

WHOLESALE INVESTMENT APPLICATION FORM 1 - INDIVIDUALS & SOLE TRADERS



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, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214, before completing this investment application form for Wholesale Units.

PART 1

INVESTMENT AMOUNT

Minimum Initial Investment is \$500,000.
Payment instructions are detailed on page 1 of the Application Forms.

Investment amount: \$

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: The Minimum Wholesale Investment is \$5 million, which must be invested within 12 months of the Initial Investment Date. Failure to invest this amount may result in your Wholesale Units being converted to Ordinary Units of the same value by CFM at its discretion without reference to you.

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 6

No. Go to Part 3 and attach identification documents

PART 3

INVESTOR IDENTIFICATION - PERSONAL DETAILS

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

Complete this part if individual is a sole trader.

Full Business Name (if any) ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

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

Tax File Number

--	--	--	--	--	--	--	--	--	--	--	--

If the investor above is exempt from providing a TFN, please provide the reason for the exemption (eg: Sole Parent Benefits, Service Pension, etc.)

INTERNAL USE ONLY.

WHOLESALE INVESTMENT APPLICATION FORM 1 - INDIVIDUALS & SOLE TRADERS

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

Complete this part if individual is a sole trader.

Full Business Name (if any) ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)
Street
Suburb State Postcode Country

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

Tax File Number

If the investor above is exempt from providing a TFN, please provide the reason for the exemption (eg: Sole Parent Benefits, Service Pension, etc.)

INDIVIDUAL 1 & 2

Individual investors may designate an investment on behalf of another individual. CFM is only required to act on instructions from the investors listed in Part 3. CFM is not bound to take any notice of any interest of any person listed in the Account Designator.

Account Designator
 A T F

PART 4

POLITICALLY EXPOSED PERSON

The information below is required under the Anti-Money Laundering and Counter-terrorism Financing Act 2006 (refer to page 3).

INDIVIDUAL 1

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

INDIVIDUAL 2

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

WHOLESALE INVESTMENT APPLICATION FORM 1 - INDIVIDUALS & SOLE TRADERS

PART 5

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 individual 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 5.1

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 5.2

Acceptable secondary ID documents (should only be completed if you do 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)
 - 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 5.3

Acceptable foreign documents (should only be completed if you do not own a document from Part 5.1).

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 1 - INDIVIDUALS & SOLE TRADERS

PART 6

TAX INFORMATION

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

INDIVIDUAL 1

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Please answer BOTH tax residency questions:

Is the individual a tax resident of Australia?

Yes No

Is the individual a tax resident of another Country?

Yes No

If the individual is a tax resident of a country other than Australia, please provide their Tax Identification Number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

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.

INDIVIDUAL 2

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Please answer BOTH tax residency questions:

Is the individual a tax resident of Australia?

Yes No

Is the individual a tax resident of another Country?

Yes No

If the individual is a tax resident of a country other than Australia, please provide their Tax Identification Number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

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.

WHOLESALE INVESTMENT APPLICATION FORM 1 - INDIVIDUALS & SOLE TRADERS

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)

WHOLESALE INVESTMENT APPLICATION FORM 1 - INDIVIDUALS & SOLE TRADERS

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

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.

Date

Signature

Name

Date

Signature

Name

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