

WHOLESALE INVESTMENT APPLICATION FORM 2 - AUSTRALIAN COMPANIES

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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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", please 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 Cromwell's Investor Services 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 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 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.) (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 Tax 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	<input type="text"/>		
Financial Institution	<input type="text"/>		
BSB	<input type="text"/>	Account Number	<input type="text"/>

If you would like your distribution reinvested as additional units please select one of the following options:

Full Participation	<input type="checkbox"/>	Partial Participation	<input type="checkbox"/>	Specify the number of securities or percentage you would like to participate	<input type="text"/>
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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	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	After hours	<input type="text"/>
Mobile	<input type="text"/>	Facsimile	<input type="text"/>
Email	<input type="text"/>		

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 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

PART 10 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.

Date / /

Date / /

Name

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 11

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 12

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