

CROMWELL FUNDS MANAGEMENT (CFM) REQUEST TO REGISTER SURVIVING HOLDERS



CROMWELL FUNDS MANAGEMENT LIMITED ABN 63 114 782 777 AFSL 333214 (CFM).

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.
Mark appropriate answer boxes with a tick (✓).

PART 1 DETAILS OF JOINT HOLDING/S

Investment Reference Number	Full name(s) of Registered Holding (Example: "John Smith" or "John Smith ATF John R Smith Super Fund")
<input type="text"/>	<input type="text"/>

PART 2 DETAILS OF SURVIVING HOLDER

Full names of Surviving Holder:

Surname

Title	Full Given Name(s)
<input type="text"/>	<input type="text"/>

Tax File Number (TFN) of Surviving Holder:

I am a surviving holder of a joint holding described above. The units are held jointly with the deceased. I request you register me as a holder of the securities and agree to hold them under the same terms and conditions as previously held.

PART 2.1 TAX INFORMATION

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

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.

PART 2.2

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.

CONTACT DETAILS (MUST NOT BE ADVISER DETAILS)

Address

City State Postcode

Phone - After hours -

Mobile -

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.

PART 2.3

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.

DISTRIBUTION PAYMENTS

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

ADVISER DETAILS

Adviser given name

Adviser surname

Adviser company (if applicable)

Adviser Phone -

Adviser email

Dealer Group Name AFSL No:

AISIC Moneysmart Adviser Number

PART 2.4

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.

ADDITIONAL INVESTMENT ENQUIRER

Given name

Surname

Date of birth / / Company (if applicable)

PART 3 DECLARATION AND AUTHORISATION

Note: This section must be signed for this form to be processed

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to the unitholding.

SIGNATURE A

SIGNATURE B

Date / /

Date / /

Name

Name

PART 4 RETURN THE FORM AND DEATH CERTIFICATE

Proof of death must be provided. Post an original certified copy of Death Certificate **OR** original certified copy of Probate with the originally completed form.

If you have any questions in relation to this form, please call Cromwell's Investor Services Team on 1300 268 078.



Return completed form to:

Email: cromwell@boardroomlimited.com.au

Post: Boardroom Pty Limited
 GPO Box 3993, Sydney NSW 2001