

CROMWELL PHOENIX PROPERTY SECURITIES FUND ARSN 129 580 267

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

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a tick (✓). 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 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

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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.

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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)

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

PART 5A.2

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

Select ONE valid option from this section

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

AND ONE valid option from this section

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

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PART 5A.3

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

BOTH documents from this section must be presented

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth*
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

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

PART 6

AUSTRALIAN COMPANY DETAILS (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

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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

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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 7

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

PART 7.1

Acceptable primary photographic ID documents.

Select ONE valid option from this section only

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

PART 7.2

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

Select ONE valid option from this section

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

AND ONE valid option from this section

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

PART 7.3

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

BOTH documents from this section must be presented

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth*
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

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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

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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

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?

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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

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 13 (Please ensure Adviser Details - Part 13 is completed in full.)*

No *Go to Question 1*

1. By investing in Ordinary Units in the Cromwell Phoenix Property Securities Fund, you are investing in a portfolio of listed property and property related securities that are predominantly listed on the Australian Securities Exchange (ASX).

Do you accept that an investment in the Fund exposes you to risks associated with listed securities such as:

- Security specific, general market and wider economic factors and events that can result in a rise and fall in the value of the Fund's assets;
- The performance of the broader equities market can impact the performance of the Fund; and
- CFM may 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:

- Review the target market determination for the product which can be found online at www.cromwell.com.au/psf/TMD or by contacting Cromwell to request a copy.
- Review the product disclosure statement which can be found online at www.cromwell.com.au/psf/PDS or by contacting Cromwell directly to request a copy.
- Seek advice from your financial adviser, stockbroker or other investment professional."

PART 13

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

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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

PART 14 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 12 of this Application Form are correct.

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 15 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:

Billier Code: 279216

Reference:

- Electronic Transfer > BSB: 012 003 Account: 835 403 991

Account Name: CFML PSF Application Account

Reference: Applicant Name

PART 16 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