



# 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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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

## 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.

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

## 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](http://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



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

## 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

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