



Gleich Income Funds

Application Form and Switching Authority

Date 01/10/2018

You may complete these forms to make an application for investment into the Gleich Cash Fund (**Cash Fund**) or the Gleich Pooled Fund A (**Pooled Fund A**) and/or to provide the Trustee with authority to redeem units you hold in the Cash Fund and switch the proceeds into Pooled Fund A or future Gleich Funds on your behalf and vice versa.

It is important that you read the entire Information Memorandum before you complete the Application Form and Switching Authority. Do not complete these forms until you have read the Information Memorandum thoroughly. Please also refer to Section 1 - Instructions for Completing the Application Form of “How to Complete the Application Form” which is attached to this Application Form. The Trustee and Investment Manager recommend that you seek independent financial and taxation advice before making a decision whether or not to invest in the Cash Fund, Pooled Fund A or any future Gleich Fund.

Contact details for further information

Gleich Asset Management Pty Ltd (Trustee)

Telephone: + 61 2 9004 7080

Email: info@gleich.com.au

Postal address: 1343, 2 Park Street Sydney NSW 2000

Application Form

Please complete all relevant sections where indicated in BLOCK LETTERS.

A

Investor Details

☐ Individual ☐ Joint Holding ☐ Company

☐ Trust ☐ Superannuation Fund ☐ Estate ☐ Partnership

Applicant 1 - Name/Company Name

Title

Given Name(s)

Surname

Company Registration Number

☐ ACN

☐ ARBN

☐ Foreign body registration number

Name of foreign registration body

Country of formation/ incorporation/ registration

Tax File No*

Exemption: do you have a tax exemption? ☐ Yes ☐ No

Please advise of any tax exemption

*If you do not supply a Tax File Number or do not have an exemption, tax will be withheld from your distribution at the top marginal rate.

Date of Birth (Day/Month/Year)

___/___/___

Application Form

Please complete all relevant sections where indicated in BLOCK LETTERS.

Joint Applicant 2 - Name

Title

Given Name(s)

Surname

Tax File No*

Exemption: do you have a tax exemption? ☐ Yes ☐ No

Please advise of any tax exemption

*If you do not supply a Tax File Number or do not have an exemption, tax will be withheld from your distribution at the top marginal rate.

Date of Birth (Day/Month/Year)

___/___/___

B Election of Fund

I/We would like to apply and subscribe for Units in:

Gleich Cash Fund ☐

Gleich Pooled Fund A ☐

Please tick the Fund in which you would like to apply and subscribe for Units. If you do not make an election, you will be deemed to have selected the Gleich Cash Fund.

Unless stated otherwise, the fund you select above will be referred to as “the Fund” for the purposes of this Application Form.

C Amount Subscribed

I/We lodge the following application for Units in the Fund.

Total amount applied for \$ _____

If you wish to provide the Trustee with a Switching Authority in respect of an investment in the Gleich Cash Fund, please refer to the Switching Authority in the Annexure to this Application Form. Please note that if you are applying to invest in the Gleich Cash Fund

Application Form

Please complete all relevant sections where indicated in BLOCK LETTERS.

and you wish to invest into a future Fund established on the Platform, you must provide the Trustee with a duly completed Switching Authority.

The payment for the application for Units should be made by Electronic Funds Transfer to:

Bank:	Westpac Banking
BSB:	_____
Account Number:	_____
Account Name:	Gleich Asset Management Gleich Income Funds Application Account
Reference:	Please insert investor name or your investor number if you are an existing investor in the Fund.
Provide date transfer made here:	___/___/___

D

Contact Details

Preferred Contact Person

Street number and name

Town/Suburb

State

Postcode

Telephone (h)

Telephone (w)

Facsimile

Mobile

Email

Please note – communication with you will be by email unless you instruct us otherwise.

Application Form

Please complete all relevant sections where indicated in BLOCK LETTERS.

E

Details of your Bank Account to receive Income Distribution

Bank/Financial Institution:

BSB Number

_____ - _____

Account Number

Account Name

F	<p>Customer Identification for AML/CTF Requirements</p> <p>For Individuals - Please complete section (i)</p> <p>For Joint holdings - Please complete section (i)</p> <p>For Companies - Please complete sections (i) and (ii) (as applicable)</p> <p>For SMSF or Trusts - Please complete sections (i) and (iii)</p> <p>For Estates - Please complete sections (i) and (iv)</p> <p>For Partnerships - Please complete sections (i) and (v)</p>
	<p>Applicants are also required to provide certified copies of appropriate identification documentation used to verify the identity of the Investor. Please refer Section 1 - the Instructions for Completing the Application Form in "How to Complete the Application Form" for the required documents and information.</p>
(i)	<p>Investor 1/Director 1/Trustee 1/Executor 1/Partner 1/Office Bearer 1</p> <p>Title Given Name(s) Surname</p> <p>_____</p> <p>Street number and name Town/Suburb</p> <p>_____</p> <p>State Postcode</p> <p>_____</p>
(i)	<p>Investor 2/Director 2/Trustee 2/Executor 2/Partner 2/Office Bearer 2</p> <p>Title Given Name(s) Surname</p> <p>_____</p> <p>Street number and name Town/Suburb</p> <p>_____</p> <p>State Postcode</p> <p>_____</p>

(ii)	<p>Company</p> <p>Please provide the documents and information to verify the Company (see Section 1 - Instructions for Completing the Application Form in “How to Complete the Application Form”) and any beneficial owner.</p> <p>Directors</p> <p>If the Investor is a proprietary company, the individual details of each Director must also be completed in section (i) above. If the company has more than two directors, please provide details in section (vi) below (Additional Information).</p> <p>Shareholders</p> <p>If the Company is a proprietary or private company, a foreign public company, a domestic unlisted public company or a company that is licensed and subject to regulatory oversight of the Commonwealth, State or Territory statutory regulator, please provide the name and address of each beneficial owner of the Company in section (vi) below (Additional Information).</p> <p>Registered Office</p> <p>(not required if the company's registered office is recorded in Section G of the Application Form - Contact Details)</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 55%;"> <p>Street number and name</p> <p>_____</p> </div> <div style="width: 40%;"> <p>Town/Suburb</p> <p>_____</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>State</p> <p>_____</p> </div> <div style="width: 65%;"> <p>Postcode</p> <p>_____</p> </div> </div>
	<p>(iii) Trusts (including SMSF and Other Superannuation Funds)</p> <p>Please provide documents to verify the Trust, SMSF or superannuation fund (see Section 1 - Instructions for Completing the Application Form in “How to Complete the Application Form”).</p> <p>Trustee/s</p> <p>Please provide details of individual Trustee(s) in section (i) above to identify the individual Trustee and details of any corporate trustee in section (ii) above. If there are more than two Trustees, please provide details of additional trustees in section (vi) below (Additional Information).</p> <p>Do not complete the following if the trust is a Registered Managed Investment Scheme, an Unregistered Managed Investment Scheme (Wholesale) or an APRA-regulated Superannuation Fund established by legislation.</p> <p>Beneficiaries</p> <p>Do the terms of the trust identify the beneficiaries by reference to membership of a class?</p> <p><input type="checkbox"/> Yes - If yes, provide details of the membership class(es) (e.g. unitholders, family members of named person, charitable purpose):</p> <p>_____</p> <p><input type="checkbox"/> No - If no, please provide the full name and address of each beneficiary in section (vi) of the Application Form (Additional Information).</p>
<p>(iv) Estate</p> <p>Please also provide the details of each executor in section (i) above. If there are more than two executors, please provide their individual details in section (vi) below (Additional Information).</p>	

<p>(v)</p>	<p>Partnership</p> <p>Please provide documents to verify the Partnership (see Section 1 - Instructions for Completing the Application Form in “How to Complete the Application Form” to identify each partner).</p> <p>Please also provide the details of at least one partner in section (i) above. If there are more than two partners, please provide their individual details in section (vi) below (Additional Information).</p>
<p>(vi)</p>	<p>Additional Information</p> <hr/> <hr/> <hr/> <hr/>

Declaration and Acknowledgement

By completing and submitting this Application Form, I/we represent, undertake and agree that:

- ▶ I/we have read the IM, any applicable IM Addendum and the Application Form and hereby apply to become an Investor in the Fund;
- ▶ I/we have read and understood the IM and any applicable IM Addendum and agree to the terms and conditions contained in it (including this Application Form) and to be bound by the Umbrella Trust Deed and Addendum Deed;
- ▶ I/we have made an offer to become an Investor in the Fund which cannot be revoked;
- ▶ all details inserted on the Application Form are true and correct;
- ▶ I/we have relied entirely on our own due diligence or professional advice in considering the investment;
- ▶ I/we have had the opportunity to seek professional advice regarding all aspects of investment in the Fund;
- ▶ I/we have legal power and authority to invest in the Fund in accordance with this Application Form;
- ▶ I/we confirm that I/we are not a 'Retail Client' as defined in the Corporations Act and am/are fully aware of the risks associated with an investment in the Fund;
- ▶ I/we confirm that I/we are Wholesale Client(s) as defined in the *Corporations Act 2001* (Cth) and have provided all necessary supporting documentation required pursuant to this Application Form;
- ▶ If requested, I/we will undertake to provide additional information and assistance to comply with all reasonable requests to facilitate the Trustee's compliance with applicable laws (for example, AML/CTF, FATCA, CRS and privacy law);
- ▶ I/we have provided original or certified copies of appropriate identification documents in accordance with AML/CTF Requirements. Copies of the appropriate identification document(s) have been attached to this form;
- ▶ I/we have not relied on any statements or representations made by any party (including the Trustee, the Investment Manager, or any of their respective officers, employees and agents) prior to applying, other than those written representations in the IM or any applicable IM Addendum;
- ▶ I/we understand that an investment in the Fund is subject to investment risk including the risk of loss of income and capital and there is no guarantee that the Trustee will have the means to pay any redemption amounts (if any) owing in respect of the Units;
- ▶ The Trustee may collect, store, use and disclose our personal information in accordance with the *Privacy Act 1988* (Cth) as amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012* (Cth) and the Trustee's privacy policy (a copy is available on request); and
- ▶ If investing as trustee, on behalf of a superannuation fund or trust I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the trust deed for the superannuation fund or trust. In the case of a superannuation fund, I/we also confirm that it is a complying regulated fund under the *Superannuation Industry (Supervision) Act 1993* (Cth).
- ▶ Please specify your tax residency in the space provided below.

- ▶ Please tick the box below if you are a foreign tax resident or a corporation/trust which is a foreign tax resident or has controlling persons who are foreign tax residents.

☐

	<p>If you tick the box above, you agree to complete a self-certification form in respect of the CRS.</p> <p>► I/We confirm the information provided above in respect of our tax residency is correct.</p> <p>By completing and submitting this Application Form, I/we acknowledge and agree that:</p> <p>► The Trustee may accept or reject my/our application in whole or in part, and have absolute discretion to allocate Units as it sees fit;</p> <p>► I/we have not relied on any statement, representation, warranty or promise not contained in writing in the IM or IM Addendum to which this application applies;</p> <p>► I/we acknowledge and agree that the Trustee, the Investment Manager, nor any other person or entity guarantees the value or performance of my/our investment or any income or capital return from the Fund;</p> <p>► I/we have received the <i>Privacy Act 1988</i> (Cth) collection statement printed above and consent to my/our personal information being used and disclosed in accordance with the Trustee's Privacy Policy;</p> <p>► I/we have had the opportunity to seek independent professional advice regarding the legal, tax and financial implications of subscribing for Units in the Fund; and</p>	
H	<p>Signatures</p> <p>Company (or company trustee) execution</p> <p>Director 1</p> <p>_____</p> <p>Name (please print)</p> <p>_____</p> <p>Position (if applicable)</p> <p>_____</p> <p>Date</p> <p>___/___/___</p>	<p>Director 2 / Secretary</p> <p>_____</p> <p>Name (please print)</p> <p>_____</p> <p>Position (if applicable)</p> <p>_____</p> <p>Date</p> <p>___/___/___</p>

	Individual (or individual trustee or partnership) execution	
	Signature (Person 1) <hr/>	Signature (Person 1) <hr/>
	Name (please print) <hr/>	Name (please print) <hr/>
	Position (if applicable) <hr/>	Position (if applicable) <hr/>
	Date ____/____/____	Date ____/____/____

Annexure – Switching Authority

By signing this Switching Authority, you are authorising the Trustee to act as your attorney to do the things set out in this Switching Authority on your behalf. Capitalised terms used in this Switching Authority have the same meaning given to those terms in the information memorandum dated 01/10/2018, issued by the Trustee (Information Memorandum) in relation to the Gleich Income Funds, the Gleich Cash Fund and the Gleich Pooled Fund A.

Please only complete this Switching Authority if you have applied for, or intend to hold, Units in the Gleich Cash Fund and you are willing to give the Trustee the authority to act as your attorney in respect of either of A or B below and/or in respect of the authority in paragraph 6 below:

General Authority: By selecting ‘A’ and entering a percentage of Units (which you hold in the Cash Fund), you are giving the Trustee the authority to decide how many of your Units (up to the percentage you specify) will be ‘switched’ (Relevant Number of Units) into any future Fund established on the Platform, including Pooled Fund A, (Future Fund) on your behalf and you are giving the Trustee authority to ‘switch’ the Relevant Number of Units in the Cash Fund into Units in a Future Fund.

Specific Authority: By selecting ‘B’, and entering a percentage of Units (which you hold in the Cash Fund), you are giving the Trustee the authority to decide the Relevant Number of Units which will be ‘switched’ into the Future Fund (including Pooled Fund A) expressly named in ‘B’ below on your behalf and you are giving the Trustee authority to ‘switch’ the Relevant Number of Units into Units in the Fund expressly named in ‘B’ below.

The Trustee cannot act beyond the authority given below which limits the Trustee to acting as your attorney in respect of:

- ▶ the matters set out in either of A or B in Table 1 below in respect of your Units being ‘switched’ into Units in accordance with paragraph 5 of this Switching Authority; and
- ▶ the final distribution or redemption proceeds of any of your Units in a future Fund (including Pooled Fund A) being ‘switched’ back into Units in accordance with paragraph 6 of this Switching Authority (subject to your election to receive the ‘return on investment’ element of those proceeds in cash).

Table 1 – Switching Authority for Units in the Cash Fund

I am an Investor who [has applied for/ holds*] [*delete whichever does not apply] Units in the Cash Fund. Under this Switching Authority, I am giving the Trustee the authority to act as my attorney on the terms set out in this Switching Authority as follows [tick the appropriate box]:

<input type="checkbox"/>	<p>A. General Authority: The Trustee is authorised at any time to redeem up to ____% of the Units which I hold in the Cash Fund and to apply the redemption proceeds (net of deductions and withholding, if any) to apply and subscribe for Units in any Future Fund, at the Trustee’s election.</p> <p><i>[Note: If the Investor elects to appoint the Trustee as its attorney in respect of A, the Investor must specify the maximum percentage (%) of Units which may be redeemed]</i></p>
<input type="checkbox"/>	<p>B. Specific Authority: The Trustee is authorised to redeem up to ____% of the Units which I hold in the Cash Fund and to apply the redemption proceeds (net of deductions and withholding, if any) to apply and subscribe for Units in the ____ (Fund). I confirm that I have received and reviewed the IM and any applicable IM Addendum for the Fund.</p>

Priority of 'switching' Units in the Cash Fund into Units in a Future Fund

If you select 'A' in Table 1 above, your application for Units in a Future Fund **may** (but the Trustee does not guarantee) be accepted in priority to Investors who select 'B' in Table 1 above if there is strong demand for a particular Future Fund.

Important Notes

In signing this Switching Authority, you acknowledge and agree:

1. the Trustee (with the Investment Manager's approval) will exercise its discretion to determine which Investors' applications for Units made through a Switching Authority will be accepted; and
2. the Trustee may notify you that your application for Units in respect of a particular Future Fund under this Switching Authority has not been accepted and you will not be issued Units in respect of that particular Future Fund.

Before signing this form, you should ensure that you have read the Information Memorandum in its entirety (including the Important Information section at the commencement of the Information Memorandum) and you understand the risks of investing in the Cash Fund and any Future Fund, and the effect of this Switching Authority. You should also obtain independent financial advice.

Appointment

3. By signing below, you appoint the Trustee as your attorney for the purposes set out below effective immediately.
4. The Trustee, as your attorney, has the power to do the following things specified in paragraphs 5 and 6 below (**Powers**) either in the Trustee's or your name, and as the Trustee sees fit.

Switching Units in the Cash Fund into Units in a Future Fund

5. The Trustee, as your attorney, has the power to redeem up to the percentage (which will be represented as a number) of your Units in the Cash Fund as indicated in your selection in 'A' or 'B' in **Table 1** in the Fund (**Designated Cash Units**) and use the redemption proceeds (net of deductions and withholding, if any) to apply and subscribe for Units in a Future Fund (**Designated Fund Units**), including:
 - a. completing and executing a redemption request in relation to that number of Designated Cash Units, applying the proceeds (net of any applicable taxes, charges and fees and otherwise in accordance with the Trust Deed) and completing and executing an application form (if necessary) for the Designated Fund Units; and
 - b. completing and/or executing any other document on your behalf to give effect to the redemption of your Designated Cash Units and application for the Designated Fund Units.

Switching your redemption or final distribution proceeds from Units in a Future Fund into Units in the Cash Fund

6. The Trustee, as your attorney, has the power to use the amount of any final distribution or if applicable, redemption proceeds in respect of your Units in a Future Fund (net of deductions and withholding, if any) (**Resulting Proceeds**) to apply and subscribe for Units in the Cash Fund subject to your election to receive those amounts in cash in accordance with your selection in Table 2 below (**Cash Election**), including:
 - a. applying the Resulting Proceeds (net of any applicable taxes, charges and fees and otherwise in accordance with the Trust Deed) and completing and executing an application form (if necessary) for such number of Units in the Cash Fund which may be acquired using this amount (**Resulting Cash Units**); and
 - b. completing and/or executing any other document on your behalf to give effect to the use and application of your Resulting Proceeds to apply for and subscribe for the Resulting Cash Units.

Table 2 – Cash Election

You may elect to receive the following amounts as a cash distribution instead of such amounts being used and applied to subscribe for Units in the Cash Fund in accordance with paragraph 6 above.

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By ticking this box, I require the Trustee to pay all of the Return* (net of any applicable taxes, charges and fees in accordance with the Trust Deed) paid on any Units issued to me in a Future Fund in cash.

****Return** means any amount of final distribution and/or redemption proceeds paid by the Trustee to the Investor on its Units in a Future Fund in excess of the application amount paid by the Investor upon acquiring Investment Units (**Original Capital Investment**). The Original Capital Investment in Units in a Future Fund will always be 'switched' back into Units in the Cash Fund.*

Important Note: Please note if you do not tick the box above, the entire amount of any final distribution or if applicable, redemption proceeds (net of deductions and withholding, if any) to which you are entitled in respect of your Investment Units in a Future Fund will be used to apply and subscribe for **Units in the Cash Fund**.

I/We confirm cash payments are to be paid into the bank account specified in Section H of the Application Form lodged with Trustee in respect of my application for Units in the Cash Fund.

7. You will ratify every lawful exercise of the Powers by the Trustee.
8. The Trustee may exercise the Powers even if it benefits from doing so, and the Trustee may do anything (and that thing will be valid) even if the Trustee is in any way interested in the thing or connected with a person who is in any way interested in the thing.
9. You indemnify the Trustee (and its officers and related parties) against any claim, demand, cost, charge, damage, loss and expense suffered or incurred by the Trustee in respect of the lawful exercise of the Powers.
10. The Trustee's exercise of the Powers does not involve any assumption of personal liability by, or representation of the validity of this deed poll by, the Trustee.
11. You warrant that, at each time that the Trustee acts to effect an application for Units in the Cash Fund or Units in a Future Fund (**Units**) on your behalf in accordance with its Powers, the information you have provided on the Application Form for the Cash Fund is accurate and can be applied to the application for those Units. You must immediately notify the Trustee of any changes to this information. You also agree that upon notifying the Trustee of any changes to this information, the Trustee has discretion to reject the application for Units where such changes to the information mean that it is necessary or desirable for the Trustee to exercise its discretion to reject the application.
12. You may revoke this limited power of attorney granted at any time by giving written notice to the Trustee.
13. Everything done by the Trustee in exercising powers under this Switching Authority before the Trustee receives written notice of revocation of this Switching Authority is valid and effective as if it had been done by you and you undertake to ratify whatever the Trustee lawfully does or causes to be done in exercising powers under this Switching Authority.

Stamping and registration

14. If necessary, the Trustee will stamp and register this deed poll on your behalf.

Governing law

15. This deed poll is governed by the laws of New South Wales.

EXECUTED as a deed

Company (or company trustee) execution

Director 1

Director 2/ Secretary

Name (please print)

Name (please print)

Position (if applicable)

Position (if applicable)

Date

___/___/___

Date

___/___/___

Individual (or individual trustee or partnership) execution

Signature (Person 1)

Signature (Person 2)

Name (please print)

Name (please print)

Position (if applicable)

Position (if applicable)

Date

___/___/___

Date

___/___/___

If an Individual is signing this Switching Authority, their signature must be witnessed by an independent witness below:

Signature of witness (Person 1)

Signature of witness (Person 2)

Name (please print)

Name (please print)

Position (if applicable)

Position (if applicable)

Date

___/___/___

Date

___/___/___

Eligibility Certificate: Accountant's certificate (section 761G(7) of the Corporations Act 2001)

<p>I, _____ (Name of accountant)</p> <p>of _____ (Address)</p> <p>being a qualified accountant** certify that</p> <p>_____ (Name of Investor)</p> <p>of _____ (Address)</p> <p><input type="checkbox"/> has net assets* in excess of AUD\$2.5 million, or</p> <p><input type="checkbox"/> had a gross income* in excess of AUD\$250,000 per annum for each of the last two financial years.</p> <p>I also confirm the following:</p> <p>I belong to:</p> <p>_____ (Name of professional body e.g., CPA Australia, ICAA, NIA)</p> <p>My membership designation from this professional body is:</p> <p>_____ (Insert details e.g. CPA, CA or PNA)</p> <p>I am subject to and comply with this body's continuing professional education requirements.</p> <p>Signed:</p> <p>_____</p> <p>Date certificate issued:</p> <p>_____</p>	<p>* The net assets or gross income of the investor include:</p> <p>the assets or income of controlled trusts or companies; and/or</p> <p>the assets or income of a person who controls the investor (where the proposed investor is a company or trust).</p> <p>When determining the net assets or gross income of a person who controls a corporate or trust investor, the net assets or gross income of any other company or trust controlled by that person may be included.</p> <p>For the purposes of this Accountant's Certificate, the term 'control' is defined in section 50AA of the <i>Corporations Act 2001</i> (Cth) (Act).</p> <p>** Qualified accountant means any member of:</p> <p>Australian Certified Practising Accountants (CPA) who is entitled to use the post nominals 'CPA' or 'FCPA'; or</p> <p>Chartered Accountants Australia and New Zealand who is entitled to use the post-nominals 'CA', 'ACA' or 'FCA';</p> <p>National Institute of Accountants (NIA) who is entitled to use the post-nominals 'PNA', 'FPNA', 'MNIA' or 'FNIA'; or</p> <p>Accountants belonging to any of the following foreign bodies who have at least three years' experience in accounting or auditing and is providing this certificate to a person who is a resident in the same country:</p> <p>American Institute of Certified Public Accountants;</p> <p>Association of Certified Chartered Accountants (United Kingdom);</p> <p>Canadian Institute of Chartered Accountants;</p> <p>The Institute of Chartered Accountants in England and Wales;</p> <p>The Institute of Chartered Accountants in Ireland; or</p> <p>The Institute of Chartered Accountants of Scotland.</p>
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How to complete the Application Form

1. Instructions for Completing the Application Form

A. Investor Details	<p>Please tick the relevant box to indicate the type of Investor that is the applicant. Applications must be in the name(s) of natural persons, companies or other entities acceptable to the Trustee. At least one full given name and the surname is required for each natural person. We also require the natural person's date of birth. The name of the beneficiary or any other non-registerable name may be included by way of an account designation under section F of the Application Form, if required.</p> <p>For companies, please tick the relevant box to indicate the registration categories that apply and provide the information requested.</p> <p>For Australian Investors please enter your TFN, ABN if a business account or Exemption code/s.</p> <p>Where applicable, please enter the TFN or ABN for each joint applicant. The Collection of TFN is authorised by Australian taxation laws and the <i>Privacy Act 1988</i> (Cth). It is not compulsory to provide your TFN. However, if you do not provide your TFN, tax will be deducted from your distributions at the top personal tax rate.</p> <p>Use the symbols < > as shown below to indicate an account designation.</p>
B. Election of Fund	<p>Please select the Fund in which you wish to apply and subscribe for Units.</p>
C. Amount Subscribed	<p>Please insert the amount you wish to subscribe for. Your application must be for a minimum of:</p> <p>(a) AUD 500,000;</p> <p>(b) AUD 200,000.00 where the application is accompanied by an Accountant's Certificate in the form annexed to the Application Form (although the Trustee and the Investment Manager may agree to accept lesser amounts).</p>
D. Contact details	<p>We will communicate with you by email unless you instruct us otherwise, however we still require your postal address for identification purposes. Please provide your preferred contact person and telephone number/s and email address in case we need to contact you in relation to your application.</p>
E. Bank Account details to receive Income Distribution	<p>Cash distributions distributed to Investors will only be credited directly to your nominated bank account. This bank account must be in the name of the Investor. Please provide full bank account details and ensure that your nominated bank account details are correct.</p>
F. Customer Identification for AML/CTF Requirements	<p>In order to comply with our obligations under the AML/CTF Requirements, the Trustee may request potential Investors to provide additional information for identification and verification purposes. Further instructions are provided below (see section 6 below). Please note that the Trustee is unable to accept an application to invest in the Fund until it is satisfied that the identity of the potential Investor has been verified in accordance with the AML/CTF Requirements.</p>

Identification and Verification	
Individuals (and Joint Holdings)	Applicants that are individuals must provide a certified copy of the document/s in accordance with Part 1 (Foreign ID Documents), Part 2 (Primary ID Documents), or Part 3 (Secondary ID Documents) at the end of this Application Form.
Company	Applicants that are a company must provide a certified copy of the document/s in accordance with Part 1 of "Identification – Companies" below or, alternatively, if the company is an Australian listed company, a majority owned subsidiary of an Australian listed company or a Regulated company (i.e. licensed by an Australian Commonwealth, State or Territory statutory regulator), applicants may provide a certified copy of the document/s from Part 2 of "Identification – Companies" below. If the company is a registered foreign company (i.e. registered with ASIC), applicants must provide a certified copy of the document/s in accordance with Part 3 of "Identification – Companies" below. If the company is an unregistered foreign company (i.e. the company is not registered with ASIC), applicants must provide certified copies of the document/s in accordance with Part 4 of "Identification – Companies" below.
Director verification	If the applicant is a proprietary or private company, at least one director of the company must also provide the documentation for identifying an individual from section (i) of the Application Form to identify that director.
Beneficial owner identification	<p>If the Company is a proprietary or private company, a foreign public company, a domestic unlisted public company or a Regulated company (i.e. licensed by an Australian Commonwealth, State or Territory statutory regulator), you are required to provide:</p> <p>the full name; and</p> <p>full address <u>or</u> date of birth,</p> <p>of each beneficial owner¹ of the Company in section (vii) (Additional Information) of the Application Form.</p>
Trusts (including a Self-Managed Superannuation Funds (SMSF) and other APRA-regulated Superannuation Funds)	<p>Trustee identification</p> <p>Applicants that are a trust (including SMSF and other super funds) must provide a certified copy of the document/s in accordance with either Part 1 or Part 2 of "Identification – Certain Types of Trust" below as applicable.</p> <p>(i) individual trustee(s) - at least one individual trustee (or the individual trustee) must provide the documentation to identify that individual trustee; or</p> <p>(ii) corporate trustee - at least one director must provide the documentation to identify an individual who is a director of the corporate trustee.</p> <p>Applicants must also provide for:</p> <p>Beneficiary identification – private trusts</p> <p>Applicants who are trusts who are not Registered Managed Investment Schemes, Regulated Trusts (e.g. SMSF), APRA-regulated Superannuation Funds or Unregistered Managed Investment Schemes (wholesale) must also identify the membership class of beneficiaries of the trust or provide the name and address of the beneficiaries of the trust.</p>

¹ Beneficial owner means an individual who ultimately owns or 'Controls' (directly or indirectly) 25% or more of the Company. '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 and equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Identification and Verification	
Estate	<p>For an estate, a certified copy of both of the following documents must be provided:</p> <ul style="list-style-type: none"> (i) a certified copy or certified extract of the grant of probate; and (ii) the documentation listed for individuals for at least one executor.
Partnership	<p>For a Partnership, a certified copy of both of the following documents must be provided:</p> <ul style="list-style-type: none"> (i) a certified copy or certified extract of the partnership agreement; and (ii) the documentation listed for individuals to identify at least one partner.

2. Declaration and Acknowledgement

The applicant must agree to the declaration and acknowledgement outlined in the Application Form.

3. Signature

If the applicant is an individual or joint individuals, the Application Form must be signed by the individual(s).

If the applicant is a company (or a trustee company), the Application Form must be signed by either:

- (a) two directors; or
- (b) a director and a secretary; or
- (c) if the company has a sole director (who is secretary) - the sole director (who is secretary) of the company.

4. How to provide Certified Documents

To support an application, certified copies of customer identification documents must be provided. In order for documents to meet the certification requirements, a copy must be clearly authorised as a true copy of the original by an appropriate person. Each certified copy document must be certified separately and must show clearly:

- (a) the words "certified true copy of the original";
- (b) the signature of the certifying officer; and
- (c) the name, address, contact telephone number, provider/registration number (if applicable) and profession of the certifying officer, legibly printed below the signature.

Persons who may certify documents include Justices of the Peace, legal practitioners, accountants, bank managers (except managers of bank travel centres), a member of a State, Territory or Federal police force, a minister of religion,

a pharmacist, a dentist, a legally qualified medical practitioner and a principal of an Australian Secondary College, High School or Primary School. This is not an exhaustive list of persons who may certify documents.

5. Lodging the Application Form

When you have completed this application form in full please send it together with the supporting documentation required:

By scanning and sending it electronically to: application@gleich.com.au	By mail to: 1343, 2 Park Street Sydney NSW 2000
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6. Identification of applicants

Identification - Individuals

Part 1 - Foreign ID Documents – Foreign Individuals

If you cannot produce any documents from Part 2 or Part 3, you can produce a certified copy of **ONE** of the following Foreign ID Documents:

- ▶ Foreign passport or similar travel document containing a photograph of the person in whose name it was issued, the individual's date of birth and the signature of the person*; or
- ▶ Foreign driver's licence that contains a photograph of the person in whose name it was issued and the individual's date of birth*; or
- ▶ National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued.*

*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

Part 2 - Primary Documents – Australian Individuals

If you cannot produce a document from Part 1 or Part 3, you can provide a certified copy of **ONE** of the following primary documents:

- ▶ A current Australian State/Territory driver's licence containing a photograph of the person;
- ▶ Australian passport (a passport that has expired within the preceding 2 years is also acceptable); or
- ▶ Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person.

Part 3 - Secondary ID Documents

If you cannot produce a document from Part 1 or Part 2, you can produce a certified copy of **TWO** Secondary Documents from this Part.

You must provide **ONE** document from the following:

- ▶ Australian birth certificate;
- ▶ Australian citizenship certificate;
- ▶ Pension card issued by Centrelink; or
- ▶ Health card issued by Centrelink.

AND you must provide **ONE** document from the following:

- ▶ A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address;
- ▶ A document issued by the ATO within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. *Block out the TFN before scanning, copying or storing this document;*

Identification - Individuals

- ▶ A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address); or
- ▶ If under the age of 18, a notice that was issued to the individual by a school principal within the preceding 3 months, and contains the name and residential address, and records the period of time that the individual attended that school.

Identification – Companies

Part 1 - Standard Verification Procedure

You may provide a certified copy of ONE of the following documents:

- ▶ A search of the relevant ASIC database completed within 10 days of submitting the Application Form; or
- ▶ If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC completed within 10 days of submitting the Application Form.

The documents listed above must show the entity's corporate details.

Part 2 - Alternative Verification Procedure (Listed companies and Regulated companies)

If you are an Australian listed company, a majority owned subsidiary of an Australian listed company or a Regulated company, you may provide a certified copy of ONE document from the following:

- ▶ A search of the relevant market/exchange (e.g. the Australian Securities Exchange) completed within 10 days of submitting the Application Form;
- ▶ A search of the relevant ASIC database completed within 10 days of submitting the Application Form;
- ▶ A search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator completed within 10 days of submitting the Application Form; or
- ▶ A public document issued by the relevant company and issued within 10 days of submitting the Application Form.

The documents listed above must show the entity's corporate details.

Part 3 - Verification Procedure for registered foreign companies

You must provide a certified copy of ONE of the following documents:

- ▶ A search of the relevant ASIC database completed within 10 days of submitting the Application Form; or
- ▶ If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC completed within 10 days of submitting the Application Form.

The documents listed above must show the entity's corporate details.

Part 4 - Verification for unregistered foreign companies

You must provide a certified copy of the following document:

- ▶ A company search from the relevant regulatory authority of the foreign company's place of incorporation completed within 10 days of submitting the Application Form; or
- ▶ If the relevant foreign regulatory authority database is not reasonably available, an original or certified copy of the certification of registration issued by the relevant regulatory authority of the foreign company's place of incorporation completed within 10 days of submitting the Application Form.

The document listed above must show the entity's corporate details.

Identification – certain types of trusts

Part 1 - Registered Managed Investment Schemes, Regulated Trusts (e.g. SMSF), APRA-regulated Superannuation Funds or Unregistered Managed Investment Scheme (wholesale)

An applicant that is a registered managed investment scheme, regulated trust (e.g. SMSF) or APRA-regulated Superannuation Fund may provide a copy of ONE of the following documents:

Identification - Individuals

- ▶ A search of the ASIC, ATO or relevant regulator's website completed within 10 days of submitting the Application Form; or
- ▶ A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

The documents listed above must show the entity's corporate details.

Part 2 - Other Trusts

An applicant that is any other type of trust may provide a certified copy of ONE document from the following:

- ▶ A certified copy or certified extract of the Trust Deed (showing the full name of the Trust); or
- ▶ A notice issued by the ATO within the last 12 months (e.g. Notice of Assessment). *Block out the TFN before scanning, copying or storing this document.*

The documents listed above must show the entity's corporate details.

INVESTOR APPROVAL (Office Use Only)

Please ensure that all items on this checklist have been complete prior to approving the investor:

<input type="checkbox"/>	The investor has completed the Application Form in full.
<input type="checkbox"/>	The investor has demonstrated that they are a wholesale investor and provided evidence of wholesale status where necessary.
<input type="checkbox"/>	All relevant AML/CTF identification information and verification information has been collected from the investor.
<input type="checkbox"/>	The Application Form has been signed and dated.
<input type="checkbox"/>	The Application Money has been received.

Date Application Approved (dd/mm/yyyy)

Staff Name

Signature

Investor ID number assigned to investor