOENIX PROPERTY SECURITIES FUND ARSN 129 580 267

ORDINARY INVESTMENT APPLICATION FORM 2 - AUSTRALIAN COMPANIES



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 15 November 2023 and TMD, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214, before completing this investment application form for Ordinary Units.

PART 1	INVESTMENT AMOUNT
Minimum application is \$10,000 and thereafter multiples of \$1,000. Payment instructions are detailed on page 1 of the Application Forms.	Investment amount: \$
PART 2	INVESTOR DETAILS
	Has the person / entity investing in this Fund invested in a Cromwell managed fund previously? Yes, investor number: Investment name: If there are no changes to any of your details go to Part 5 No. Go to Part 3 and attach identification documents
PART 3	INVESTOR IDENTIFICATION - AUSTRALIAN COMPANY DETAILS
3.1 GENERAL INFORMATION	Full name as registered by ASIC ACN Registered office address (PO Box is NOT acceptable) Street Suburb State Postcode Country Principal place of business (PO Box is NOT acceptable) Street Suburb State Postcode Country
Please include your ABN or TFN in the space provided to ensure tax is not deducted from distributions.	ABN TFN
3.2 COMPANY TYPE Select only ONE of the following categories.	Public Go to Part 3.3 Proprietary Go to Part 3.4
INTERNAL USE ONLY	

3.3 REGULATORY / LISTING DETAILS If the company is regulated or listed, select the relevant	Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator) Regulator name			
category and provide the				
information requested.	Licence details (e.g. AFSL, ACL, RSE)			
	Australian listed company			
	Name of market / exchange			
	☐ Majority-owned subsidiary of an Australian listed company			
	Australian listed company name			
	Name of market / exchange			
	Go to Part 5			
3.4 DIRECTORS	How many directors are there?			
To be completed for	Provide full name of each director below			
proprietary companies only, not required for public	Surname Full given name(s)			
companies as per Part 3.2.	1			
	2			
	3			
	4			
	5			
	If there are more directors, provide details on a separate sheet and tick this box.			
O E DENEETCHAL OWNERS	DENIFICIAL OWNER 4			
3.5 BENEFICIAL OWNERS To be completed for proprietary	BENEFICIAL OWNER 1 Surname Date of Birth (dd/mm/yyyy)			
companies only, not required	Surfame Date of Birth (do/min/yyyy)			
for public companies as per Part 3.2.				
	Full Given Name(s)			
Provide details of ALL individuals who are ultimately				
beneficial owners through one	Residential Address (PO Box is NOT acceptable)			
or more share holdings of more than 25% of the company's	Street			
issued capital (through direct or				
indirect shareholdings).	Suburb State Postcode Country			
	Are you a Politically Exposed Person (as defined on Page 3)?			
	No Go to Part 4			
	Yes If you answered "Yes" please provide details of how you meet the definition of Politically			
	Exposed Person			

BENEFICIA	AL OWNER 2
Surname	Date of Birth (dd/mm/yyyy)
Full Given	Name(s)
	al Address (PO Box is NOT acceptable)
Street	
Suburb	State Postcode Country
Sabarb	State Fostede Godnity
Ara you a E	Politically Exposed Person (as defined on Page 3)?
No	Go to Part 4
Yes	If you answered "Yes" please provide details of how you meet the definition of Politically
	Exposed Person
BENEFICIA	AL OWNER 3
Surname	Date of Birth (dd/mm/yyyy)
Full Given	Name(s)
	al Address (PO Box is NOT acceptable)
Street	
C	
Suburb	State Postcode Country
Are you a F	Politically Exposed Person (as defined on Page 3)?
No	Go to Part 4
Yes	If you answered "Yes" above provide details of how you meet the definition of Politically Exposed Person

PART 4

BENEFICIAL OWNER IDENTIFICATION DOCUMENTS (ORIGINALLY CERTIFIED COPIES TO BE PROVIDED)

The information below is required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (refer to page 3). For each beneficial owner please attach an originally certified, legible copy of the ID documentation you are relying upon to confirm your identity (and any required translation). Contact the Cromwell Investor Service Team on 1300 268 078 if you are unable to provide the required documents.

PART 4.1

Acceptable primary photographic ID documents.

Select ONE valid option from this section only

- Australian State / Territory driver's licence containing a photograph of the person
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

PART 4.2

Acceptable secondary ID documents (should only be completed if you do not own a document from Part 4.1).

Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink

AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that was issued to the individual by a school principal within the preceding 3 months, and contains the name and residential address, and records the period of time that the individual attended that school

PART 4.3

Acceptable foreign documents (should only be completed if you do not own a document from Part 4.1).

BOTH documents from this section must be presented

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth*
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*
- * Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

PART 5

TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

5.1 TAX STATUS

Select only ONE of the following categories and provide the information requested

		dial or depository institution, an invest	ment entity or a specified										
	insurance company for FATCA/CRS purposes)												
	Provide the company's Global Intermediary Identification Number (GIIN), if applicable												
	If the company does not have a GIIN, please provide its FATCA status												
	If the company is a Financial In:	stitution, Part 5 is now complete, proce	ed to Part 6.										
	Non-Financial Public Compar Institutions as described abov	ny (Public companies as per Part 3.3 t e)	hat are not Financial										
	If the company is a Public Com	pany, Part 5 is now complete, proceed	to Part 6.										
	reporting period, less than 500 interests and royalties) and lestypes of Active NFEs, refer to 5 Exchange of Financial Account Part 3.4 that are not Financial If the company is an Active NI	ty (NFE) (Active NFEs include entities of their gross income was passive is than 50% of assets held produced Section VII in the Annexure of the OEC t Information' at www.oecd.org.) (Prolinstitutions as described above) FE, please proceed to Part 5.3 (Country eviously listed – Passive Non-Financial Country Beneficial Owners)	ncome (e.g. dividends, passive income. For other CD 'Standard for Automatic prietary companies as per										
	<u>'</u>												
	any of the company's benefici er than Australia	al owners tax residents of countries	Yes No										
		of these individuals below. For each Tax Identification Number (TIN) for al											
Ful	l given name(s)	Surname	Role (e.g. Managing Director										
Со	untry	TIN	If no TIN, list reason A,B or C										

5.2 FOREIGN BENEFICIAL OWNERS (INDIVIDUALS)

Full given name(s)	Surname	Role (e.g. Managing Director
Country	TIN	If no TIN, list reason A,B or C

Reason A The country of tax residency does not issue TINs to tax residents.

Reason B The individual has not been issued with a TIN.

Reason C The country of tax residency does not require the TIN to be disclosed.

	Full given name(s)	Surname	Role (e.g. Managing Director					
	Country	TIN	If no TIN, list reason A,B or C					
	Reason A The country of tax residency does not issue TINs to tax residents. Reason B The individual has not been issued with a TIN.							
		idency does not require the TIN to	be disclosed.					
	If there are more beneficial own	ers provide details on a separate si	heet and tick this box					
	Please proceed to Part 5.3 (Count	ry of Residency).						
5.3 COUNTRY OF TAX RESIDENCY	Is the Company a tax resident of a Australia?	a country other than	Yes No					
	If "Yes", please provide the Compequivalent below. Please list all I		Tax Identification Number (TIN) or					
	If No, Part 5 is now complete, prod	ceed to Part 6.						
	Country	TIN	If no TIN, list reason A, B or C					
	Country	TIN	If no TIN, list reason A, B or C					
	Country	TIN	If no TIN, list reason A, B or C					
	If there are more countries, provide details on a separate sheet and tick this box.							
PART 6	Reason B The individual has not Reason C The country of tax resi	idency does not require the TIN to	be disclosed.					
You are required to provide your bank	Account Name							
account details for payment of distributions. Distributions will not be	Financial Institution							
paid by cheque. We can only accept Australian bank account details. If no								
bank account details are provided, your distributions will be reinvested.	BSB	Account Number						
This account must be in the investors	· ·	reinvested as additional units please						
name. Payment to a third party is not permitted.	Full Participation Partial Partici							
If you select Partial Participation in the distribution reinvestment please ensure you provide bank account details for the cash portion of your distribution.		percentage you wo like to participate	uld					
PART 7	APPLICANT(S) CONTACT D	ETAILS [MUST NOT BE ADVISER DE	-TAU 61					
Please enter contact details, including phone numbers in case			TAILS					
we need to contact you in relation to	Address		HAILSJ					
your application.	Address City	State	Postcode					
		State						
Adviser details are not acceptable unless your Adviser holds a power	City							
Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which	City Phone -	After hours						
Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.	City Phone Mobile Email By providing this email address, y	After hours Facsimile you agree to receive all communications, include	Postcode					
Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which	City Phone Mobile Email By providing this email address, reports and other notifications recorrespondence by post. Contact	After hours Facsimile you agree to receive all communications, include the composition of the composition	Postcode					
Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided. These contact details will be used for	City Phone Mobile Email By providing this email address, reports and other notifications re-	After hours Facsimile you agree to receive all communications, included by the Corporations Act, by email. From the structure of the structu	Postcode					

PART 8	ADDITIONAL INVESTMENT ENQUIRER							
If you would like someone other	Given name							
than the Contact or your Adviser								
to be able to enquire about this investment, please provide us	Surname							
with their details here.	Date of birth	DD/M	M / Y Y Y	Y Company (if app	olicable)			
PART 9	ADDITIONA	L QUESTI	ONS					
					services provider who has ncial situation and needs?	provided		
	Yes			No				
			nsure Adviser pleted in full.)	Go to Questio	n 1			
	1. By investing in Ordinary Units in the Cromwell Phoenix Property Securities Fund, you are investing in a portfolio of listed property and property related securities that are predominantly listed on the Australian Securities Exchange (ASX).							
	Do you accept that an investment in the Fund exposes you to risks associated with listed securities such as:							
	• Security specific, general market and wider economic factors and events that can result in a rise and fall in the value of the Fund's assets;							
	The performance of the broader equities market can impact the performance of the Fund; and							
	 CFM may m poor or nil r 		stment decisions	s or inappropriate or	incorrect investment meth	ods resulting in		
	Yes			No				
	2. Do you acce	pt the capital	value of your inv	estment is not guara	nteed?			
	Yes			No				
	3. Are you awa	re that the qu	ıarterly income p	aid by this Fund is no	ot guaranteed and will vary	over time?		
	Yes			No				
			ntage your inves ur residential hor		presents of the assets you	have available for		
	<25%		25-75%	75-100 %	I prefer not to pro information	ovide this		
	"You have ans	wered 'NO' wered the ab	ove question in	a manner which sug	the following statement: ggests this product may no you do one or more of the			
				for the product whi vell to request a cop	ch can be found online at	www.cromwell.		
				t which can be found to request a copy.	d online at www.cromwell	l.com.au/psf/		
	c) Seek advice	from your fi	nancial adviser,	stockbroker or othe	er investment professiona	l."		

PART 10	ADVISER DETAILS
Please have your financial adviser complete and sign this section, to confirm they hold a current AFS license and	Adviser given name Adviser surname
are authorised to advise on managed investment products.	Adviser company (if applicable)
, , , , , , , , , , , , , , , , , , , ,	Adviser Phone
	Adviser email
	Dealer Group Name AFSL No:
	ASIC Moneysmart Adviser number
arrangements in place to ensure compliance	Date // //
ADVISER SIO	Name
read and understood the TMD. I/we declare the liabilities whatsoever arising from acting on a complied with all applicable laws in doing so, the Fund's performance, the repayment of cat on the application form, the units will be held is signed under Power of Attorney, the Attorne Statement' in the current PDS. Until I/we informed the company of the providing further punderstand that if we fail to provide any infor rejected by CFM and CFM is released and incorporated in the provided. I/we agree that CFM may provide calculate and pay the nominated advice fee, in the provided and the provided and pay the nominated advice fee, in the provided and the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee, in the provided and pay the nominated advice fee.	d the current PDS and agree to be bound by it and the Constitution (each as amended from time to time). I/we acknowledge that we have not the offer was received and accepted in Australia and all information in this application is true and correct. I/we indemnify CFM against any ny information I/we provide in connection with this application. I/we have legal power to invest in accordance with this application and have I/we acknowledge that neither CFM or any other member of the Cromwell Property Group (including its directors and employees) guarantee orial, any particular rate of return or any distribution. In the case of joint applications, the joint applicants agree that unless otherwise indicated as joint tenants and both investors will be required to operate the account and bind the other investor for future transactions. If this application by declares that he/she has not received notice of revocation of the power. I/we acknowledge that we have read and understood the 'Privacy orm CFM otherwise, I/we will be taken to have consented to all uses of our personal information (including marketing) contained under that personal information to CFM as required or reasonably deemed necessary by CFM. Any application can be accepted or rejected by CFM. I/we mation requested or do not agree to any of the possible uses or disclosure of our information as detailed in the PDS, our application may be lemnified in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been details of our investment to the adviser group or adviser nominated by the means and in the format that they direct. I/we authorise CFM to up to 3.3% of the application monies, to the nominated adviser /adviser group from our application at Part 9 of this Application Form are correct.
SIGN	ATURE A SIGNATURE B
Date / / /	Date / / /
Name	Name
As a Company Officer you MUST specify y Director Sole Director	our title: As a Company Officer you MUST specify your title: Director Company Secretary

PART 12	PAYMENT DETAILS	3
These details are required so your payment can be matched to your application form.	Cheque	yment method you have used: Made payable to: CFM PSF APPLICATION Call 1300 737 760 for your Reference: Biller Code: 279216 Reference:
	☐ Electronic Transfer	> BSB: 012 003 Account: 835 403 991 Account Name: CFML PSF Application Account Reference: Applicant Name
PART 13	POSTAL	
	Post	 Mail your original application form and certified copies of identification to the Fund's registrar: Boardroom Pty Limited GPO BOX 3993 Sydney NSW 2001

CROMWELL PHOENIX PROPERTY SECURITIES FUND ARSN 129 580 267

ORDINARY INVESTMENT APPLICATION FORM 3 - AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSFS)



Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a tick (\checkmark) . You should read the PDS dated 15 November 2023 and TMD, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214, before completing this investment application form for Ordinary Units.

PART 1	INVESTMENT AMOUNT					
Minimum application is \$10,000 and thereafter multiples of \$1,000. Payment instructions are detailed on page 1 of the Application Forms	Investment amount: \$					
PART 2	INVESTOR DETAILS					
	Has the person / entity investing in this Fund invested in a Cromwell managed fund previously? Yes, investor number: Investment name: If there are no changes to any of your details go to Part 6 No. Go to Part 3					
PART 3	INVESTOR IDENTIFICATION					
3.1 GENERAL INFORMATION	Full name of trust					
	Full business name (if any)					
	Country where trust established					
3.2 TYPE OF REGULATED TRUST Select only ONE of the following trust categories and provide the information requested.	Self-Managed Superannuation Fund Provide the SMSF's ABN					
	Registered managed investment scheme					
	Provide Australian Registered Scheme Number (ARSN)					
	☐ Unregistered managed investment scheme (a managed investment scheme that is not registered by ASIC, that only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporation Act 2001 applies) Provide Scheme's ABN					
	Government superannuation fund Provide name of the legislation establishing the fund					
	Other regulated trusts (a trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator, e.g. APRA - regulated superannuation fund) Provide name of the regulator (e.g. ASIC, APRA, ATO)					
INTERNAL USE ONLY	Provide the trust's ABN or registration / licensing details					
	actions of the state of the sta					

ORDINARY INVESTMENT APPLICATION FORM 3 - AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSFS)

your ABN or TFN in the space	ABN					TI	FN			$\perp \perp$	\perp	Ш
provided to ensure tax is not deducted	If exempt from p	providing	a TFN, p	lease prov	ride th	ne reason for t	he ex	emption				
from distributions.												
PART 4	INDIVIDUAL	. DETAI	LS (то ві	E COMPLETE	D IF SE	ELECTED TRUSTE	E IS AN	INDIVIDUA	4 <i>L)</i>			
INDIVIDUAL 1	Surname							Date o	of Birth	(dd/mm	/yyyy]	
	Title	Full G	iven Naı	me(s)								
	Residential Ad	dress (PO	Box is NOT	Γacceptable)								
	Street											
	Suburb			State		Postcode	Co	untry				
	Sabarb			State		Tostcode						
INDIVIDUAL 2	Surname							Date o	of Birth	(dd/mm/	'yyyy]	
											\top	
	Title	Full G	iven Nar	me(s)								
	Residential Add	dress (PO	Box is NOT	acceptable)								
	Street											
	Suburb			State		Postcode	Cou	untry				
	Suburb			State	\neg	Tostcode		ини у				
PART 5	AUSTRALIA	и сомі	ΡΛΝΥ Γ	TAII S	(TO)	RE COMPLETED IS	CELEC	TED TOUC	TEE IC AA	LALICTE	ALIANIC	OMPANIV
IAITI				LIAILS	, (10 E	SE COMPLETED IF	JELEC	TED IKUS	TEE IS AIN	AUSTRA	ALIAN CI	UMPANT
5.1 GENERAL INFORMATION	Full name as re	egistered	by ASIC									
	A C N I											
	ACN											
	D : 1 66											
	Registered offi Street	ice addre	SS (PO Box	x is NOT acce	:ptable	:]						
	Suburb			St	tate	Postco	de	Countr	у			
	Principal place	of busin	ess (if a	ny) (P0 Box	is NOT	Γacceptable)						
	Street											
	Suburb			C+	tate	Postco	,do	Countr	~\/			
	Suburb				.atc	1 03100		Countr	У			
5.2 COMPANY TYPE	Public	Go	to Part 5	5.3								
Select only ONE of the following categories.												
	Proprieta	ry Go	to Part 5	5.4								

ORDINARY INVESTMENT APPLICATION FORM 3 - AUSTRALIAN REGULATED TRUSTS

(INCLUDING SMISES)								
5.3 REGULATORY / LISTING DETAILS Select the following categories which apply to the trustee	Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator) Regulator name							
company and provide the information requested.								
e.maneequeencu.	Licence details							
	☐ Australian listed company Name of market / exchange							
	Name of market / exchange							
	☐ Majority-owned subsidiary of an Australian listed company Australian listed company name							
	Name of market / exchange							
5.4 DIRECTORS To be completed for	How many directors are there?							
proprietary companies	Provide full name of each director below							
only, not required for public companies as per Part 5.2.	Surname Full given name(s)							
	1							
	2							
	3							
	, [
	4							
	5							
	If there are more directors, provide details on a separate sheet and tick this box.							
5.5 BENEFICIAL OWNERS	Beneficial owner 1							
To be completed for proprietary	Surname Full given name(s)							
companies only, not required for public companies per	- Late given name(s)							
Section 5.2.	Beneficial owner 2							
Provide details of ALL	Surname Full given name(s)							
individuals who are ultimately beneficial owners through one								
or more share holdings of more	Beneficial owner 3							
than 25% of the company's issued capital, (through direct	Surname Full given name(s)							
or indirect share holdings).								
PART 6	TAX INFORMATION							
6.1 TAX STATUS	Provide the Trust or trustee's Global Intermediary Identification Number (GIIN), if applicable							
Collection of tax status in accordance	Provide the Trust of trustee's Global intermediary Identification Number (Offix), if applicable							
with the United States Foreign Account Tax Compliance Act (FATCA)								
and Common Reporting Standard (CRS).	If the Trust or trustee is a Financial Institution but does not have a GIIN, provide its FATCA status (select ONE of the following statuses)							
Regulated super funds (Self-	☐ Deemed Compliant Financial Institution							
Managed Superannuation Funds, APRA regulated super funds,	Excepted Financial Institution							
government super funds or pooled	Evennt Reneficial Owner							

Exempt Beneficial Owner

☐ Non Reporting IGA Financial Institution

Other (describe the FATCA status in the box provided)

☐ Nonparticipating Financial Institution

superannuation trusts) are not required to complete Part 6 and can

proceed to Part 7.

ORDINARY INVESTMENT APPLICATION FORM 3 - AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSFS)

PART 7

DISTRIBUTION PAYMENTS

You are required to provide your bank account details for payment of distributions. Distributions will not be paid by cheque. We can only accept Australian bank account details. If no bank account details are provided, your distributions will be reinvested.

This account must be in the investors name. Payment to a third party is not permitted.

If you select Partial Participation in the distribution reinvestment please ensure you provide bank account details for the cash portion of your distribution.

Account Name									
Financial Institution									
BSB		Account Number							
If you would like your dist	ribution reinvested as a Partial Participation	dditional units please se Specify the number of securities or percentage you would like to participate	lect on	e of the	e foll	owin	g op	tion	S:

PART 8

APPLICANT(S) CONTACT DETAILS [MUST NOT BE ADVISER DETAILS]

Please enter contact details, including phone numbers in case we need to contact you in relation to your application.

Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.

These contact details will be used for all administration correspondence.

Address	
City	State Postcode
Phone	- After hours
Mobile	Facsimile -
Email	
	By providing this email address, you agree to receive all communications, including transaction confirmations, statements, reports and other notifications required by the Corporations Act, by email. From time to time we may still need to send correspondence by post. Contact us if you would like to receive a hard copy of the annual report in the post.
Would voi	Like to be advised of other offers from Cromwell?

PART 9

ADDITIONAL INVESTMENT ENQUIRER

How did you hear about the Fund?

If you would like someone other than the Contact or your Adviser to be able to enquire about this investment, please provide us with their details here.

Given name	
Surname	
Date of birth	DD/MM/YYYY Company (if applicable)

ORDINARY INVESTMENT APPLICATION FORM 3 - AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSFS)

PART 10 ADDITIONAL QUESTIONS

	investment advice having re Yes Go to Part 11 (Please e Details - Part 11 is con 1. By investing in Ordinary	nsure Adviser npleted in full.) Units the Cromwell ty and property rela	nal objectives, financ No Go to Question Phoenix Property Se	
	Do you accept that an inves	tment in the Fund e I market and wider		associated with listed securities such as:
		•	arket can impact the i	performance of the Fund; and
	•	•	· ·	correct investment methods resulting in
	Yes		No	
	2. Do you accept the capital	l value of your inves	tment is not guarant	eed?
	Yes		☐ No	
	3. Are you aware that the q	uarterly income pai	d by this Fund is not g	guaranteed and will vary over time?
	Yes		☐ No	
	4. Please indicate the perce investment, excluding yo			esents of the assets you have available for
	<25%	25-75%	75-100%	I prefer not to provide this information
	you. Before proceeding wi a) Review the target mark com.au/psf/TMD or by c	bove question in a reth your investment et determination for ontacting Cromwe	manner which suggon, we recommend your the product which ll to request a copy.	ests this product may not be suitable for u do one or more of the following: can be found online at www.cromwell.
	PDS or by contacting Cr c) Seek advice from your f	omwell directly to	request a copy.	·
	c, coon dance , ca			
PART 11	ADVISER DETAILS			
Please have your financial adviser complete and sign	Adviser given name			
this section, to confirm they	Adviser surname			
hold a current AFS license and are authorised to advise on managed investment products.	Adviser company (if applica	able)		
managea mesamem products.	Adviser Phone	-		
	Adviser email			
	Dealer Group Name			AFSL No:
	ASIC Moneysmart Adviser	number		
arrangements in place to ensure compliance	with my distribution obligations in Pa nything to put CFM in breach of Par	art 7.8A of the Corporation	ns Act; will provide to CFM	I I further represent that I: have product governance the reports specified in the TMD within the timeframes immediately if I become aware of anything that would,
ADVISER SIG	NATURE	Date Name	/ / /	

ORDINARY INVESTMENT APPLICATION FORM 3 - AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSFS)

PART 12 DECLARATION AND AUTHORISATION

I/we declare that I/we have 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 acknowledge that we have read and understood the TMD. I/we declare that the offer was received and accepted in Australia and all information in this application is true and correct. I/we indemnify CFM against any inabilities whatsoever arising from acting on any information I/we provide in connection with this application. I/we have 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 member of the Cromwell Property 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 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 the account and bind the other 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 power. I/we acknowledge that 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 personal information (including marketing) contained under that heading and to our adviser providing further personal information to CFM as required or reasonably deemed necessary by CFM. Any application can be accepted or rejected by CFM. I/we understand that if we fail to provide any information requested or do not agree to any of the possible uses or disclosure of our information as detailed in the PDS, our application 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 or incorrect details h

SIGNATUI	RE A			SIG	NATURE	В	
Date / / /			Date	/	/		
Name			Name				
If a Company Officer or Trustee, you MUS Director Sole Director Trustee Other	or and Company Secretary		If a Company 0 Director Trustee		tee, you MUST sp	ecify your title:	
PART 13	PAYMENT DETAILS	5					
These details are required so your payment can be matched to your application form.	Please indicate which page Cheque BPAY	Made payCall 1300	737 760 for yo	PSF APPLIC			
	☐ Electronic Transfer	Account N	003 Account ame: CFML P : Applicant Na				
PART 14	POSTAL						
	Post	Fund's re	gistrar: m Pty Limited 3993		and certified c	opies of identificati	on to the

CROMWELL PHOENIX PROPERTY SECURITIES FUND ARSN 129 580 267

ORDINARY INVESTMENT APPLICATION FORM 4 - UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS



Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a tick(\checkmark). You should read the PDS dated 15 November 2023 and TMD, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214, before completing this investment application form for Ordinary Units.

PART 1	INVESTMENT AMOUNT		
Minimum application is \$10,000 and thereafter multiples of \$1,000. Payment instructions are detailed on page 1 of the Application Forms.	Investment amount: \$, , , 0 0 0 . 0 0		
PART 2	INVESTOR DETAILS		
	Has the person / entity investing in this Fund invested in a Cromwell managed fund previously? Yes, investor number: Investment name: If there are no changes to any of your details go to Part 8 No. Go to Part 3 and attach identification documents		
PART 3	TRUST DETAILS		
3.1 GENERAL INFORMATION	Full name of trust		
	Full business name (if any)		
	Country where trust established		
	Full name of the settlor of trust Unless: • the material asset contribution to the trust by the settlor at the time the trust is established is less than \$10,000; or • the settlor is deceased.		
3.2 TYPE OF UNREGULATED TRUST	☐ Family Trust		
Select only ONE of the following types of unregulated trusts.	☐ Charitable Trust (please use Form 2 – Australian Companies Form should the Charity not be structured based on a Trust Deed)		
	☐ Testamentary Trust		
	☐ Unit Trust ☐ Other trust type		
	Provide description		
Please include your ABN or TFN in the space provided to ensure tax is not deducted from distributions.	ABN TFN If exempt from providing a TFN and/or ABN, please provide the reason for the exemption		
INTERNAL USE ONLY			

3.3 BENEFICIARY DETAILS	Do the terms of the trust identify the beneficiaries by reference to membership of a class? Yes Provide details of the membership class / es (e.g. unit holders, family members of named person, charitable purpose)
	□ No How many beneficiaries are there?
	Provide full name of each beneficiary below Surname Full given name(s)
	If there are more beneficiaries provide details on a separate sheet and tick this box.
3.4 TRUSTEE DETAILS	How many trustees are there?
	Provide the name and residential / business addresses of ALL of the trustees below TRUSTEE 1 Full given name(s) or Company name Surname
	Residential address if an individual trustee or company registered office address (PO Box is NOT acceptate Street
	Suburb State Postcode Country
	TRUSTEE 2 Full given name(s) or Company name Surname
	Residential address if an individual trustee or company registered office address (PO Box is NOT acceptate Street
	Suburb State Postcode Country
	TRUSTEE 3 Full given name(s) or Company name Surname
	Residential address if an individual trustee or company registered office address (PO Box is NOT acceptate Street
	Suburb State Postcode Country
	TRUSTEE 4 Full given name(s) or Company name Surname
	Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable Street
	Suburb State Postcode Country
	If there are more trustees, provide details on a separate sheet and tick this box.

PART 4

TRUST IDENTIFICATION DOCUMENTS (ORIGINALLY CERTIFIED COPIES TO BE PROVIDED)

The Information below is required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (refer to page 3).

Acceptable Documents (use one of the following to verify the Unregulated Trust)

- An originally certified copy or certified extract of the Trust Deed*.
- A notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).
- A letter from a solicitor or qualified accountant that confirms the name of the Trust*.
- * Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

IMPORTANT

🗵 Please attach an **originally certified**, legible copy of the ID documentation used to verify the Trust.

Complete ONLY ONE of the following sections, as required, to collect the additional information about the identity of ONLY ONE of the trustees:

- Part 5 where the selected trustee is an individual.
- Part 6 where the selected trustee is an Australian Company.

PART 5

INDIVIDUAL DETAILS (TO BE COMPLETED IF SELECTED TRUSTEE IS AN INDIVIDUAL)

5.1 PERSONAL DETAILS	Surname	Date of Birth (dd/mm/yyyy)
	Full Given Name(s)	

PART 5A

INDIVIDUAL TRUSTEE IDENTIFICATION DETAILS (ORIGINALLY CERTIFIED COPIES TO BE PROVIDED)

Select from Part 5A.1, or if the trustee does not own a document from Part 5A.2, then select from either Part 5A.2 or Part 5A.3:

PART 5A.1

Acceptable primary photographic ID documents

Select ONE valid option from this section only

- Australian State / Territory driver's licence containing a photograph of the person.
- Australian passport (a passport that has expired within the preceding 2 years is acceptable).
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph
 of the person.
- Foreign passport or similar travel document containing a photograph and the signature of the person*.

PART 5A.2

Acceptable secondary
ID documents
(should only be completed
if the individual does not own
a document from Part 5.1)

Select ONE valid option from this section

- Australian birth certificate.
- Australian citizenship certificate.
- Pension card issued by Centrelink.
- Health card issued by Centrelink.

AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that
 records the provision of financial benefits to the individual and which contains the individual's name and
 residential address.
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt
 payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains
 the individual's name and residential address.
- A document issued by a local government body or utilities provider within the preceding 3 months which
 records the provision of services to that address or to that person (the document must contain the
 individual's name and residential address).

PART 5A.3

Acceptable foreign ID documents (should only be completed if the individual does not own a document from Part 5.1).

BOTH documents from this section must be presented

- $\bar{\ }$ Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth*
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*
- * Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

If the selected trustee is an individual, Part 5 is now complete, please proceed to Part 7

PART 6

AUSTRALIAN COMPANY DETAILS ITO DE COMPLETED LE SELECTED TRUSTER LE AN ALISTRALIAN COMPANY

I AIX I O	AUSTRALIAN COMI ANT DE	I AILJ (TO BE COM	PLETED IF SELECTED	J TRUSTEE IS AN AUSTRALIAN CUMPANT)	
6.1 GENERAL INFORMATION	Full name as registered by ASIC				
	ACN				
	Registered office address (PO Box is	NOT acceptable)	,		
	Street	Tro r deceptable,			
	Suburb	State	Postcode	Country	
	Principal place of business (if any Street	PO Box is NOT accept	able)		
	Suburb	State	Postcode	Country	
6.2 COMPANY TYPE Select only ONE of the following categories.		o Part 6.3 o Part 6.4			
6.3 REGULATORY / LISTING	Regulated company (licensed	d by an Australian	Commonwealth	, State or Territory statutory	
DETAILS Select the following categories	regulator)				
which apply to the trustee	Regulator name				
company and provide the information requested.	Licence details (o.g. AFCL ACL [DCE)			
	Licence details (e.g. AFSL, ACL, F	(3E)			
	□ Australian listed company Name of market / exchange				
	Nume of markety exemange				
	Mainten annual autaidiam of an Australian listed assurance				
	Majority-owned subsidiary of an Australian listed company Australian listed company name				
	Name of market / exchange				

6.4 DIRECTORS How many directors are there? To be completed Provide full name of each director below for proprietary companies only, not required for public Surname Full given name(s) companies as per Part 6.2. 2 3 4 5 If there are more directors, provide details on a separate sheet and tick this box. Beneficial owner 1 **6.5 BENEFICIAL OWNERS** To be completed for proprietary Surname Date of Birth (dd/mm/yyyy) companies only, not required for public companies as per Part 6.2. Title Full Given Name(s) Provide details of ALL individuals who are ultimately Residential Address (PO Box is NOT acceptable) beneficial owners through one Street or more share holdings of more than 25% of the company's issued capital (through direct or Suburb State Postcode Country indirect share holdings). Are you a Politically Exposed Person (as defined on Page 3)? Go to Part 7 Nο If you answered "Yes" please provide details of how you meet the definition of Politically Exposed Person Beneficial owner 2 Surname Date of Birth (dd/mm/yyyy) Title Full Given Name(s) Residential Address (PO Box is NOT acceptable) Street Suburb State Postcode Country Are you a **Politically Exposed Person** (as defined on Page 3)? No Go to Part 7 If you answered "Yes" please provide details of how you meet the definition of Politically Yes Exposed Person

Beneficial	owner 3						
Surname					Date of Birth (d	ld/mm/yyyy)	
Title	Full Given Nam	ne(s)					
Residentia Street	l Address (PO Box is NOT	acceptable)					
Suburb		State	Postcode	Country	У		
Are you a P	olitically Exposed Perso	on (as defined o	on Page 3)?				
No	Go to Part 7						
Yes	If you answered "Yes" Exposed Person	please provide	details of how	you mee	t the definition	of Politically	у

PART 7

BENEFICIAL OWNER IDENTIFICATION DOCUMENTS (ORIGINALLY CERTIFIED COPIES TO BE PROVIDED)

For each beneficial owner please attached an originally certified, legible copy of the ID documentation you are relying upon to confirm your identity (and required translation).

PART 7.1

Acceptable primary photographic ID documents.

Select ONE valid option from this section only

- Australian State / Territory driver's licence containing a photograph of the person.
- Australian passport (a passport that has expired within the preceding 2 years is acceptable).
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person.
- Foreign passport or similar travel document containing a photograph and the signature of the person*.

PART 7.2

Acceptable secondary ID documents (should only be completed if the individual does not own a document from Part 7.1).

Select ONE valid option from this section

- Australian birth certificate.
- Australian citizenship certificate.
- Pension card issued by Centrelink.
- Health card issued by Centrelink

AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months
 that records the provision of financial benefits to the individual and which contains the individual's
 name and residential address.
- A document issued by the Australian Taxation Office within the preceding 12 months that records
 a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual),
 which contains the individual's name and residential address.
- A document issued by a local government body or utilities provider within the preceding 3 months
 which records the provision of services to that address or to that person (the document must
 contain the individual's name and residential address).

PART 7.3

Acceptable foreign ID documents (should only be completed if the individual does not own a document from Part 7.1).

BOTH documents from this section must be presented

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth*
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*
 - * Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

PART 8	TAX INFORMATION				
8.1 TAX STATUS Collection of tax status in accordance with the United	Financial Institution or Trust with a Trustee that is a established for custodial or investment purposes or a Institution in its own right).	· · · · · · · · · · · · · · · · · · ·			
States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard	Provide the Trust or trustee's Global Intermediary Idea	ntification Number (GIIN), if applicable.			
(CRS).					
Part 8 is not required	If the Trust or the trustee is a Financial Institution but (select ONE of the following statuses).	does not have a GIIN, provide its FATCA status			
for deceased estates	Deemed Compliant Financial Institution				
(deceased estates can proceed to Part 9).	Excepted Financial Institution				
	Exempt Beneficial Owner				
Calaat and ONE of the fallowing	Non Reporting IGA Financial Institution				
Select only ONE of the following categories and provide the	Nonparticipating Financial Institution				
information requested.	Other (describe the FATCA status in the box provid	ed)			
	PLEASE ANSWER THE QUESTION BELOW FOR ALL	FINANCIAL INSTITUTIONS			
	Is the Financial Institution an Investment Entity local and managed by another Financial Institution?	ted in a Non-Participating CRS Jurisdiction			
	Yes - Proceed to Part 8.2 (Foreign Controlling Persons).				
	□ No - Part 8 is now complete, proceed to Part 9.				
	CRS Participating Jurisdictions are on the OECD website at http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction.				
	Australian Registered Charity or Deceased Estate. If or Deceased Estate Part 8 is complete, proceed to Part				
	A Foreign Charity or an Active Non-Financial Entity (during the previous reporting period, less than 50% of dividends, interests and royalties) and less than 50% of other types of Active NFEs, refer to Section VII in the Active NFEs, refer to	their gross income was passive income (e.g. of assets held produced passive income. For annexure of the OECD 'Standard for Automatic			
	If the Trust is a Foreign (non-Australian) Charity or an Active NFE, please proceed to Part 8.3 (Country of Residency).				
	Other (Trusts that are not previously listed – Passive Nelsese go to Part 8.2 (Foreign Controlling Persons).	Non-Financial Entities)			
8.2 FOREIGN CONTROLLING PERSONS (INDIVIDUALS)	Are any of the Trust's Controlling Persons tax residents of countries other than Yes No Australia?				
A Controlling Person is any individual who directly or	If the trustee is a company, are any of this company's Controlling Persons tax residents of countries other than Australia?				
indirectly exercises control over the Trust. For a trust, this includes all trustee's, settlors, protectors or beneficiaries.	If you answered "Yes" to either of the two questions above, Persons below. For each Controlling Person please provide Identification Number (TIN) for all relevant countries.				
For a trustee company this includes any beneficial owners	Full given names(s) Surname	Role (e.g. Trustee)			
controlling more than 25% of	Country	If TIN I' A D			
the shares in the company or senior managing officials.	Country TIN	If no TIN, list reason A,B or C			

 $\textbf{Reason C} \ \ \textbf{The country of tax residency does not require the TIN to be disclosed}$

	Full given names(s)	Surname	Role (e.g. Trustee)
	Country	TIN	If no TIN, list reason A,B or C
	If there are more controlling persons	s, provide details on a senarate she	et and tick this box
	Reason A The country of tax residen		
	Reason B The individual has not bee Reason C The country of tax residen Proceed to Part 8.3	en issued with a TIN	
8.3 COUNTRY OF TAX RESIDENCY	Is the Trust a tax resident of a countril If Yes, please provide the Trust's coulequivalent below. If the Trust is a tax countries below.	untry of tax residence and Tax Identi	fication Number (TIN) or
	If No, please proceed to Part 9		
	Country	TIN	If no TIN, list reason A, B or C
	Country	TIN	If no TIN, list reason A, B or C
	Country	TIN	If no TIN, list reason A, B or C
	Soundry		1110 1111, 030 100301171, 13 01 0
	If there are more countries, provide of	details on a separate sheet and tick	this box.
PART 9	Reason B The individual has not bee Reason C The country of tax residen DISTRIBUTION PAYMENTS		sclosed
You are required to provide your bank			
account details for payment of	Account Name		
distributions. Distributions will not be	Financial Institution		
paid by cheque. We can only accept Australian bank account details. If no			
bank account details are provided,	BSB	Account Number	
your distributions will be reinvested.	If you would like your distribution rei	invested as additional units please se	lect one of the following options:
This account must be in the investors	Full Participation Partial	Specify the number	3 4
name. Payment to a third party is not permitted.	Participat		
'		percentage you would like to participate	
If you select Partial Participation in the distribution reinvestment please ensure you provide bank account details for the cash portion of your distribution.		tike to participate	
PART 10	APPLICANT(S) CONTACT DE	TAILS [MUST NOT BE ADVISER DETAI	ILS]
Please enter contact details,	Address		
including phone numbers in case	Address		
we need to contact you in relation	City	State	Postcode
to your application.	Phone -	After hours -	
Adviser details are not acceptable			
unless your Adviser holds a	Mobile	Facsimile	
power of attorney, a certified copy of which must be provided.	Email		
These contact details will be used for all administration	reports and other notifications require	agree to receive all communications, including red by the Corporations Act, by email. From tim s if you would like to receive a hard copy of the	e to time we may still need to send
correspondence.	Would you like to be advised of other o	offers from Cromwell? Y	es No
	How did you hear about the Fund?		

PART 11 ADDITIONAL INVESTMENT ENQUIRER If you would like someone other Given name than the Contact or your Adviser to be able to enquire about this Surname investment, please provide us with their details here. Date of birth Company (if applicable) **PART 12 ADDITIONAL QUESTIONS** Are you investing in this Fund on the advice of a licensed financial services provider who has provided investment advice having regard to your personal objectives, financial situation and needs? No Go to Part 13 (Please ensure Adviser Go to Question 1 Details - Part 13 is completed in full.) 1. By investing in Ordinary Units in the Cromwell Phoenix Property Securities Fund, you are investing in a portfolio of listed property and property related securities that are predominantly listed on the Australian Securities Exchange (ASX). Do you accept that an investment in the Fund exposes you to risks associated with listed securities such as: • Security specific, general market and wider economic factors and events that can result in a rise and fall in the value of the Fund's assets; • The performance of the broader equities market can impact the performance of the Fund; and CFM may make poor investment decisions or inappropriate or incorrect investment methods resulting in poor or nil returns. No Yes 2. Do you accept the capital value of your investment is not guaranteed? No 3. Are you aware that the quarterly income paid by this Fund is not guaranteed and will vary over time? Yes No 4. Please indicate the percentage your investment in the Fund represents of the assets you have available for investment, excluding your residential home: I prefer not to provide this <25% 25-75% 75-100% information Additional information If you have answered 'NO' to any of questions 1-3, please read the following statement: "You have answered the above question in a manner which suggests this product may not be suitable for you. Before proceeding with your investment, we recommend you do one or more of the following: a) Review the target market determination for the product which can be found online at www.cromwell. com.au/psf/TMD or by contacting Cromwell to request a copy. b) Review the product disclosure statement which can be found online at www.cromwell.com.au/psf/ PDS or by contacting Cromwell directly to request a copy. c) Seek advice from your financial adviser, stockbroker or other investment professional." **PART 13 ADVISER DETAILS** Please have your financial Adviser given name adviser complete and sign this section, to confirm they Adviser surname hold a current AFS license and are authorised to advise on Adviser company (if applicable) managed investment products. Adviser Phone Adviser email AFSL No: Dealer Group Name

ASIC Moneysmart Adviser number

I confirm I have reviewed the TMD in providing personal advice to the Applicant in relation to their investment in the Fund and I further represent that I: have product governance arrangements in place to ensure compliance with my distribution obligations in Part 7.8A of the Corporations Act; will provide to CFM the reports specified in the TMD within the timeframes specified in the TMD; will not knowingly do anything to put CFM in breach of Part 7.8A of the Corporations Act; and will notify CFM immediately if I become aware of anything that would, or may potentially, put CFM in breach of Part 7.8A of the Corporations Act.

or may potentially, put or will breach of rail	Thore or the our per anone not.	
ADVISER SIG	NATURE	Date / /
715111 310	TWATORE	Name
PART 14	DECLARATION A	ND AUTHORISATION
read and understood the TMD. I/we declare liabilities whatsoever arising from acting on complied with all applicable laws in doing so the Fund's performance, the repayment of ca on the application form, the units will be held is signed under Power of Attorney, the Attorney the Attorney and to our adviser providing further understand that if we fail to provide any inforejected by CFM and CFM is released and in rovided. I/we agree that CFM may provide calculate and pay the nominated advice fee,	that the offer was received and accepany information I/we provide in conno. I/we acknowledge that neither CFM apital, any particular rate of return or a las joint tenants and both investors whey declares that he/she has not receform CFM otherwise, I/we will be take personal information to CFM as requirmation requested or do not agree to idemnified in respect of any loss or lic details of our investment to the advit, up to 3.3% of the application monie are the tax information provided is acc	bound by it and the Constitution (each as amended from time to time). I/we acknowledge that we have of a nutralia and all information in this application is true and correct. I/we indemnify CFM against any ection with this application. I/we have legal power to invest in accordance with this application and have I or any other member of the Cromwell Property Group (including its directors and employees) guarantee any distribution. In the case of joint applications, the joint applicants agree that unless otherwise indicated all the required to operate the account and bind the other investor for future transactions. If this application eited notice of revocation of the power. I/we acknowledge that we have read and understood the 'Privacy en to have consented to all uses of our personal information (including marketing) contained under that ired or reasonably deemed necessary by CFM. Any application can be accepted or rejected by CFM. I/we any of the possible uses or disclosure of our information as detailed in the PDS, our application may be ability arising from its inability to accept an application due to inadequate or incorrect details having been ser group or adviser nominated by the means and in the format that they direct. I/we authorise CFM to set, to the nominated adviser /adviser group from our application monies. I/we understand that the advice urrate. I/we confirm our answers to the additional questions at Part 12 of this Application Form are correct.
Name		Name
If a Company Officer or Trustee, you MU:	ST specify your title:	If a Company Officer or Trustee, you MUST specify your title:
	tor and Company Secretary	Director Company Secretary
Trustee Other		Trustee Other
_		
PART 15	DAVMENT DETAILS	
These details are required so your payment can be matched to your application form.	Cheque	ment method you have used: Made payable to: CFM PSF APPLICATION Call 1300 737 760 for your Reference: Biller Code: 279216 Reference:
DART 1/	Electronic Transfer >	BSB: 012 003 Account: 835 403 991 Account Name: CFML PSF Application Account Reference: Applicant Name
PART 16	POSTAL	Mail and the last of the last
	Post >	Mail your original application form and certified copies of identification to the Fund's registrar:
		Boardroom Pty Limited GPO BOX 3993 Sydney NSW 2001