INITIAL INVESTMENT APPLICATION FORM

This is an Initial Application Form for an issue of units ("Units") in the managed investment funds listed below (the "Funds"). Warakirri Asset Management Ltd ABN 33 057 529 370 AFSL 246782 ("Warakirri") is the responsible entity of the each of the Funds. This Initial Application Form accompanies the Product Disclosure Statement for the relevant Fund ("PDS"), Additional Information Booklet and the Target Market Determination for the Fund ("Target Market Determination").

It is important that you read the PDS, Additional Information Booklet and Target Market Determination in full, and this Initial Application Form, before applying for Units in the relevant Fund. Information in the PDS, Additional Information Booklet and Target Market Determination may change from time to time. You can access a copy of the latest version of the PDS, Additional Information Booklet, Target Market Determination and the Initial Application Form free of charge from our website at www.warakirri.com.au or by contacting us. Any person who gives another person access to this Initial Application Form must, at the same time and by the same means, give the other person access to the PDS, Additional Information Booklet and Target Market Determination. Defined terms in the PDS and/or Target Market Determination have the same meaning in this Initial Application Form. An application for Units in a Fund that is made under this Initial Application Form may be rejected by Warakirri for any reason, including if it is incomplete or if Warakirri considers that it requires additional information in order to process the application and/or comply with its obligations. If you are an existing investor and wish to subscribe for additional Units, please complete the Additional Application Form for an issue of additional Units (rather than this form), which is available at our website.

Please attach additional pages if you require more space to complete a question.

Applicants may quote their Tax File Number ("TFN") or Australian Business Number ("ABN") (if applicable). It is not an offence to fail to quote a TFN or ABN, but if we are not notified of a TFN, ABN or exemption code, we may be required to withhold tax at the highest marginal rate plus the Medicare Levy in respect of your holding of any Units that are issued.

Initial applications can also be completed online through Warakirri's online application manager here.

If you have any queries on how to complete this Initial Application Form please contact Warakirri on 1300 927 254 for further details.

Preliminary – Fund Selection

Please select the Fund(s) in which you wish to invest in and the amount you wish to invest.

You may elect to receive distributions as cash or reinvest them as additional units in the fund(s). Please indicate your preference below. If you do not select a distribution method, distributions will be reinvested by default. If you select 'Deposit into bank account' as your distribution option, please also provide bank account details in Section 9.

Fund:	**PDS date**	**APIR Code:**	**ARSN:**	**Application amount (AUD):**	**Distribution option**	
					Reinvest	**Deposit into bank account**
Warakirri Ethical Australian Equities Fund	5 March 2026	WRA7701AU	642 393 299	$	☐	☐
Warakirri Global Emerging Markets Fund	5 March 2026	WRA4779AU	642 392 863	$	☐	☐
Warakirri Concentrated Australian Equities Fund	5 March 2026	WRA3342AU	642 392 041	$	☐	☐
ClariVest Global Small Companies Fund	31 July 2025	WRA6014AU	688 722 232	$	☐	☐
			Total:	$		

The minimum initial investment per Fund is AUD$25,000.

Section 1 – Account Information

Investor name	
Application date	

Source of funds:

☐ Savings ☐ Inheritance ☐ Superannuation ☐ Investments ☐ Proceeds from Asset sale

☐ Other (please specify)

Investor type:

☐ Individual / joint account / sole trader
(Complete section 2)

☐ Company
(Complete section 3)

☐ Custodian[1]
(Complete part section 3)

☐ Regulated Trust / SMSF / Family Trust / Other Trust
(Complete section 4)

☐ Incorporated / Unincorporated Association
(Complete section 5)

Please complete sections 6 to 12 in addition to completing one of sections 2, 3, 4 or 5 (as identified above based on your investor type).

If the above categories do not apply to the investor, or the investor is a foreign company, foreign trust or foreign association, please contact Warakirri on 1300 927 254 or contact@warakirri.com.au for further information.

[1] Custodians opening an account on behalf of a managed investment scheme, superannuation fund, managed discretionary account ("MDA") service, investor directed portfolio service ("IDPS") or IDPS-like scheme.

Section 2 – Individual / Joint Account / Sole Trader

☐ Individual ☐ Joint Account ☐ Sole Trader

INDIVIDUAL 1:

Surname:	Full given name:	Sex:
		☐ Female ☐ Male

TFN or exemption code:	Date of birth:

Residential address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Place of birth:

INDIVIDUAL 2:

Surname:	Full given name:	Sex:
		☐ Female ☐ Male

TFN or exemption code:	Date of birth:

Residential Address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Place of birth:

Section 2.1 - Complete this section only for sole trader (also complete individual details above)

Full business name (if any):	ABN:

Principal place of business (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Section 2.2 - Politically Exposed Person (PEP) Declaration

A PEP is an individual who holds a prominent public position or function in a governments body or an international organisation.
Please refer to section 10.2 for further information.

Is any individual named in section 2 a PEP, a family member of a PEP or a close associate of a PEP?

☐ Yes ☐ No

If yes, please provide the individual's full name below:

Please proceed to section 6.

Section 3 – Company

Custodians of a managed investment scheme, superannuation fund, MDA service, IDPS or IDPS-like scheme should complete section 3 with their own details.

Is the company: ☐ Public ☐ Proprietary

Full company name (as registered by ASIC):	ACN:	ABN:

Trading name (if different):	TFN or exemption code:

Country of incorporation (if outside Australia):[2]

Registered office address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Principal place of business address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Section 3.1 - Regulated or Listed Company

Please complete below if the company is a publicly listed company, a majority owned subsidiary of a publicly listed Australian company or an Australian company licensed and subject to Commonwealth, state or territory regulatory oversight.

☐ Regulated company:

Name of regulator:	
License details & number (AFSL, ACL, RCE etc.):	

☐ Australian listed company:

Name of exchange:	

☐ Majority-owned subsidiary of Australian listed company:

Australian Listed company name:	
Name of exchange:	

[2] If the company is a foreign company, please contact Warakirri on 1300 927 254 or contact@warakirri.com.au for further information.

Section 3.2 - Proprietary Company

Please provide the full name and date of birth of each director if the company is a proprietary company.

Director 1 Full name:	Date of birth:

Director 2 Full name:	Date of birth:

Director 3 Full name:	Date of birth:

Director 4 Full name:	Date of birth:

Section 3.3 – Beneficial Owner Information

This section 3.3 does not need to be completed by a publicly listed Australian company, a majority owned subsidiary of a publicly listed Australian company, or regulated companies (under section 3.1). All other companies must complete this section.

Please provide the details for each shareholder who owns or controls[3] (directly or indirectly) 25% or more of issued capital in the company or any individual who is entitled (directly or indirectly) to exercise 25% or more of the voting rights. If no one satisfies either of these categories, please list the most senior managing official(s) (or equivalent) of the company.

BENEFICIAL OWNER 1:

Full Name:	Date of Birth:	Sex:
		☐ Female ☐ Male

Residential Address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Role (if any):

BENEFICIAL OWNER 2:

Full Name:	Date of Birth:	Sex:
		☐ Female ☐ Male

Residential Address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Role (if any):

[3] Control includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

BENEFICIAL OWNER 3:

Full Name:	Date of Birth:	Sex:
		☐ Female ☐ Male

Residential Address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Role (if any):

Section 3.4 – Custodian (if applicable)

Description of the Custodian's appointment/engagement:	Country in which the Custodian's appointment/engagement was established:

Please provide details of the operator/issuer of the relevant managed investment scheme, superannuation fund, managed discretionary account service, IDPS or IDPS-like scheme for which the Custodian is acting.

Full company name:	ACN:

Registered office address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Licence number (e.g. AFSL or RSE):	Registration details (e.g. ARSN, super fund registration number)

Type of investment platform (e.g. registered managed investment scheme or IDPS):	Name of investment platform:

Country in which the investment platform was established:	ABN:

Section 3.5 - Politically Exposed Person (PEP) Declaration

A PEP is an individual who holds a prominent public position or function in a governments body or an international organisation. Please refer to section 10.2 for further information.

Is any individual named in section 3 a PEP, a family member of a PEP or a close associate of a PEP?

☐ Yes ☐ No

If yes, please provide the individual's full name below:

Please proceed to section 6.

Section 4 - Regulated Trust / Self-Managed Super Fund (SMSF) / Discretionary Trust / Other Trust

Full trust name:

Full business name of trustee:

ABN:	TFN or exemption code:

Country where trust was established:[4]	Date of trust's establishment:

Section 4.1 Type of Trust

Please select one of the following:

☐ Self-managed superannuation fund

ABN:

☐ Registered managed investment scheme

Registered scheme number (ARSN):

☐ Unregistered managed investment scheme that has only wholesale clients and does not make small-scale offerings to which section 1012E of the Corporations Act 2001 (Cth) applies

☐ Government Superannuation Fund

Name of legislation establishing the fund:

☐ Other regulated trust (i.e. registered and subject to the regulatory oversight of a Commonwealth, state or territory regulator)

Name of regulator:

Registration or licensing details:

☐ Other unregulated trust (e.g. family trust, charitable trust, testamentary trust, foundation etc.):

Trust description:

Section 4.2 – Settlor of Trust

This section does not need to be completed by registered managed investment schemes, government superannuation funds, an Australian regulated trust, self-managed superannuation fund or an unregistered managed investment scheme that is open only to wholesale clients and does not make small scale offerings under section 1012E of the Corporations Act 2001 (Cth).

Did the trust have trust assets with a value greater than $10,000 at the date of establishment? ☐ Yes ☐ No

If yes, please provide the full name of the settlor of the trust:[5]

[4] If the trust is a foreign trust, please contact Warakirri on 1300 927 254 or contact@warakirri.com.au for further information.

[5] The settlor is the person who made the initial contribution to the trust.

Section 4.3 – Beneficial Owner Information

This section does not need to be completed by registered managed investment schemes, government superannuation funds, an Australian regulated trust, self-managed superannuation fund or an unregistered managed investment scheme that is open only to wholesale clients and does not make small scale offerings under section 1012E of the Corporations Act 2001 (Cth).

Section 4.3A - Beneficiary Details

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

☐ Yes – please provide details of membership class(es) (e.g. unit holders, family members of named person, charitable purposes):

☐ No – please provide full names of all beneficiaries below:

Full name:	
Full name:	
Full name:	
Full name:	

Section 4.3B - Beneficial Ownership

Please provide details of each individual that controls[6] the trust or who owns or holds (directly or indirectly) 25% or more of the beneficial interests in the trust.

BENEFICIARY 1:

Full Name:	Date of Birth:	Sex:
		☐ Female ☐ Male

Residential Address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

BENEFICIARY 2:

Full Name:	Date of Birth:	Sex:
		☐ Female ☐ Male

Residential Address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

[6] Control includes by means of trusts, agreements, arrangements, understandings and practices, or exercising control through the capacity to direct the trustees.

BENEFICIARY 3:

Full Name:	Date of Birth:	Sex:
		☐ Female ☐ Male

Residential Address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

BENEFICIARY 4:

Full Name:	Date of Birth:	Sex:
		☐ Female ☐ Male

Residential Address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Section 4.3C – Details of Appointor

This section does not need to be completed by registered managed investment schemes, government superannuation funds, an Australian regulated trust, self-managed superannuation funds or an unregistered managed investment scheme that is open only to wholesale clients and does not make small scale offerings under section 1012E of the Corporations Act 2001 (Cth).

Please provide the full name and residential address of the any individual who has the power to appoint or remove the trustee of the trust.

Full name:	Date of birth:	
		☐ Female ☐ Male

Residential address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Section 4.4 - Trustee Information

Is the trustee a corporate or individual(s)?

☐ Individual (please complete section 4.5A)

☐ Corporate (please complete section 4.5B)

Section 4.5A - Individual Trustee

INDIVIDUAL TRUSTEE 1:

Full Name:	Date of Birth:	Sex:
		☐ Female ☐ Male

Residential Address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

INDIVIDUAL TRUSTEE 2:

Full Name:	Date of Birth:	Sex:
		☐ Female ☐ Male

Residential Address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Section 4.5B - Corporate Trustee

Is the Company: ☐ Public ☐ Proprietary

Full Company Name (as registered by ASIC):	ACN:	ABN:

Trading Name (if different):	Country of incorporation (if outside Australia)[7]

Registered office address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Principal place of business address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

[7] If the company is a foreign company, please contact Warakirri on 1300 927 254 or contact@warakirri.com.au for further information.

Section 4.5B(1) - Regulated or Listed Company

Please complete below if the company is a publicly listed company, a majority owned subsidiary of a publicly listed Australian company or a company licensed and subject to Commonwealth, state or territory regulatory oversight.

☐ Regulated company

Name of regulator:	
License details & number (AFSL, ACL, RCE etc.)	

☐ Australian listed company:

Name of exchange	

☐ Majority owned subsidiary of Australian listed company:

Australian listed company name	
Name of exchange	

Section 4.5B(2) - Proprietary Company

Please provide the full name and date of birth of each director if the company is an Australian proprietary Company.

Director 1 Full name:	Date of birth:
Director 2 Full name:	**Date of birth:**
Director 3 Full name:	**Date of birth:**
Director 4 Full name:	**Date of birth:**

Section 4.5B(3) - Beneficial Owner Information

This section 4.3B(3) does not need to be completed by a publicly listed Australian company, a majority owned subsidiary of publicly listed Australian company, or a regulated company (under section 4.3B(1)). All other companies must complete this section.

Please provide the details for each shareholder who owns or controls[8] (directly or indirectly) 25% or more of issued capital in the company or any individual who is entitled (directly or indirectly) to exercise 25% or more of the voting rights. If no one satisfies either of these categories, please list the most senior managing official(s) (or equivalent) of the company.

[8] Control includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

BENEFICIARY 1:

Full name:	Date of birth:	Sex:
		☐ Female ☐ Male

Residential address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Role (if any)

BENEFICIARY 2:

Full name:	Date of birth:	Sex:
		☐ Female ☐ Male

Residential address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Role (if any)

BENEFICIARY 3:

Full name:	Date of birth:	Sex:
		☐ Female ☐ Male

Residential address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Role (if any)

Section 4.6 - Politically Exposed Person (PEP) Declaration

A PEP is an individual who holds a prominent public position or function in a governments body or an international organisation.
Please refer to section 10.2 for further information.

Is any individual named in section 4 a PEP, a family member of a PEP or a close associate of a PEP?

☐ Yes ☐ No

If yes, please provide the individual's full name below:

Please proceed to section 6.

Section 5 - Incorporated or Unincorporated Association

Full name of association:

Full name of each of the below (or equivalent in each case):

Chairman:	
Secretary:	
Treasurer:	

Section 5.1 - Type of Association

Please select one of the following:

☐ Incorporated association

☐ Unincorporated association

Name of member applying on behalf of an Unincorporated Association (if applicable):

If you are applying in the capacity as a member of an unincorporated association, you must also complete section 2.

Provide registration / incorporation number of the association (if any):	State or territory of registration (if applicable):[9]

ABN:	TFN or exemption code:

Registered office address (cannot be a PO Box) (if any):

Street

Suburb	State	Postcode	Country

Principal place of business address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Section 5.2 - Beneficial Owner Information

Please provide details for any individual who is entitled (either directly or indirectly to exercise 25% or more of the voting rights (including a power of veto), would be entitled on dissolution to 25% or more of the property of the association, or who holds the position of senior managing official at the association (e.g. chairman, secretary or treasurer) or is a member of the governing committee.

[9] If an overseas body is responsible for incorporation of the association, please contact Warakirri on 1300 927 254 or contact@warakirri.com.au for further information.

BENEFICIARY 1:

Full name:	Date of birth:	Sex:
		☐ Female ☐ Male

Residential address (cannot be a PO Box):

Street

Suburb	State	Postcode	Country

Role (if any):

BENEFICIARY 2:

Full name:	Date of Birth:	Sex:
		☐ Female ☐ Male

Residential address (cannot be a PO Box)

Street

Suburb	State	Postcode	Country

Role (if any):

BENEFICIARY 3:

Full name:	Date of birth:	Sex:
		☐ Female ☐ Male

Residential address (cannot be a PO Box)

Street

Suburb	State	Postcode	Country

Role (if any)

Section 5.3 - Politically Exposed Person (PEP) Declaration

A PEP is an individual who holds a prominent public position or function in a governments body or an international organisation.
Please refer to section 10.2 for further information.

Is any individual named in section 5 a PEP, a family member of a PEP or a close associate of a PEP?

☐ Yes ☐ No

If yes, please provide the individual's full name below:

Please proceed to section 6.

Section 6 - Tax Information

The Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standard ("CRS") have been introduced to deter tax evasion by investors who are tax residents of jurisdictions outside Australia. Australia has entered into an agreement with a number of foreign jurisdictions for the reciprocal exchange of taxpayer information in line with the FATCA and CRS regimes. We are therefore required to obtain certain information from investors, as outlined in this section, to fulfil our legal obligations.

☐ Individual investors proceed section 6.1. ☐ Non-individual investors proceed to section 6.2.

If you are unsure of your information, please contact your legal or tax advisor.

Section 6.1 - Individual FATCA and CRS Certification

Is any individual investor(s) a United States citizen or resident of the US for tax purposes ☐ Yes ☐ No

If yes, please provide each individual's full name and US taxpayer identification number ("TIN")

Full name:	US TIN:

Are you a tax resident of a jurisdiction other than Australia or the United States ☐ Yes ☐ No

If yes, please list all the jurisdictions of tax residence:

TIN or equivalent (if no TIN or equivalent please state one of the below reasons):

Reason 1: This jurisdiction issues TINs, but I have not yet obtained a TIN (please inform us when you receive a TIN)

Reason 2: The domestic laws of this jurisdiction does not require the collection of TINs issued by the jurisdiction

Reason 3: This jurisdiction does not issue a TIN

Reason 4: I am exempt from holding a TIN under the domestic laws of this jurisdiction (please provide exemption code)

Section 6.2 - Non-Individual FATCA and CRS Certification

All non-individual are required to complete section 6.2.

Section 6.2A - Type of Investor

Please select one of the following options:

☐ Australian public listed company or majority owned subsidiary of an Australian public listed company (please complete section 6.2B)

☐ Non-financial entity ("NFE") or non-financial foreign entity ("NFFE")[10]

Is the NFE/NFFE active or passive?

An entity is active if less than 50% of its income is passive and less than 50% of its assets produce or are held for production of passive income. An entity is passive if it does not fit the description of an active entity.

☐ Active (please complete section 6.2B); or

[10] A NFE/NFFE is any entity that is not a financial institution.

☐ Passive (please complete sections 6.2B and 6.2C); or

☐ Financial institution (custodian or depository institution, an investment entity or specified insurance companies for FATCA / CRS purposes)

Please provide the entity's Global Intermediary Identification Number ("GIIN"):[11]

If the entity is a financial institution but does not have a GIIN, what is its financial status:

☐ Deemed-compliant foreign financial institution

☐ Exempt beneficial owner (includes an Australian government organisation or international organisation)

☐ Non-reporting Inter Governmental Agreement ("IGA") Financial Institution.

☐ Sponsored investment entity or trustee-documented trust. Please provide the trustee or sponsor GIIN:

☐ US Financial Institution. Please provide TIN:

Is the financial institution an investment entity located in a non-participating CRS jurisdiction and managed by another financial institution?

☐ Yes (please complete sections 6.2B and 6.2C) ☐ No (please complete section 6.2B)

Section 6.2B - Tax Residence

Is the entity a tax resident of a country outside Australia?

☐ Yes ☐ No

If yes, please list all the jurisdictions of tax residence:	TIN or equivalent (if no TIN or equivalent please state one of the below reasons):

Reason 1: This jurisdiction issues TINs, but I have not yet obtained a TIN (please inform us when you receive a TIN)

Reason 2: The domestic laws of this jurisdiction does not require the collection of TINs issued by the jurisdiction

Reason 3: This jurisdiction does not issue a TIN

Reason 4: I am exempt from holding a TIN under the domestic laws of this jurisdiction (please provide exemption code)

[11] GIINs are unique ID numbers that non-US financial institutions receive from the IRS when they register as a financial institution for FATCA.

Section 6.2C - Controlling Persons

Does the entity have any controlling persons[12] (i.e. any individual who directly or indirectly exercises control over the entity) who are tax residents in countries other than Australia?

☐ Yes (please provide the details of these individuals below) ☐ No

Individual 1:

Full name:	Date of birth:	Sex:
		☐ Female ☐ Male

Residential address (cannot be a PO Box):

Jurisdiction of tax residence:	TIN or equivalent:

Place of birth:

Individual 2:

Full name:	Date of birth:	Sex:
		☐ Female ☐ Male

Residential Address (cannot be a PO Box):

Jurisdiction of tax residence:	TIN or equivalent:

Place of birth:

Individual 3:

Full name:	Date of birth:	Sex:
		☐ Female ☐ Male

Residential address (cannot be a PO Box)

Jurisdiction of Tax Residence:	TIN or equivalent:

Place of birth:

[12] Controlling Person means natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions.

Section 7 - Authorised Signatories

Please provide the below details for individuals who are given the authority to instruct account transactions and changes.

Signatory authority for account transactions and changes must be signed by:

☐ Any one person from the signatory list below ☐ Any two persons from the signatory list below

Please provide signatures of all authorised signatories below:

Signatory 1: Signature:	Signatory 2: Signature:
Full name: Title/Position:	Full name: Title/Position:
Signatory 3: Signature:	Signatory 4: Signature:
Full name: Title/Position:	Full name: Title/Position:
Signatory 5: Signature:	Signatory 6: Signature:
Full name: Title/Position:	Full name: Title/Position:

Please ensure that Warakirri is notified of any changes to the list of authorised signatories.

Proceed to section 8.

Section 8 - Contact Details for Authorised Signatories and Recipients of Statements/Reports

Please list contact details for individuals authorised to receive and discuss information regarding this investment account. Where an email and mobile phone number is provided, that recipient will be setup with access to the Warakirri online investor portal to access statements. Additional features of portal access include transaction processing and history, and the ability to update account details online. If no mobile number is provided, recipients are not setup with online access, they will receive statements by secure email. If you have any queries, relating to the Warakirri online investor portal, please contact us on 1300 927 254. For other disclosure documents visit www.warakirri.com.au.

Recipient 1 (Primary Contact)

Full name:		Telephone (Mobile):	
Email (required):			

☐ Provide Online Access
(email and mobile number required)

If you require hard copies of statements to be sent via post, please contact us on 1300 927 254.

Annual Financial Reports:
All of our funds issue financial reports. You may access these reports free of charge on our website at www.warakirri.com.au. If you would like a hard copy of the report posted to you, please contact us on 1300 927 254.

Recipient 2 (Secondary Contact)

Full name:	
Email:	
Telephone (Mobile):	

☐ Provide Online Access
(email and mobile number required)

Recipient 3

Full name:	
Email:	
Telephone (Mobile):	

☐ Provide Online Access
(email and mobile number required)

Recipient 4

Full name:	
Email:	
Telephone (Mobile):	

☐ Provide Online Access
(email and mobile number required)

Section 8.1 - Adviser Details (if applicable)

By completing this section, you consent to your financial adviser making enquiries on your behalf and receiving investment statements and reports.

Authorised representative number:

AFSL number:

Full name of adviser:

Business name:

Dealer group:

Postal address

Street:

Suburb	State:	Postcode:	Country:

Telephone (Business):

Telephone (Mobile):

Email:

Please list the adviser name and email address you would like to receive correspondence, statements and reports regarding this investment. Please also indicate if your adviser should be setup with access to Warakirri's online portal. Please note, advisers will be setup with view-only access by default. If additional access is required, please contact Warakirri on 1300 927 254.

Adviser recipient:

Full name:	
Email:	
Telephone (Mobile):	

☐ Provide Online Access
(email and mobile number required)

Section 9 - Bank Account Details

Please provide the investor's bank account details for any redemption and distribution payments. This account must be in the investor's name. Payment to third party bank accounts is not permitted. For example, if you are applying as a trustee for a trust, the bank account name and number for the trust must be provided.

Bank account name:	
BSB number:	
Account number:	
Financial institution:	

Section 10 - Identification Documents to be provided per Investor Type

Section 10.1 - Anti-Money Laundering & Counter Terrorism Financing Law (AML/CTF) Information

Please note that all details in this Initial Application Form must match the supporting information provided. Where a document is not in English, it must be accompanied by an English translation prepared by an accredited translator.

All identification documents should be certified (unless it is an original document). Please refer to section 10.3 for details on certification and who can certify your documents.

For section 2 (Individuals / Joint Accounts / Sole-Traders)

Please provide the following documentation to verify the full name, date of birth and/or residential address for the individual / joint holders / sole-trader:

- Attach a certified copy of one primary photographic identification document listed below:
    - Current Australian driver's license;
    - Current Australian passport (or an Australian passport that has expired within the preceding two years);
    - Current foreign driver's license; or
    - Current foreign passport.

    OR

- Attach one certified copy of a non-photographic identification document under (a) and one certified copy of secondary identification document under (b) listed below:

    (a) Australian citizenship certificate
    Australian birth certificate
    Australian pension card

    (b) A notice issued by the Commonwealth or a state or territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address.

    A notice issued by the ATO within the preceding 12 months that records a debt owing/payable and contains the individual's name and residential address.

    A notice issued by a local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person and contains the individual's name and residential address.

For section 3 (Company/Custodian)

Please provide the following documentation to verify the registered name and status (public/proprietary) of the company:

☐ Listed Australian company, or majority owned subsidiary of listed Australian company

- Attach a certified copy of a current search of the relevant domestic stock exchange, extract from the ASIC database or a public document issued by the relevant company showing the company name and ACN as evidence of the company's status as a listed entity or a majority owned subsidiary of a listed Australian entity (as applicable); or
- Attach a certified copy of the company's certificate of registration issued by ASIC.

☐ Licensed or regulated company

- Attach a certified copy of a current search of the relevant ASIC database or a search of the licence or other records of the relevant regulator, as evidence of that company's regulated status; or
- Attach a certified copy of the company's certificate of registration issued by ASIC.

☐ Other company

- Attach a certified copy of the company's certificate of registration issued by ASIC; and

- For each beneficial owner, attach a certified copy of documentation specified for section 2 (above) verifying, full name, date of birth and/or residential address of the relevant person.[13]

AND, if you are a custodian for a managed investment scheme, superannuation fund, IDPS, IDPS-like scheme or managed discretionary account service, you must also provide:

- Attach a certified current copy or extract of the custody agreement evidencing the custodian's appointment on behalf of the investment platform; and
- Attach written certification that you have carried out all applicable customer identification procedures and ongoing customer due diligence requirements in accordance with Chapter 15 of the AML/CTF Rules in relation to your underlying customers prior to, or at the time of, investing in our Funds.

For section 4 (Regulated Trusts / SMSF / Family Trusts)

Please provide the following documentation to verify full name of the trust and the type of trust:

☐ For registered managed investment schemes or Australian regulated trusts:

- Attach a certified copy of a current copy of search results from ASIC or the relevant regulator's website (e.g. for a superfund https://superfundlookup.gov.au); or
- If the trust is a government superannuation fund, a certified copy or relevant extract of the legislation establishing the fund.

☐ For unregistered wholesale managed investment schemes:

- Attach a certified copy of the offer document of the managed investment scheme; or
- Attach other certified evidence that the scheme is open only to wholesale clients, and does not make small scale offerings under section 1012E of the Corporations Act 2001 (Cth).

☐ For other trusts:

- Attach certified current copy or extract of the Trust's trust deed.

AND

- If the trustee is an individual, please provide the identification documentation specified in section 2 (above) in relation to the individual.
- If the trustee is a corporate trustee, please provide identification documentation specified for section 3 (above) in relation to the corporate trustee.

AND

- For each beneficial owner, please provide certified copy of documentation specified in section 2 (above) verifying, full name, date of birth and/or residential address of the relevant person.[14]

For section 5 (Associations)

Please provide the following documentation to verify the details provided in respect of the unincorporated or incorporated association:

- Attach certified current copy or certified extract from ASIC (or the relevant state or territory regulator) for incorporation; or
- An certified copy or certified extract of the current constitution or rules of the association.

AND

- If the applicant is a customer in his or her capacity as a member of an unincorporated association, please provide certified copy of documentation specified in section 2 (above) in relation to the member.

AND

- For each beneficial owner, please provide certified copy of documentation specified in section 2 (above) verifying, full name, date of birth and/or residential address of the relevant person.

[13] This requirement does not apply to a publicly listed Australian companies, majority owned subsidiary of publicly listed Australian companies, or a licensed/regulated Australian company.

[14] This requirement does not apply if the trust is a registered managed investment scheme or other Australian regulated trust, or an unregistered managed investment scheme that has wholesale clients only and does not make small scale offerings under section 1012E of the Corporations Act 2001 (Cth).

Power of Attorney

If this Initial Application Form is signed under a power of attorney, please provide the following additional documentation:

- Attach a certified copy of the power of attorney that confirms that any attorney completing and signing this form is authorised to do so under the power of attorney; and
- Attach please provide the identification documentation specified in section 2 (above) in relation to the attorney.

Section 10.2 - Politically Exposed Person Information

Under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Warakirri is obliged to ask whether you are a Politically Exposed Person ("PEP"), a family member of a PEP or a close associate of a PEP. Please refer to definition below:

A **PEP** is an individual who holds a prominent public position or function in a government body or an international organisation, including: Head of State or head of a country or government; government minister or equivalent senior politician; senior government official; judge of the High Court of Australia or any federal or state court of a state or territory or a judge of a court of equivalent seniority in a foreign country or international organisation; governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia; senior foreign representative, ambassador or high commissioner; high-ranking member of the armed forces; board chair, chief executive or chief financial officer of, or any other position that has comparable influence in, any State enterprise, or international organisation.

A **family member of a PEP** includes a PEP's spouse, de facto partner, parents and child and a child's spouse or de facto partner.

A **close associate of a PEP** includes a person who is known (having regard to information that is public or readily available) to have:

a) joint beneficial ownership of a legal entity or legal arrangement with a PEP; or

b) sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of a PEP.

Section 10.3 – Who can certify your documents

A certified true copy is a copy of a document that has been certified as a true copy of the original, by a person authorised to certify documents. It may include a certified true copy of a print out from an electronic source such as a website. The authorised person should also print their name and position and if possible affix an official stamp.

The following people can certify your documents:

- A legal practitioner who is enrolled with the Supreme Court of a state or territory, or the High Court of Australia.
- A judge, master of a court, or magistrate.
- A registrar, deputy registrar or clerk of a court.
- A justice of the peace or notary public.
- A police officer, sheriff or sheriff's officer.
- A member of an Australian parliament or legislature.
- An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public.
- An Australian consular officer or Australian diplomatic officer.
- A bank, credit union, building society or finance company officer with two or more continuous years of service.
- An officer with, or authorised representative of, a holder of an Australian financial services or credit licence, having two or more continuous years of service with one or more licensees.
- A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants.
- A member of the Association of Taxation and Management Accountants or fellow of the National Tax Accountants' Association.
- A teacher employed on a full-time basis at a school or tertiary education institution.
- Any other person as permitted by the AML/CTF laws.

Section 11 - Investor Acknowledgment and Execution

By signing and submitting this Initial Application Form, each applicant named in each sections 2, 3, 4 or 5 ("Applicant") unconditionally and irrevocably applies for Units in the Fund(s) with an aggregate issue price equal to the investment amount applied for, and acknowledges, agrees and undertakes in favour of Warakirri that:

- where Warakirri accepts this application, Warakirri is authorised to issue Units applied for and to enter the Applicant's name in the register of Unit holders of the Fund in respect of the Units issued;
- the Applicant will hold any Units issued to the Applicant subject to the provisions of the Trust Deed establishing the Fund;
- the Applicant has received, read, understood, accepts and agrees to be bound by the terms and conditions as outlined in section 11 of this Initial Application Form, the Fund's PDS, Additional Information Booklet, Target Market Determination and Constituent documents (as may be updated from time to time) to which this application relates;
- If the Applicant has received the PDS, Additional Information Booklet and/or Target Market Determination from the internet or other electronic means, the Applicant declares that it was received either personally or a printout was accompanied by the Application Form before making an application for Units in the Fund;
- the Applicant makes this application in its own personal capacity and not as trustee, partner or agent or any other capacity, except to the extent otherwise expressly stated in this Initial Application Form;
- has the power to enter into and perform its obligations under the PDS and the Constituent documents and to invest in the Fund;
- if the Applicant is a trustee of a superannuation fund or trust, the Applicant is acting in accordance with its designated powers and authority under the constituent documents for that trust and, if the Applicant is a trustee of a superannuation fund, the Applicant is a complying fund under the Superannuation Industry (Supervision) Act 1993 (Cth);
- is not aware and has no reason to suspect that monies used to fund the investment in selected product have been or will be derived from or related to any money laundering, terrorism financing, or similar activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement ("AML/CTF Laws");
- the Applicant is not aware and has no reason to suspect that the proceeds of its investment in Units in the Fund will be used to finance illegal activities;
- all information provided in this Initial Application Form is accurate and complete, and does not contain any information that is misleading or that is likely to mislead;
- the Applicant will inform Warakirri of any changes to the account information provided including authorised signatories, contact details or the investment entity's officers and structure; and
- unless otherwise disclosed in this form:
  - the Applicant is not a United States person or a resident of the United States for taxation purposes (US Person);
  - no person, or entity, controlling, owning or otherwise holding an interest in the Applicant is a US Person; and
  - it is not receiving any financial product or services from the Trustee or any associated payment for the account or benefit of a US Person; and
- the Applicant acknowledges and agrees to be bound by the terms and conditions in section 13.

The Applicant acknowledges and agrees that Warakirri may decide to delay or refuse any request or transaction with respect to any Units applied for or issued to the Applicant, including by suspending the issue or redemption of Units, as permitted by the Constituent documents, which may include circumstances where Warakirri is concerned that the request or transaction may breach any obligation of, or cause Warakirri to commit or participate in an offence under any AML/CTF Laws, and Warakirri will incur no liability to the Applicant if Warakirri is to do so.

If this Initial Application Form is signed by an attorney, the attorney states that there has been no notice of the revocation of the power of attorney under authority of which this form is signed.

Signature (wet ink required):
Full name: Title/position: Date:

Signature (wet ink required):
Full name: Title/position: Date:

Section 12 - Submitting this Initial Application Form

To apply for Units in the Fund, please post this Initial Application Form and supporting identification documents (refer to section 10) directly to Warakirri Asset Management at the details provided below.

Post to: Citi Unit Registry – Warakirri Asset Management
GPO Box 764
Melbourne VIC 3001

Section 12.1 - Transferral of Investment Amount

Please make payment of the amount you wish to invest to the following bank account via bank transfer (ETF or RTGS):

Bank:	Citi Application Bank Account
BSB number:	242 000
Account number:	204239002
Account name:	CPL-ACF Warakirri Asset Mgmt Apps
Payment Reference:	*Please use the Investor Account Name and Fund APIR Code*

Please note the following:

1) The completed Initial Application Form and supporting documents must be received by 2pm on a Business Day and deposited amounts transferred (and received or cleared) into the above bank on the same Business Day to receive that day's Application Price.

2) You will be sent a confirmation of your application to inform you if your application is accepted. You should check the details on the confirmation statement carefully.

3) If you have any enquiries, please do not hesitate to contact us on 1300 927 254.

Section 12.2 – Initial Application Form Checklist

Before you send your application, please check to see you have taken the following steps:

☐ Read and understand the PDS, Additional Information Booklet and Target Market Determination

☐ Complete all relevant sections of this Initial Application Form

☐ Execute this Initial Application Form after reading the terms and conditions in section 13 and acknowledgments in section 11

☐ Send the original of this Initial Application Form and certified copies of your supporting documents to Warakirri

☐ Transfer of your investment amount to Warakirri's bank account

Section 13 – Terms & Conditions

By signing and submitting this application, the Applicant acknowledges that they have read and understood and agreed to be bound by the terms and conditions as outlined below:

1. Warakirri may accept or reject this application with respect to any or all of the Units applied for, and may accept this application subject to any such conditions that it considers necessary or desirable, including obtaining any consents or further information or documents required.

2. Where Warakirri accepts this application for any Units applied for, the Applicant must pay for those Units in cleared funds, and if the Applicant fails to do, Warakirri may either issue those Units to the Applicant and the outstanding issue price will be a debt immediately recoverable by Warakirri from the Applicant, or Warakirri may elect to cancel the application.

3. The application for, offer and any issue of Units contemplated by this application, the PDS, Additional Information Booklet, the Target Market Determination and the Constituent documents:

   - is personal to the applicant and may not be assigned to any other person; and

   - is governed by the laws of Victoria, Australia and the applicant submits to the non-exclusive jurisdiction of the courts of Victoria, Australia.

4. If this is a joint application, any Units will be held by the Applicants as joint tenants and, unless specified otherwise in this Initial Application Form, each applicant will be able to operate the account and bind the other(s) to any transaction including investments or withdrawals by any available method.

5. The Applicant has had a reasonable opportunity to make its own due diligence investigations and inquiries, and to seek independent professional advice, in connection with the Fund (including the Target Market Determination for the Fund), the Units applied for and the risks and consequences of investing in the Fund, and has done so having regard to the Target Market Determination for the Fund.

6. Neither the Fund, Warakirri nor any other person guarantees the repayment of capital invested in, the performance of, nor any particular return from the Fund or any Units. Investments in the Funds are not deposits with or other liabilities of Warakirri or related bodies corporate, affiliates, associates or officers of any of these entities.

7. Warakirri may be required to pass on information about the Applicant and its investment to the relevant regulatory authority in complying with Anti-Money Laundering and Counter-Terrorism Financing legislation and the Applicant will provide such information and assistance that may be requested by Warakirri to comply with its legal obligations and will indemnify Warakirri against any loss caused by the Applicant's failure to provide such information or assistance;

8. The Applicant will provide Warakirri any information that it reasonably requires in order to enable it to meet all of its compliance, reporting and other obligations under the US Foreign Account Tax Compliance Act ('FATCA') and Common Reporting Standards ('CRS') and all associated rules and regulations from time to time.

9. Where the Applicant has provided Warakirri with information about the Applicant's status or designation under or for the purposes of FATCA (including, but without limitation, US residency or citizenship status and FATCA status as a particular entity type) and CRS and all associated rules and regulations, Warakirri will treat that information as true and correct without any additional validation or confirmation being undertaken except where it is under a legal obligation to do so.

10. The Applicant will pay or authorise the payment of all fees as disclosed in the PDS, Additional Information Booklet and the Constituent documents.

11. Warakirri is authorised to apply the TFN or ABN provided in this Initial Application Form to all future Applications for Units in the Fund, including reinvestments, unless notified otherwise.

12. Warakirri is authorised to accept and act upon any instructions in respect of this application and the Units to which it relates given by the Applicant by facsimile or other electronic means and the onus is on the applicant to ensure that such instructions are received in legible form. Warakirri may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.

13. The Applicant must pay its own costs with respect to this application and with respect to complying with its obligations under the Constituent documents and the issue of any Units to the Applicant;

14. If the Applicant chooses not to quote their TFN/ABN or claim an exemption, we may be required to deduct tax at the highest marginal rate plus the Medicare levy from any income payable to the Applicant. If provided, the Applicant's TFN/ABN will apply automatically to any future investment in the Fund(s) unless the Applicant indicates otherwise.

14. The Applicant represents and warrants to Warakirri that as at the date of this Initial Application Form and at all times until the later of this application being rejected by Warakirri or the Applicant ceasing to hold Units in the Fund:

    - if the Applicant is located outside of Australia, it is a person to whom an invitation or offer to subscribe for Units in the manner contemplated by this application can lawfully be made under all applicable laws in the jurisdiction in which it is located, and to whom Units can lawfully be issued without the need for any registration, lodgement or other formality under Australian law or the applicable laws in any other jurisdiction;

    - the Applicant is able to pay its debts as and when they fall due, and no action has been taken towards winding it up or placing it in bankruptcy.

15. Privacy laws apply to the handling of each Applicant's personal information by Warakirri. You acknowledge and agree that any personal information you provide in or in connection with your application will be collected by Warakirri in order to establish and then support the ongoing administration of an investment in the Fund, and comply with Australian taxation laws, the Corporations Act and other laws and regulations. Personal information may also be used to advise Unit holders of new developments relevant to their investment in the Fund and for direct marketing purposes with respect to other investment opportunities offered by Warakirri and its related entities. For legal and practical reasons, Warakirri will not be able to process an application or administer an investment without certain prescribed information. In order to provide Unit holders with services related to their investment, Warakirri may be required to disclose personal details to certain third party service providers, including custodians, auditors, legal advisers, providers of printing and postal services and any affiliates. This will only be undertaken in accordance with privacy laws. If a Unit holder wishes to access personal information held by Warakirri, they may do so by requesting it in writing. Warakirri will aim to keep all records of personal information as correct and up to date as possible. Unit holders have the right to ask Warakirri to correct information about them which is inaccurate, incomplete or out of date. A copy of Warakirri's privacy policy is available on request.