

# APPLICATION FORM

2 December 2024

## Apostle Dundas Global Equity Fund – Class C units

K2 Asset Management Ltd ABN 95 085 445 094, AFSL No: 244393 (“K2”)

This Application Form accompanies the Product Disclosure Statement (“PDS”) for Class C Units in the Apostle Dundas Global Equity Fund issued by K2. The PDS contains information about investing in the Fund which you should read in full before applying for units. This offer is not open to any U.S. Person; please refer to the PDS.

Please tick one box below and complete the relevant sections of the Application Form, sign it and send together with your certified identification documents. If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS. Any correction should be crossed out and initialled. See section 5 for payment details and the end of this form for where to send your Application Form.

| INVESTOR TYPE   | COMPLETE SECTIONS      | PAGES     |
|---|------------------------|-----------|
| <input type="checkbox"/> Individual/Joint Investors/Sole Trader         | Sections 1, 5 - 10*    | 2, 9-18   |
| <input type="checkbox"/> Company  | Sections 2, 5 - 10*    | 3-5, 9-18 |
| <input type="checkbox"/> Trust/Superannuation Fund – Individual Trustee | Sections 3 -10*        | 6-16      |
| <input type="checkbox"/> Trust/Superannuation Fund – Corporate Trustee  | Sections 2, 3, 5 - 10* | 3-7, 9-18 |

If none of the above categories are applicable (e.g. associations or partnerships), please contact us for assistance on telephone on +613 9691 6111 or by email at apostle@k2am.com.au.

If investing with an authorised representative, agent or financial adviser: Please ensure that they and you complete section 6 or 8 as applies.

If you have a financial adviser: You do not need to provide copies of your certified identification forms with your Application Form if this information has been provided to your financial adviser and they have retained copies and elected to make them available on request in section 6.

\*Section 10 is the Tax Status Declaration (including the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) - Self Certification) which information we are required to collect; please complete the relevant tax section:

1. Individuals - Tax Status
2. Entities - Foreign Tax Status

### CERTIFYING A COPY OF AN ORIGINAL DOCUMENT

All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier. A ‘certified extract’ means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described below.

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

**People who can certify documents or extracts are:**

1. A lawyer, being a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described) or a Justice of the Peace.
2. A magistrate, a chief executive officer of a Commonwealth court or a judge, registrar or deputy registrar of a court.
3. A notary public (for the purposes of the Statutory Declaration Regulations 1993).
4. An agent of the Australian Postal Corporation (APC) who is in charge of, or a permanent employee of the APC with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
5. A police officer or an Australian consular officer or an Australian diplomatic officer (under the Consular Fees Act 1955).
6. An officer with 2 or more continuous years of service with one or more financial institutions (under the Statutory Declaration Regulations 1993) or a finance company officer with 2 or more continuous years of service with one or more financial companies (under the Statutory Declaration Regulations 1993).
7. An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees.
8. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership

## 1. INDIVIDUAL/JOINT INVESTORS/SOLE TRADER - DETAILS

Complete this section if the Investor is investing in their own names, including as a sole trader.

### INVESTOR 1

|                                    |                                       |                      |                      |
|------------------------------------|---------------------------------------|----------------------|----------------------|
| Title                              | Date of Birth                         |                      |                      |
| <input type="text"/>               | <input type="text"/>                  |                      |                      |
| Given Names                        | Surname                               |                      |                      |
| <input type="text"/>               | <input type="text"/>                  |                      |                      |
| Tax File Number or Exemption Code  | Country of Residence for Tax Purposes |                      |                      |
| <input type="text"/>               | <input type="text"/>                  |                      |                      |
| Occupation                         | <input type="text"/>                  |                      |                      |
| Residential Address (not a PO Box) |                                       |                      |                      |
| <input type="text"/>               |                                       |                      |                      |
| Suburb                             | State                                 | Postcode             | Country              |
| <input type="text"/>               | <input type="text"/>                  | <input type="text"/> | <input type="text"/> |
| Mobile Number                      | Telephone                             |                      |                      |
| <input type="text"/>               | <input type="text"/>                  |                      |                      |
| Email                              | <input type="text"/>                  |                      |                      |

*Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email.*

### INVESTOR 2 (only applicable for Joint Investors)

|                                    |                                       |                      |                      |
|------------------------------------|---------------------------------------|----------------------|----------------------|
| Title                              | Date of Birth                         |                      |                      |
| <input type="text"/>               | <input type="text"/>                  |                      |                      |
| Given Names                        | Surname                               |                      |                      |
| <input type="text"/>               | <input type="text"/>                  |                      |                      |
| Tax File Number or Exemption Code  | Country of Residence for Tax Purposes |                      |                      |
| <input type="text"/>               | <input type="text"/>                  |                      |                      |
| Occupation                         | <input type="text"/>                  |                      |                      |
| Residential Address (not a PO Box) |                                       |                      |                      |
| <input type="text"/>               |                                       |                      |                      |
| Suburb                             | State                                 | Postcode             | Country              |
| <input type="text"/>               | <input type="text"/>                  | <input type="text"/> | <input type="text"/> |
| Mobile Number                      | Telephone                             |                      |                      |
| <input type="text"/>               | <input type="text"/>                  |                      |                      |

*If there are more than two individuals, please provide details and attach to this Application Form.*

**SIGNING AUTHORITY** (for applications with two or more individuals) Any one investor to sign; or

- ☐ All investors to sign  
☐ If no selection is made, all investors will be required to sign.

### ADDITIONAL INFORMATION FOR SOLE TRADER (only if applying as a Sole Trader)

|   |                      |                      |                      |
|---|----------------------|----------------------|----------------------|
| Full Business Name (if any)   |                      |                      |                      |
| <input type="text"/>  |                      |                      |                      |
| Australian Business Number (if obtained)  |                      |                      |                      |
| <input type="text"/>  |                      |                      |                      |
| Address of Principal Place of Business (not a PO Box). If residential address, mark 'As Above'. |                      |                      |                      |
| <input type="text"/>  |                      |                      |                      |
| Suburb  | State                | Postcode             | Country              |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## 2. COMPANY (INCLUDING CORPORATE TRUSTEE) – DETAILS

Complete this section if the Investor is investing for, or on behalf of, a company (including as the corporate trustee for a trust/superannuation fund).

Full Company Name

Country of Formation, Incorporation or Registration

Country of Residence for Tax

Tax File Number or Exemption (Australian residents)

ACN/ABN (if registered in Australia)

Principal business activity

Name of Regulator (if licensed by an Australian Commonwealth, State or Territory statutory regulator)

### DETAILS OF TWO DIRECTORS

Director 1 – Full Name

Date of Birth

Director 2 – Full Name (if not a Sole Director Company)

Date of Birth

Registered Business Address in Australia or in Country of Formation

Suburb

State

Postcode

Country

Principal Place of Business (not a PO Box address)

Suburb

State

Postcode

Country

### TYPE OF COMPANY

If an Australian Company, registration status with ASIC.

☐ Proprietary Company

☐ Public Company

If a Foreign Company, registration status with the relevant foreign registration body.

☐ Private/Proprietary Company

☐ Public Company

☐ Other – please specify

Name of Relevant Foreign Registration Body

Foreign Company Identification Number

Is the Company listed?

☐ No ☐ Yes - Name of Market/Stock Exchange

If the company is **registered as a proprietary company by ASIC** or is a **private company registered by a foreign registration body**, please list the name of each director of the company.

Director 1 – Full Name

Director 4 – Full Name

Director 2 – Full Name

Director 5 – Full Name

Director 3 – Full Name

Director 6 – Full Name

If there are more than six directors, please provide full names separately and attach to this Application.

If the company is an Australian proprietary or an unregulated foreign company, please provide details for each Beneficial Owner having more than 25 per cent of the company’s issued share capital.

**BENEFICIAL OWNER 1**

|                                    |                      |                      |                      |
|------------------------------------|----------------------|----------------------|----------------------|
| Given Names                        |                      | Surname              |                      |
| <input type="text"/>               |                      | <input type="text"/> |                      |
| Date of Birth                      |                      | Occupation           |                      |
| <input type="text"/>               |                      | <input type="text"/> |                      |
| Residential Address (not a PO Box) |                      |                      |                      |
| <input type="text"/>               |                      |                      |                      |
| Suburb                             | State                | Postcode             | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**BENEFICIAL OWNER 2**

|                                    |                      |                      |                      |
|------------------------------------|----------------------|----------------------|----------------------|
| Given Names                        |                      | Surname              |                      |
| <input type="text"/>               |                      | <input type="text"/> |                      |
| Date of Birth                      |                      | Occupation           |                      |
| <input type="text"/>               |                      | <input type="text"/> |                      |
| Residential Address (not a PO Box) |                      |                      |                      |
| <input type="text"/>               |                      |                      |                      |
| Suburb                             | State                | Postcode             | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**BENEFICIAL OWNER 3**

|                                    |                      |                      |                      |
|------------------------------------|----------------------|----------------------|----------------------|
| Given Names                        |                      | Surname              |                      |
| <input type="text"/>               |                      | <input type="text"/> |                      |
| Date of Birth                      |                      | Occupation           |                      |
| <input type="text"/>               |                      | <input type="text"/> |                      |
| Residential Address (not a PO Box) |                      |                      |                      |
| <input type="text"/>               |                      |                      |                      |
| Suburb                             | State                | Postcode             | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## INDIVIDUALS CONTROLLING THE COMPANY

If there are no individuals who meet the above requirements as beneficial owners, provide the names of the individuals who directly or indirectly control\* the company.

*\* Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no person can be identified as this then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf) should complete the below information.*

### OTHER BENEFICIAL OWNER 1

|                                    |                      |                                  |                      |
|------------------------------------|----------------------|----------------------------------|----------------------|
| Given Names                        |                      | Surname                          |                      |
| <input type="text"/>               |                      | <input type="text"/>             |                      |
| Date of Birth                      | Occupation           | Role (such as Managing Director) |                      |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             |                      |
| Residential Address (not a PO Box) |                      |                                  |                      |
| <input type="text"/>               |                      |                                  |                      |
| Suburb                             | State                | Postcode                         | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             | <input type="text"/> |

### OTHER BENEFICIAL OWNER 2

|                                    |                      |                                  |                      |
|------------------------------------|----------------------|----------------------------------|----------------------|
| Given Names                        |                      | Surname                          |                      |
| <input type="text"/>               |                      | <input type="text"/>             |                      |
| Date of Birth                      | Occupation           | Role (such as Managing Director) |                      |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             |                      |
| Residential Address (not a PO Box) |                      |                                  |                      |
| <input type="text"/>               |                      |                                  |                      |
| Suburb                             | State                | Postcode                         | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             | <input type="text"/> |

### OTHER BENEFICIAL OWNER 3

|                                    |                      |                                  |                      |
|------------------------------------|----------------------|----------------------------------|----------------------|
| Given Names                        |                      | Surname                          |                      |
| <input type="text"/>               |                      | <input type="text"/>             |                      |
| Date of Birth                      | Occupation           | Role (such as Managing Director) |                      |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             |                      |
| Residential Address (not a PO Box) |                      |                                  |                      |
| <input type="text"/>               |                      |                                  |                      |
| Suburb                             | State                | Postcode                         | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             | <input type="text"/> |

### CONTACT PERSON DETAILS

|                                    |                      |                      |                      |
|------------------------------------|----------------------|----------------------|----------------------|
| Given Names                        |                      | Surname              |                      |
| <input type="text"/>               |                      | <input type="text"/> |                      |
| Residential Address (not a PO Box) |                      |                      |                      |
| <input type="text"/>               |                      |                      |                      |
| Suburb                             | State                | Postcode             | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mobile Number                      |                      | Telephone            |                      |
| <input type="text"/>               |                      | <input type="text"/> |                      |
| Email                              |                      |                      |                      |
| <input type="text"/>               |                      |                      |                      |

*Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email.*

### 3. TRUST/SUPERANNUATION FUND – DETAILS

Complete this section if the Investor is investing for, or on behalf of, a Trust/Superannuation Fund.

Full Name of Trust/Superannuation Fund

Country of Establishment

Country of Residence for Tax Purposes

Tax File Number or Exemption Code

Australian Business Number (if any)

Full name of settlor(s) (being the person(s) who settles the initial sum or assets to the Trust – applies to Unregulated Trusts only).

#### TYPE OF TRUST

(Please tick **ONE** box from the following list to indicate the type of Trust and provide the information below)

**Type A:** ☐ Regulated Trust (e.g. self-managed superannuation fund)

Name of Regulator (e.g. ASIC, APRA, ATO)

Registration/Licensing details

**Type B:** ☐ Foreign Superannuation Fund

Name of Regulator

Registration/Licensing details

**Type C:** ☐ Unregulated Trust

Trust Description (e.g. family, unit, charitable, discretionary)

Describe class of beneficiaries below (e.g. unit holders, family members, charitable purposes)

#### BENEFICIARIES

Provide the full names of all company and individual beneficiaries

Beneficiary 1 – Full Name

Beneficiary 4 – Full Name

Beneficiary 2 – Full Name

Beneficiary 5 – Full Name

Beneficiary 3 – Full Name

Beneficiary 6 – Full Name

*If there are more than six beneficiaries, please provide their full names on a separate page and attach to this Application Form.*

## INDIVIDUALS CONTROLLING THE TRUST

Provide the names of the individuals that directly or indirectly control\* the Trust. (If already listed as beneficiaries, please list again).

*\*Control includes control by acting as Trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustee; or the ability to appoint or remove the Trustee.*

### BENEFICIAL OWNER 1

|                                    |                      |                                  |                      |
|------------------------------------|----------------------|----------------------------------|----------------------|
| Given Names                        |                      | Surname                          |                      |
| <input type="text"/>               |                      | <input type="text"/>             |                      |
| Date of Birth                      | Occupation           | Role (such as Managing Director) |                      |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             |                      |
| Residential Address (not a PO Box) |                      |                                  |                      |
| <input type="text"/>               |                      |                                  |                      |
| Suburb                             | State                | Postcode                         | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             | <input type="text"/> |

### BENEFICIAL OWNER 2

|                                    |                      |                                  |                      |
|------------------------------------|----------------------|----------------------------------|----------------------|
| Given Names                        |                      | Surname                          |                      |
| <input type="text"/>               |                      | <input type="text"/>             |                      |
| Date of Birth                      | Occupation           | Role (such as Managing Director) |                      |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             |                      |
| Residential Address (not a PO Box) |                      |                                  |                      |
| <input type="text"/>               |                      |                                  |                      |
| Suburb                             | State                | Postcode                         | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             | <input type="text"/> |

### BENEFICIAL OWNER 3

|                                    |                      |                                  |                      |
|------------------------------------|----------------------|----------------------------------|----------------------|
| Given Names                        |                      | Surname                          |                      |
| <input type="text"/>               |                      | <input type="text"/>             |                      |
| Date of Birth                      | Occupation           | Role (such as Managing Director) |                      |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             |                      |
| Residential Address (not a PO Box) |                      |                                  |                      |
| <input type="text"/>               |                      |                                  |                      |
| Suburb                             | State                | Postcode                         | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             | <input type="text"/> |

### BENEFICIAL OWNER 4

|                                    |                      |                                  |                      |
|------------------------------------|----------------------|----------------------------------|----------------------|
| Given Names                        |                      | Surname                          |                      |
| <input type="text"/>               |                      | <input type="text"/>             |                      |
| Date of Birth                      | Occupation           | Role (such as Managing Director) |                      |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             |                      |
| Residential Address (not a PO Box) |                      |                                  |                      |
| <input type="text"/>               |                      |                                  |                      |
| Suburb                             | State                | Postcode                         | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>             | <input type="text"/> |

#### 4. INDIVIDUAL TRUSTEE – DETAILS

##### INDIVIDUAL TRUSTEE 1

|                                    |                      |                      |                      |
|------------------------------------|----------------------|----------------------|----------------------|
| Title                              | Date of Birth        |                      |                      |
| <input type="text"/>               | <input type="text"/> |                      |                      |
| Given Names                        | Surname              |                      |                      |
| <input type="text"/>               | <input type="text"/> |                      |                      |
| Occupation                         | <input type="text"/> |                      |                      |
| Residential Address (not a PO Box) | <input type="text"/> |                      |                      |
| Suburb                             | State                | Postcode             | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mobile Number                      | Telephone            |                      |                      |
| <input type="text"/>               | <input type="text"/> |                      |                      |
| Email                              | <input type="text"/> |                      |                      |

*Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports.  
Certain reports will only be sent by email.*

##### INDIVIDUAL TRUSTEE 2

|                                    |                      |                      |                      |
|------------------------------------|----------------------|----------------------|----------------------|
| Title                              | Date of Birth        |                      |                      |
| <input type="text"/>               | <input type="text"/> |                      |                      |
| Given Names                        | Surname              |                      |                      |
| <input type="text"/>               | <input type="text"/> |                      |                      |
| Occupation                         | <input type="text"/> |                      |                      |
| Residential Address (not a PO Box) | <input type="text"/> |                      |                      |
| Suburb                             | State                | Postcode             | Country              |
| <input type="text"/>               | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mobile Number                      | Telephone            |                      |                      |
| <input type="text"/>               | <input type="text"/> |                      |                      |
| Email                              | <input type="text"/> |                      |                      |

*Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports.  
Certain reports will only be sent by email.*



## 5.1 INVESTMENT DETAILS

### Investment Amount

Please complete the relevant section below. All payments must be made in AUD and paid by direct credit.

| Investment Amount \$ | Distribution method* |             |
|----------------------|----------------------|-------------|
|                      | Reinvest             | Pay to Bank |
|                      |                      |             |

\* The distribution amount can be allocated to either Reinvest or Pay to Bank. Please indicate your choice by ticking the appropriate box. If left blank, distributions will be reinvested.

### Source of funds being invested (tick most relevant option)

- ☐ Retirement income      ☐ Employment income      ☐ Business activities      ☐ Sale of assets  
☐ Inheritance/gift Financial investment      ☐ Other \_\_\_\_\_

Please pay the investment to the following account:

Electronic Funds Transfer or Direct Deposit

Account name: STATE STREET AUSTRALIA LTD ACF APOSTLE DUNDAS GLOBAL EQUITY FUND

BSB: 032 143

Account Number: 224 171

Reference: ATW1 [Investor name]

### Distribution Account Details

This section must be completed for Fund distributions and/or redemption payments and must be in AUD to an Australian domiciled bank.

Australian Bank

Branch

Account Name

BSB

Account Number

The name of the Investor's nominated bank account must be the same as the Investor's name.

## 5.2 COMMUNICATION

### Online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

### Annual report options

Please indicate if you wish to receive an annual report:

- ☐ Annual report by email      ☐ No annual report      ☐ Annual report by post

## 6. ADVISER OR AGENT

By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser / authorised representative / agent access to your account information unless you indicate otherwise by ticking the box below.

### 6.1 ADVISER OR AGENT

I am a financial adviser completing this application form as an authorised representative or an agent

Name of Adviser

AFSL Number (if financial adviser)

Dealer Group (if financial adviser)

Name of Firm

Postal Address

Suburb

State

Postcode

Country

Email Address of Advisory Firm (required if financial adviser)

Email Address of Adviser

Business Telephone

Facsimile

### 6.2 DECLARATION (Note one must be ticked)

☐ Financial Adviser Declaration

I/we hereby declare that I/we are the nominated financial adviser for the investor, further:

I/we hereby declare that I/we are not a US Person as defined in the PDS

I/we hereby declare that the investor is not a US Person as defined in the PDS

I/we have completed an appropriate customer identification procedure (CID) on this investor which meets the AML/CTF Act and elected to make them available on request by the Responsible Entity.

I/we have complied with all requirements of the Corporations Act and applicable laws for this investment by the investor.

☐ Agent Declaration

I I/we hereby declare that I/we are the nominated agent for the investor, further:

I/we hereby declare that I/we are not a US Person as defined in the PDS

I/we hereby declare that the investor is not a US Person as defined in the PDS

Adviser or Agent Name

Date

Signature of Adviser or Agent

## 6.3 ACCESS TO INFORMATION

Unless you elect otherwise, your financial adviser or agent will have access to your account information and will receive copies of all statements and transaction confirmations.

- ☐ I/we **DO NOT** want our adviser or agent to have access to information about your investment.
- ☐ I/we **DO NOT** want copies of statements and transaction confirmations sent to our adviser or agent.

Signature of investor 1 or company officer

Full Name

Date

Signature of investor 2 or company officer

Full Name

Date

## 7. AML IDENTIFICATION DOCUMENTS

To comply with the AML requirements, we must collect certain information from prospective investors supported by ORIGINAL CERTIFIED COPIES of the identification documents for all investors as described below.

Please refer to page 1 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process an Application.

### Group A - Individual Investors

Each individual investor, individual trustee, beneficial owner, or authorised representative must provide one of the following:

- An Australian driver's licence (or foreign equivalent) including your photo & signature; or
- An Australian passport expired no more than 2 years previously or a current foreign passport including your photo and signature; or
- An identity card issued by a State or Territory Government that includes a photo; or

If you do not have one of the above documents, then ONE OF an Australian birth or citizenship certificate or DHS pension card PLUS one of either of the following showing the residential address and name of the investor: A notice issued by the ATO showing a debt payable by you no which is not more than 12 months old (please block out TFN) OR a utilities or local government notice for services to the address which is no more than 3 months old.

### Group B - Trusts (Retail Funds, Regulated or Government Superannuation Funds including SMSFs and Registered Charitable Trusts)

Provide Group A verification documents for each individual Trustee or Group D or E verification documents for Corporate Trustees, and provide one of the following including the Trust's full name and type:

- A copy of the company search from the relevant regulator's website e.g. APRA, ASIC or the ATO database; or
- Copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

### Group C - Other Trusts (unregulated)

Provide Group A verification documents for each Individual Trustee or Group D or E verification documents for the Corporate Trustee and Group A verification documents for each beneficial owner\* of the Trust. For the Trust, provide one of the following:

- Certified copy or certified extract of the Constitution/Constitution containing the signature page; or Annual report or audited financial statements; or
- A certified copy of a notice received by the ATO in the last 12 months; or
- A certified copy of a notice issued by the ATO within the previous 12 months.

*\*A beneficial owner of a trust is any individual who has a 25% or more interest in the trust or controls the trust. This includes the appointor (who can appoint or remove the trustees), the settlor of, and the beneficiaries with at least a 25% interest in, a trust.*

### Group D - Australian companies

Provide Group A verification documents for each beneficial owner\* and for the Company provide one of the following including the Company's full name, type (private or public) and ACN:

A certificate of registration or incorporation issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public); or

A full company search issued in the previous 3 months; or

A certificate of Company Registration; or

If the company is listed, or is a majority owner of a listed company, on the ASX, provide details of the exchange and the ticker code; or

A copy of information regarding the company's licence or other information held by the relevant regulatory body  
e.g. AFSL, RSE, ACL etc.

*\*A beneficial owner of a company is anyone (either directly or indirectly) who can exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official or equivalent.*

### Group E - Foreign companies

Provide Group A verification documents for each beneficial owner\* and for the Company provide one of the following including the Company's full name, type (private or public) and its ARBN or foreign regulator identification number:

A certified copy of the company's Certificate of Registration or incorporation issued by ASIC or the equivalent issued by the foreign jurisdiction in which the company was incorporated, established or formed; or

A certified copy of the company's articles of association or constitution; or

A copy of a company search on the ASIC database or relevant foreign registration body.

*\*A beneficial owner of a company is anyone (either directly or indirectly) who can exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official or equivalent.*

### Group F – Authorised Representatives

Each authorised representative must provide one of the following\*:

If you are an Individual Authorised Representative – please provide the identification documents listed for individuals above;

or If you are a Corporate Authorised Representative – please provide the identification documents listed above for companies.

*\*Authorised representatives must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order etc.*

## 8. AUTHORISED REPRESENTATIVE APPOINTMENT

Complete this section if an Investor wishes to appoint a person to act in a legal capacity as their authorised representative and to operate the investment in the Fund on their behalf. In general, an authorised representative can do everything an Investor can do with their investment, except appoint another authorised representative.

We may act on the sole instructions of the authorised representative until the Investor advises us in writing that the appointment of the authorised representative has been terminated. We may also terminate or vary an appointment of an authorised representative on giving an Investor 14 days prior notice.

If an authorised representative is a partnership or a company, any one of the partners or any Director of the company is individually deemed to have the powers of the authorised representative.

### Authorised representative details

Given Names

Surname

Signature of authorised representative

Date

## 9. DECLARATION AND SIGNATURES

I/we declare and agree each of the following:

1. I/we have read the Product Disclosure Statement to which this application applies and have received and accepted the offer in it in Australia (and/or New Zealand for those offers made in New Zealand).
2. My/our application is true and correct.
3. I am/we are bound by any terms and conditions contained in this Product Disclosure Statement and the provisions of the Constitution of the Fund as amended from time to time.
4. I/We acknowledge that (if a natural person) I am/we are 18 years of age or over and I am/we are eligible to hold units in the Fund and that I/we have legal power to invest.
5. I/We have considered my/our personal circumstances and, where appropriate, obtained investment and/or taxation advice.
6. If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or redemptions by any available method.
7. If investing as trustee on behalf of a super fund or trust I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the Constitution. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
8. I/we acknowledge that the Responsible Entity and the Custodian/Administrator (the "Entities") are required to obtain certain information to enable compliance with AML Requirements, FATCA and CRS requirements and other similar regulatory requirements introduced from time to time. The Applicant undertakes to provide this additional information or documentation as requested of it from time to time to ensure the compliance by the Entities with these requirements. The Entities may also be required to report this information to regulatory or law enforcement agencies which may include personal information, including AUSTRAC and the Australian Taxation Office or regulatory entities overseas and I/we consent to that reporting of my personal information. Should the Applicant fail to provide any information or documentation requested of it, its application may be refused.
9. If I/we have appointed an authorised representative, I/we release, discharge and indemnify K2 Asset Management Ltd as the Responsible Entity of the Fund from any loss, expense, action or other liability which may be suffered by, brought against the investor or K2 Asset Management Ltd for any action or omissions by the authorised representative whether authorised by the Investor or not.
10. The investor acknowledges that none of K2 Asset Management Ltd related entities, officers or employees or any related company or other external service provider guarantee the repayment of capital or the performance of the Fund or the payment of any particular rate of income from the Fund.
11. For New Zealand applicants:  
I/we have read the terms of the offer relating to New Zealand investors, including the New Zealand warning statement.

Signature 1\*

Full Name

Date

Signature 2\*

Full Name

Date

Tick capacity (mandatory for companies):

- ☐ Sole Director and Company Secretary
- ☐ Director
- ☐ Director
- ☐ Secretary
- ☐ Secretary

*\*Joint applicants must both sign.*

*\*For Individual Trustee Trust/Superannuation Funds each individual trustee must sign.*

*\*For Corporate Trustee Trust/Superannuation Funds two Directors, a Director and Secretary or Sole Director must sign.*

## 10. TAX STATUS DECLARATION

### Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) – Self Certification

Individuals should complete section 10.1

Entities including companies and corporate trustees of SMSF should complete section 10.2.

#### 10.1 INDIVIDUALS - TAX STATUS DECLARATION FORM

##### Guide to completing this section

This section is designed to collect the tax status of an individual where the individual has been identified as a potential taxpayer of a country other than Australia.

1. Complete one form for each individual. Complete all applicable sections of this form in BLOCKLETTERS.
2. Tax information must be collected from the individual.
3. PLEASE NOTE: The individual may be treated as being a non-Australian taxpayer if the requested information is not provided.

##### 10.2.1 Tax Information

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.

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.

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.

- |    |                                 |                             |  |
|----|---------------------------------|-----------------------------|--|
| 1. | Country<br><input type="text"/> | TIN<br><input type="text"/> | If no TIN, list reason A, B or C<br><input type="text"/> |
| 2. | Country<br><input type="text"/> | TIN<br><input type="text"/> | If no TIN, list reason A, B or C<br><input type="text"/> |
| 3. | Country<br><input type="text"/> | TIN<br><input type="text"/> | If no TIN, list reason A, B or C<br><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

##### 10.1.2 Declaration

By completing and signing this declaration:

1. I certify that the information I have provided is true and correct; and
2. I undertake to provide a suitably updated Tax Status Declaration within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

**Individual Declaration** (The person named in this form)

Signature

Date

## 10.2 ENTITIES - FOREIGN TAX STATUS DECLARATION FORM

### Guide to completing this section

This section is required for any entity that is required to confirm:

Its FATCA status

Its CRS status, or

Whether it or any of its controlling persons are foreign tax residents,

1. Complete one form for each entity. Complete all applicable sections of this form in BLOCK LETTERS.
2. An entity can be a company, trust, partnership, association, registered co-operative or government body.
3. Tax information must be collected from an authorised representative of the entity.

Tick one of the Tax Status boxes below (if the entity is a Financial Institution, please provide all the requested information below.)

### 10.2.1 Tax Information

- ☐ A Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes)

Provide the entity's Global Intermediary Identification Number (GIIN), if applicable

If the entity 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

(If the Entity is a Trustee-Documented Trust, provide the Trustee's GIIN)

- ☐ Non-participating Financial Institution  
☐ US Financial Institution  
☐ Other (describe the FATCA status in the box provided)

### PLEASE ANSWER THE QUESTIONS 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 ☐ No

If Yes, proceed to section 10.2.2 (Foreign Controlling Persons). If No, Please go to section 10.2.3 to complete the form.

CRS Participating Jurisdictions are on the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>.

Types of organisations:

- ☐ A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate

If the entity type is listed above, please proceed to section 10.2.4 to complete the form.

- ☐ **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 VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at [www.oecd.org](http://www.oecd.org).)

If the entity is a Foreign Charity or an Active NFE, please proceed to section 10.2.3 (Country of Tax Residency).

- ☐ **Other** (Entities that are not previously listed – Passive Non-Financial Entities) Please proceed to section 10.2.2 (Foreign Controlling Persons).



### 10.2.2 Foreign Controlling Persons (Individuals)

Does the entity have any Controlling Persons\* who are tax residents of countries other than Australia?

☐ Yes ☐ No

*\*A Controlling Person is any individual who directly or indirectly exercises control over the entity. For a company, this includes any beneficial owners controlling more than 25% of the shares in the company. For a Trust, this includes Trustees, Settlers or Beneficiaries. For a partnership this includes any partners.*

*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.*

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided as Beneficial Owner).

Full Name

Role (such as Director or Senior Managing Official)

If there are more Controlling Persons, provide details on a separate sheet and tick this box. ☐

Proceed to section 10.2.3.

### 10.2.3 Country of Tax Residency

Is the entity a tax resident of a country other than Australia?

☐ Yes

☐ No

If Yes, please provide the entities' country of tax residence and tax identification number (TIN) or equivalent below. If the entity is a tax resident of more than one other country, please list all relevant countries below. If No, please proceed to section 10.2.4 to complete the form.

*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 an Employer Identification 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.*

- |    |                                 |                             |  |
|----|---------------------------------|-----------------------------|--|
| 1. | Country<br><input type="text"/> | TIN<br><input type="text"/> | If no TIN, list reason A, B or C<br><input type="text"/> |
| 2. | Country<br><input type="text"/> | TIN<br><input type="text"/> | If no TIN, list reason A, B or C<br><input type="text"/> |
| 3. | Country<br><input type="text"/> | TIN<br><input type="text"/> | If no TIN, list reason A, B or C<br><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 entity has not been issued with a TIN

**Reason C** The country of tax residency does not require the TIN to be disclosed

### 10.2.4 Declaration

By completing and signing this declaration:

1. I certify that the information I have provided is true and correct; and
2. I undertake to provide a suitably updated Tax Status Declaration within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

**Entity Declaration** (To be completed by an authorised representative of the entity, such as a Director or Trustee)

Given Names

Surname

Capacity (Company Director, Trustee, etc)

Date

Signature

*Post and fax the original signed Application Form, original certified copies of the Investor's identification document(s) (if relevant) to us at the following address:*

State Street Australia Limited  
Level 14, 420 George St  
Sydney NSW 2000  
Fax: +61 2 9323 6411