

**ORDINARY INVESTMENT APPLICATION FORM 2 - AUSTRALIAN COMPANIES**

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

**PART 1****INVESTMENT AMOUNT**

Minimum application is \$10,000 and thereafter multiples of \$1,000. Payment instructions are detailed on page 1 of the Application Forms.

Investment amount: \$

**PART 2****INVESTOR DETAILS**

Has the person / entity investing in this Fund invested in a Cromwell managed fund previously?

**Yes**, investor number:   
Investment name:

*If there are no changes to any of your details go to Part 5*

**No**. Go to Part 3 and attach identification documents

**PART 3****INVESTOR IDENTIFICATION - AUSTRALIAN COMPANY DETAILS****3.1 GENERAL INFORMATION**

Full name as registered by ASIC

ACN

**Registered office address** (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

**Principal place of business** (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Please include your ABN or TFN in the space provided to ensure tax is not deducted from distributions.

**ABN**

**TFN**

**3.2 COMPANY TYPE**

Select only ONE of the following categories.

**Public** Go to Part 3.3

**Proprietary** Go to Part 3.4

INTERNAL USE ONLY

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### 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)

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

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## 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" above provide details of how you meet the definition of Politically Exposed Person

## PART 4

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

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

#### PART 4.1

Acceptable primary photographic ID documents.

#### Select ONE valid option from this section only

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

#### PART 4.2

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

#### Select ONE valid option from this section

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

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## **AND ONE valid option from this section**

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

### **PART 4.3**

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

## **BOTH documents from this section must be presented**

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

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

## **PART 5**

### **TAX INFORMATION**

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

#### **5.1 TAX STATUS**

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

- 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](http://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.

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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 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

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 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

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 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

### 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**  **No**  
*Go to Part 10 (Please ensure Adviser Details - Part 10 is completed in full.)* *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](http://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](http://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."

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## 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

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 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 (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 9 of this Application Form are correct.

SIGNATURE A

Date  /  /

Name

SIGNATURE B

Date  /  /

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

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## PART 12

### 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:

Biller Code: 279216

Reference:

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

Account Name: CFML PSF Application Account

Reference: Applicant Name

## PART 13

### POSTAL

Post > Mail your original application form and certified copies of identification to the Fund's registrar:

Boardroom Pty Limited

GPO BOX 3993

Sydney NSW 2001