



CROMWELL
FUNDS MANAGEMENT

CROMWELL PHOENIX PROPERTY SECURITIES FUND **WHOLESALE UNITS** **WHOLESALE 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) for the Cromwell Phoenix Property Securities Fund Wholesale 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 before completing any application form included in this Application Pack.

Application Instructions and Forms



Read the PDS

Product Disclosure Statement available from:

www.cromwell.com.au/psf/wholesale
1300 268 078
invest@cromwell.com.au



Complete the Application Form

Wholesale Investor Application Form(s)
also available to existing Fund unitholders:
Wholesale 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 as per below:



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
Trust¹		
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 Estates²		
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	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

The Offer made in the Wholesale Units PDS is available only to "wholesale clients" as described in section 761G of the Corporations Act or sophisticated or professional investors as described in section 761GA of the Corporations Act (Wholesale Investor). Each applicant represents and warrants that they are a Wholesale Investor for the purposes of the Corporations Act.

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, including the Terms of Issue of the Wholesale Units and the terms of the PDS. A summary of the Constitution is included in the Additional Information document.

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 this 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)	WHOLESALE APPLICATION FORM 1: Individual & Sole Traders Form	4
Australian Companies	WHOLESALE APPLICATION FORM 2: Australian Companies Form	10
Australian Regulated Trusts (including Self Managed Super Funds)	WHOLESALE APPLICATION FORM 3: Australian Regulated Trusts (including Self Managed Super Funds) Form	18
Unregulated Australian Trusts and Foreign Trusts (e.g. Family, Unit and Testamentary Trusts)	WHOLESALE APPLICATION FORM 4: Unregulated Australian Trusts and Foreign Trusts Form	24

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.

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 commissioner 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:

- 1) 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":

- 1) an individual who owns or controls (directly or indirectly) a reporting entity;
- 2) 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 an entity.

WHOLESALE 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 (✓). You should read the PDS dated 15 November 2023, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214, before completing this investment application form for Wholesale Units.

PART 1

INVESTMENT AMOUNT

Minimum Initial Investment is \$500,000.
Payment instructions are detailed on page 1 of the Application Forms.

Investment amount: \$ []

Note: The Minimum Wholesale Investment is \$5 million, which must be invested within 12 months of the Initial Investment Date. Failure to invest this amount may result in your Wholesale Units being converted to Ordinary Units of the same value by CFM at its discretion without reference to you.

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.

WHOLESALE INVESTMENT APPLICATION FORM 1 - INDIVIDUALS & SOLE TRADERS

INDIVIDUAL 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

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.)

INDIVIDUAL 1 & 2

Individual investors may designate an investment on behalf of another 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.

Account Designator

A T F

PART 4

POLITICALLY EXPOSED PERSON

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

INDIVIDUAL 1

Are you a **Politically Exposed Person** (as defined on Page 3)?

No Go to Part 5

Yes If you answered "Yes" please provide details of how you meet the definition of Politically Exposed Person

INDIVIDUAL 2

Are you a **Politically Exposed Person** (as defined on Page 3)?

No Go to Part 5

Yes If you answered "Yes" please provide details of how you meet the definition of Politically Exposed Person

WHOLESALE INVESTMENT APPLICATION FORM 1 - INDIVIDUALS & SOLE TRADERS

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 Cromwell's Investor Services 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 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 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.

WHOLESALE INVESTMENT APPLICATION FORM 1 - INDIVIDUALS & SOLE TRADERS

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 residency questions:

Is the individual a tax resident of Australia? Yes No

Is the individual a tax resident of another Country? Yes No

If the individual is a tax resident of a country other than Australia, please provide their Tax Identification Number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box.

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.

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.

Please answer BOTH tax residency questions:

Is the individual a tax resident of Australia? Yes No

Is the individual a tax resident of another Country? Yes No

If the individual is a tax resident of a country other than Australia, please provide their Tax Identification Number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box.

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.

WHOLESALE INVESTMENT APPLICATION FORM 1 - INDIVIDUALS & SOLE TRADERS

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 distribution reinvested as additional units please select one of the following options:

Full Participation

Partial Participation

Specify the number of securities or percentage you would like to participate

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 you like to be advised of other offers from Cromwell? Yes No

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 / / Company (if applicable)

WHOLESALE INVESTMENT APPLICATION FORM 1 - INDIVIDUALS & SOLE TRADERS

PART 10

ADVISER DETAILS

Please have your financial adviser complete and sign this section, to confirm they hold a current AFS license and are authorised to advise on managed investment products.

Adviser given name

Adviser surname

Adviser company (if applicable)

Adviser Phone -

Adviser email

Dealer Group Name AFSL No:

ASIC Moneysmart Adviser number

ADVISER SIGNATURE

Date / /

Name

PART 11

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, including the Terms of Issue of Wholesale Units (each as amended from time to time). I/we declare that I am/we are Eligible Investors as this term is defined in the PDS. 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 liabilities 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 having been 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/we declare the tax information provided is accurate. I/we acknowledge and accept that if I/we fail to invest the Minimum Wholesale Investment within 12 months of my/our Initial Investment Date (or if I/we make a withdrawal that would result in me/us having invested less than the \$5 million Minimum Wholesale Investment), then CFM may at its discretion, without reference to me/us, convert my/our Wholesale Units to Ordinary Units of the same value.

Date

Name / /

Date

Name / /

PART 12

PAYMENT DETAILS

These details are required so your payment can be matched to your application form.

Electronic Transfer > BSB: 012 003 Account: 838 531 307
Account Name: CFML PSF Wholesale 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

WHOLESALE 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 (✓). You should read the PDS dated 15 November 2023, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214, before completing this investment application form for Wholesale Units.

PART 1

INVESTMENT AMOUNT

Minimum Initial Investment is \$500,000. Payment instructions are detailed on page 1 of the Application Forms.

Investment amount: \$

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Note: The Minimum Wholesale Investment is \$5 million, which must be invested within 12 months of the Initial Investment Date. Failure to invest this amount may result in your Wholesale Units being converted to Ordinary Units of the same value by CFM at its discretion without reference to you.

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 <input style="width: 90%;" type="text"/>	State <input style="width: 40%;" type="text"/>	Postcode <input style="width: 40%;" type="text"/>	Country <input style="width: 90%;" type="text"/>
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Principal place of business (PO Box is NOT acceptable)

Street

Suburb <input style="width: 90%;" type="text"/>	State <input style="width: 40%;" type="text"/>	Postcode <input style="width: 40%;" type="text"/>	Country <input style="width: 90%;" type="text"/>
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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.

WHOLESALE INVESTMENT APPLICATION FORM 2 - AUSTRALIAN COMPANIES

3.3 REGULATORY / LISTING DETAILS

If the company is regulated or listed, select the relevant category and provide the information requested.

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

Regulator name

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

To be completed for proprietary companies only, not required for public companies as per Part 3.2.

How many directors are there?

Provide full name of each director below

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.

3.5 BENEFICIAL OWNERS

To be completed for proprietary companies only, not required for public companies as per Part 3.2.

Provide details of ALL individuals who are ultimately beneficial owners through one or more share holdings of more than 25% of the company's issued capital (through direct or indirect shareholdings).

BENEFICIAL OWNER 1

Surname

Date of Birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 4

Yes If you answered "Yes", please provide details of how you meet the definition of Politically Exposed Person

WHOLESALE INVESTMENT APPLICATION FORM 2 - AUSTRALIAN COMPANIES

BENEFICIAL OWNER 2

Surname Date of Birth (dd/mm/yyyy)

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 4

Yes If you answered "Yes" please provide details of how you meet the definition of Politically Exposed Person

BENEFICIAL OWNER 3

Surname Date of Birth (dd/mm/yyyy)

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 4

Yes If you answered "Yes", please 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 Cromwell's Investor Services 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 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

WHOLESALE INVESTMENT APPLICATION FORM 2 - AUSTRALIAN COMPANIES

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 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

- Financial Institution** (A custodial or depository institution, an investment 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 Institution, Part 5 is now complete, proceed to Part 6.

- Non-Financial Public Company** (Public companies as per Part 3.3 that are not Financial Institutions as described above)

If the company is a Public Company, Part 5 is now complete, proceed to Part 6.

- An Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.) (Proprietary companies as per Part 3.4 that are not Financial Institutions as described above)

If the company is an Active NFE, please proceed to Part 5.3 (Country of Tax Residency).

- Other** (Entities that are not previously listed - Passive Non-Financial Entities)

Please proceed to Part 5.2 (Foreign Beneficial Owners).

5.2 FOREIGN BENEFICIAL OWNERS (INDIVIDUALS)

Are any of the company's beneficial owners tax residents of countries other than Australia Yes No

If "Yes", please provide the details of these individuals below. For each individual please provide their country of tax residency and Tax Identification Number (TIN) for all relevant countries.

Full given name(s)	Surname	Role (e.g. Managing Director)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A,B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

WHOLESALE INVESTMENT APPLICATION FORM 2 - AUSTRALIAN COMPANIES

Full given name(s)	Surname	Role (e.g. Managing Director)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	TIN	If no TIN, list reason A,B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

If there are more beneficial owners provide details on a separate sheet and tick this box

Please proceed to Part 5.3 (Country of Tax Residency).

5.3 COUNTRY OF TAX RESIDENCY

Is the Company a tax resident of a country other than Australia? Yes No

If "Yes", please provide the Company's country of tax residence and Tax Identification Number (TIN) or equivalent below. Please list all relevant countries below.

If No, Part 5 is now complete, proceed to Part 6.

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box.

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 6

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	<input type="text"/>		
Financial Institution	<input type="text"/>		
BSB	<input type="text"/>	Account Number	<input type="text"/>

If you would like your distribution reinvested as additional units please select one of the following options:

Full Participation	<input type="checkbox"/>	Partial Participation	<input type="checkbox"/>	Specify the number of securities or percentage you would like to participate	<input type="text"/>
--------------------	--------------------------	-----------------------	--------------------------	--	----------------------

PART 7

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	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	After hours	<input type="text"/>
Mobile	<input type="text"/>	Facsimile	<input type="text"/>
Email	<input type="text"/>		

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 you like to be advised of other offers from Cromwell? Yes No

How did you hear about the Fund?

WHOLESALE INVESTMENT APPLICATION FORM 2 - AUSTRALIAN COMPANIES

PART 8 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 // Company (if applicable)

PART 9 ADVISER DETAILS

Please have your financial adviser complete and sign this section, to confirm they hold a current AFS license and are authorised to advise on managed investment products.

Adviser given name
Adviser surname
Adviser company (if applicable)
Adviser Phone -
Adviser email
Dealer Group Name AFSL No:
ASIC Moneysmart Adviser number

Date //
Name

PART 10 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, including the Terms of Issue of Wholesale Units (each as amended from time to time). I/we declare that I am/we are Eligible Investors as this term is defined in the PDS. 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 liabilities 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 having been 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/we declare the tax information provided is accurate. I/we acknowledge and accept that if I/we fail to invest the Minimum Wholesale Investment within 12 months of my/our Initial Investment Date (or if I/we make a withdrawal that would result in me/us having invested less than the \$5 million Minimum Wholesale Investment), then CFM may at its discretion, without reference to me/us, convert my/our Wholesale Units to Ordinary Units of the same value.

Date //

Date //

Name

Name

As a Company Officer you MUST specify your title:

Director Sole Director and Company Secretary

As a Company Officer you MUST specify your title:

Director Company Secretary

WHOLESALE INVESTMENT APPLICATION FORM 2 - AUSTRALIAN COMPANIES

PART 11

PAYMENT DETAILS

These details are required so your payment can be matched to your application form.

- Electronic Transfer > BSB: 012 003 Account: 838 531 307
Account Name: CFML PSF Wholesale Application Account
Reference: Applicant Name

PART 12

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

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

If not provided above, 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, please provide the reason for the exemption

PART 4

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

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

INDIVIDUAL 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

PART 5

AUSTRALIAN COMPANY DETAILS (TO BE COMPLETED IF SELECTED TRUSTEE IS AN AUSTRALIAN COMPANY)

5.1 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 (if any) (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

5.2 COMPANY TYPE

Select only ONE of the following categories.

Public **Go to Part 5.3**

Proprietary **Go to Part 5.4**

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

5.3 REGULATORY / LISTING DETAILS

Select the following categories which apply to the trustee company and provide the information requested.

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

Regulator name

Licence details

Australian listed company

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 proprietary companies only, not required for public companies as per Part 5.2.

How many directors are there?

Provide full name of each director below

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

To be completed for proprietary companies only, not required for public companies per Section 5.2.

Provide details of ALL individuals who are ultimately beneficial owners through one or more share holdings of more than 25% of the company's issued capital, (through direct or indirect share holdings).

Beneficial owner 1

Surname

Full given name(s)

Beneficial owner 2

Surname

Full given name(s)

Beneficial owner 3

Surname

Full given name(s)

PART 6

TAX INFORMATION

6.1 TAX STATUS

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

Regulated super funds (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts) are not required to complete Part 6 and can proceed to Part 7.

Provide the Trust or trustee's Global Intermediary Identification Number (GIIN), if applicable

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)

- Deemed Compliant Financial Institution
- Excepted Financial Institution
- Exempt Beneficial Owner
- Non Reporting IGA Financial Institution
- Nonparticipating Financial Institution
- Other (describe the FATCA status in the box provided)

WHOLESALE 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 distribution reinvested as additional units please select one of the following options:

Full Participation

Partial Participation

Specify the number of securities or percentage you would like to participate

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 you like to be advised of other offers from Cromwell? Yes No

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 / / Company (if applicable)

PART 10

ADVISER DETAILS

Please have your financial adviser complete and sign this section, to confirm they hold a current AFS license and are authorised to advise on managed investment products.

Adviser given name

Adviser surname

Adviser company (if applicable)

Adviser Phone -

Adviser email

Dealer Group Name AFSL No:

ASIC Moneysmart Adviser number

ADVISER SIGNATURE

Date / /

Name

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

PART 11

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, including the Terms of Issue of Wholesale Units (each as amended from time to time). I/we declare that I am/we are Eligible Investors as this term is defined in the PDS. 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 liabilities 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 having been 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/we declare the tax information provided is accurate. I/we acknowledge and accept that if I/we fail to invest the Minimum Wholesale Investment within 12 months of my/our Initial Investment Date (or if I/we make a withdrawal that would result in me/us having invested less than the \$5 million Minimum Wholesale Investment), then CFM may at its discretion, without reference to me/us, convert my/our Wholesale Units to Ordinary Units of the same value.

SIGNATURE A

SIGNATURE B

Date / /

Date / /

Name

Name

If a Company Officer or Trustee, you MUST specify your title:

If a Company Officer or Trustee, you MUST specify your title:

Director Sole Director and Company Secretary

Director Company Secretary

Trustee Other

Trustee Other

PART 12

PAYMENT DETAILS

These details are required so your payment can be matched to your application form.

Electronic Transfer > BSB: 012 003 Account: 838 531 307
Account Name: CFML PSF Wholesale 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

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WHOLESALE 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(✓). You should read the PDS dated 15 November 2023, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214, before completing this investment application form for Wholesale Units.

PART 1 INVESTMENT AMOUNT

Minimum Initial Investment is \$500,000. Payment instructions are detailed on page 1 of the Application Forms.

Investment amount: \$, , .

Note: The Minimum Wholesale Investment is \$5 million, which must be invested within 12 months of the Initial Investment Date. Failure to invest this amount may result in your Wholesale Units being converted to Ordinary Units of the same value by CFM at its discretion without reference to you.

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

Select only ONE of the following types of unregulated trusts.

Family Trust

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.

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

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 acceptable)

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 acceptable)

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 acceptable)

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.

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

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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 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).

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

PART 5A.3

Acceptable foreign ID documents (should only be completed if the individual does not own a document from Part 5A.1).

BOTH documents from this section must be presented

- Foreign driver 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 (TO BE COMPLETED IF SELECTED TRUSTEE IS AN AUSTRALIAN COMPANY)

6.1 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 (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

6.2 COMPANY TYPE

Select only ONE of the following categories.

Public

Go to Part 6.3

Proprietary

Go to Part 6.4

6.3 REGULATORY / LISTING DETAILS

Select the following categories which apply to the trustee company and provide the information requested.

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

Regulator name

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

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

6.4 DIRECTORS

To be completed for proprietary companies only, not required for public companies as per Part 6.2.

How many directors are there?

Provide full name of each director below

Surname	Full given name(s)
1 <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>

If there are more directors, provide details on a separate sheet and tick this box.

6.5 BENEFICIAL OWNERS

To be completed for proprietary companies only, not required for public companies as per Part 6.2.

Provide details of ALL individuals who are ultimately beneficial owners through one or more share holdings of more than 25% of the company's issued capital (through direct or indirect share holdings).

Beneficial owner 1

Surname	Date of Birth (dd/mm/yyyy)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Full Given Name(s)		
<input type="text"/>	<input type="text"/>		

Residential Address (PO Box is NOT acceptable)

Street			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you a **Politically Exposed Person** (as defined on Page 3)?

No Go to Part 7

Yes 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)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Full Given Name(s)		
<input type="text"/>	<input type="text"/>		

Residential Address (PO Box is NOT acceptable)

Street			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you a **Politically Exposed Person** (as defined on Page 3)?

No Go to Part 7

Yes If you answered "Yes" please provide details of how you meet the definition of Politically Exposed Person

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

Beneficial owner 3

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 5

Yes If you answered "Yes", please provide details of how you meet the definition of Politically Exposed Person

PART 7

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

For each beneficial owner please attach 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 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 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.

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PART 8

TAX INFORMATION

8.1 TAX STATUS

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

Part 8 is not required for deceased estates (deceased estates can proceed to Part 9).

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

- Financial Institution or Trust with a trustee that is a Financial Institution** (A trust that is primarily established for custodial or investment purposes or a trust that has a trustee that is a Financial Institution in its own right).

Provide the Trust or trustee's Global Intermediary Identification Number (GIIN), if applicable.

If the Trust or the trustee is a Financial Institution but does not have a GIIN, provide its FATCA status (select ONE of the following statuses).

- Deemed Compliant Financial Institution
 Excepted Financial Institution
 Exempt Beneficial Owner
 Non Reporting IGA Financial Institution
 Nonparticipating Financial Institution
 Other (describe the FATCA status in the box provided)

PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

- 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 the Trust is an Australian Registered Charity or Deceased Estate Part 8 is complete, proceed to Part 9.

- A Foreign Charity or an Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

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 Non-Financial Entities)
 Please go to Part 8.2 (Foreign Controlling Persons).

8.2 FOREIGN CONTROLLING PERSONS (INDIVIDUALS)

A Controlling Person is any individual who directly or indirectly exercises control over the Trust. For a trust, this includes all trustee's, settlors, protectors or beneficiaries. For a trustee company this includes any beneficial owners controlling more than 25% of the shares in the company or senior managing officials.

Are any of the Trust's Controlling Persons tax residents of countries other than Australia? Yes No

If the trustee is a company, are any of this company's Controlling Persons tax residents of countries other than Australia? Yes No

If you answered "Yes" to either of the two questions above, please provide the details of the Controlling Persons below. For each Controlling Person please provide their country of tax residency and Tax Identification Number (TIN) for all relevant countries.

Full given names(s)	Surname	Role (e.g. Trustee)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A,B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Full given names(s)	Surname	Role (e.g. Trustee)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A,B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more controlling persons, provide details on a separate sheet and tick this box

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
Proceed to Part 8.3

8.3 COUNTRY OF TAX RESIDENCY

Is the Trust a tax resident of a country other than Australia? Yes No

If Yes, please provide the Trust's country of tax residence and Tax Identification Number (TIN) or equivalent below. If the Trust is a tax resident of more than one other country, please list all relevant countries below.

If No, please proceed to Part 9

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box.

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 9

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 distribution reinvested as additional units please select one of the following options:

Full Participation Partial Participation Specify the number of securities or percentage you would like to participate

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PART 10

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 you like to be advised of other offers from Cromwell? Yes No

How did you hear about the Fund?

PART 11

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 / / Company (if applicable)

PART 12

ADVISER DETAILS

Please have your financial adviser complete and sign this section, to confirm they hold a current AFS license and are authorised to advise on managed investment products.

Adviser given name

Adviser surname

Adviser company (if applicable)

Adviser Phone -

Adviser email

Dealer Group Name AFSL No:

ASIC Moneysmart Adviser number

ADVISER SIGNATURE

Date / /

Name

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

PART 13

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 including the Terms of Issue of Wholesale Units (each as amended from time to time). I/we declare that I am/we are Eligible Investors as this term is defined in the PDS. 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 liabilities 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 having been 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/we acknowledge and accept that if I/we fail to invest the Minimum Wholesale Investment within 12 months of my/our Initial Investment Date (or if I/we make a withdrawal that would result in me/us having invested less than the \$5 million Minimum Wholesale Investment), then CFM may at its discretion, without reference to me/us, convert my/our Wholesale Units to Ordinary Units of the same value.

SIGNATURE A

Date / / Name

If a Company Officer or Trustee, you MUST specify your title:

Director Sole Director and Company Secretary Trustee Other

SIGNATURE B

Date / / Name

If a Company Officer or Trustee, you MUST specify your title:

Director Company Secretary Trustee Other

PART 14

PAYMENT DETAILS

These details are required so your payment can be matched to your application form.

- Electronic Transfer > BSB: 012 003 Account: 838 531 307
Account Name: CFML PSF Wholesale Application Account
Reference: Applicant Name

PART 15

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