

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**

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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)

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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

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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

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 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