

**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 (✓). 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, AT0)

Provide the trust's ABN or registration / licensing details

INTERNAL USE ONLY

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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**

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## 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)

# 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 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)

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

## 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?

**Yes**

Go to Part 11 (Please ensure Adviser Details - Part 11 is completed in full.)

**No**

Go to Question 1

1. By investing in Ordinary Units 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.

**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 for 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 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](http://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](http://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 11

### 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

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.

ADVISER SIGNATURE

Date  /  /

Name

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## 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 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 authorise CFM to calculate and pay the nominated advice fee, up to 3.3% of the application monies, to the nominated adviser /adviser group from our application monies. I/we understand that the advice fee cannot be refunded once paid. I/we declare the tax information provided is accurate. I/we confirm our answers to the additional questions at Part 10 of this Application Form are correct.

SIGNATURE A

SIGNATURE B

Date  /  /

Date  /  /

Name

Name

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

Director  Sole Director and Company Secretary   
Trustee  Other

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

Director  Company Secretary   
Trustee  Other

## PART 13 PAYMENT DETAILS

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

Please indicate which payment method you have used:

- Cheque > Made payable to: **CFM PSF APPLICATION**  
 BPAY > Call 1300 737 760 for your Reference:

Billor Code: 279216

Reference:

- Electronic Transfer > BSB: 012 003 Account: 835 403 991  
Account Name: CFML PSF Application Account  
Reference: Applicant Name

## PART 14 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