SECURE BAILMENT SOLUTIONS

Application Form - Compliance

This Application Form relates to the process for application for Units in Trusts where Secure Bailment Solutions acts as Trustee/ Loan Manager. This Application Form does not constitute a solicitation or offer to invest the general public. Information collected in this form is used for the purposes of KYC and Anti-Money Laundering obligations.

Please return this completed Application Form and the Identification Form(s) to:

**In person : Secure Bailment Solutions, Level 7, 109 Pitt Street, Sydney NSW 2000 or via your Financial Advisor**

**Mail : Suite 6/377 Kent Street, Sydney NSW 2000**

**1**

**. CONTACT DETAILS**

Please provide your contact details. If you have a financial adviser, we may contact your adviser first before contacting you about your application.

|  |  |  |
| --- | --- | --- |
| Title: **{contactdetails.title}** | Given name(s): **{contactdetails.givenname}** |  |
| Surname: | **{contactdetails.surname}** |  |
| Phone: | **{contactdetails.phone}** |  |
| Email: | **{contactdetails.email}** |  |
| Postal Address: | **{contactdetails.address}** |  |
| Suburb: **{contactdetails.suburb}** | State: **{contactdetails.state}** | Postcode: **{contactdetails.postcode}** |

We will upload relevant information, updates, disclosure documents, forms and reports to our website or send to your email address nominated above.

Should you wish to opt out of our electronic disclosure, please contact us at 02 8598 8578 or email us at info@securebailment.com.au

We may also send you marketing information in relation to this fund or other funds and opportunities that we may have to offer you in the future from time to time. Should you wish to opt out of receiving such communications, please contact us immediately.

**2**

**. INVESTMENT DETAILS**

Minimum application is AU$100,000 and thereafter multiples of AU$50,000. Payment details are outlined in section 5 of this Application Form.

|  |  |
| --- | --- |
| Investment amount | $ {investments.amount} |
| Fund Selected | {investments.fund} |
| Percent | {investments.percent} % |
| Distribution : | {investments.distribution} |

**3**

**. INVESTOR DETAILS**

What type of investor are you? Complete section:

|  |  |  |  |
| --- | --- | --- | --- |
| {investortypes.description} | | | {investortypes.label} |
| A. INDIVIDUAL INVESTOR OR INDIVIDUAL TRUSTEE | | |  |
|  |  |  |  |
| Title: | Given name(s): |  |  |
| Surname: |  |  |  |
| Date of Birth |  |  |  |
| Email: |  |  |  |
| Residential Address: |  |  |  |
| Suburb: | State: | Postcode: |  |

Are you an Australian resident for tax purposes?

Yes No, if no specific country

Source of Funds:

# A. INDIVIDUAL INVESTOR OR INDIVIDUAL TRUSTEE

|  |  |
| --- | --- |
| Australian Driver’s Licence No.: |  |
| Are you a Politically Exposed Person?  Yes No |  |
| **B. JOINT INVESTOR** |  |
|  |  |
| Title: Given name(s): |  |
| Surname: |  |
| Date of Birth |  |
| Email: |  |
| Residential Address:  Tick, if same as A |  |
| Suburb: State: | Postcode: |
| Are you an Australian resident for tax purposes?  Yes No, if no specific country |  |

TFN or exemption code (provide to ensure tax is not deducted)

TFN or exemption code (provide to ensure tax is not deducted)

Australian Driver’s Licence No.:

Are you a Politically Exposed Person?

Yes No

# C. COMPANY OR CORPORATE TRUSTEE

Full company name / corporate trustee name / sole trader business name:

Australian Driver’s Licence No.:

|  |  |
| --- | --- |
| ACN |  |
| Registered office street address (not a PO Box) |  |
| Suburb: State: | Postcode: |
| Principal place of business address (if different) |  |
| Suburb: State: | Postcode: |
| Business activities: |  |

If the company is listed, please provide the details of the relevant market and details of its listing:

Is the company/corporate trustee a proprietary or public company?

Proprietary Public

|  |  |  |
| --- | --- | --- |
| Director 2 name: |  |  |
| Director 3 name: |  |  |
| Director4 name: |  |  |
|  |  |  |
| **D. TRUSTS** |  |  |
|  |  |  |
| Trustee No. 1 Name: |  |  |
| Trustee No. 1 Address: |  |  |
| Suburb: | State: | Postcode: |

If you are proprietary company, provide the full name of each director Director 1 name:

Are there additional trustees?

No

Yes, Please attach a separate page to this application form with the details.

# D. TRUSTS

Country in which trust was established:

Trust name:

Type of trust:

ABN, TFN or TFN exemption:

Nature of activities or purpose of the trust:

**Only complete the following part of section D if the trust is not a SMSF, registered managed investment scheme, wholesale unregistered managed investment scheme which does not accept retail investors, government superannuation fund or trusts registered and subject to statutory oversight.**

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

Yes, what are the terms? or

No, please provide the full name of each beneficiary

Beneficiary 1:

Beneficiary 2:

Beneficiary 3:

Are there additional beneficiaries?

No

Yes, Please attach a separate page to this application form with the details.

Full name of settlor of trust?

# E. BENEFICIAL OWNERSHIP

Beneficial Owner 1 Name:

Beneficial Owner 1 Date of birth:

Beneficial Owner 1 Residential address:

|  |  |
| --- | --- |
| Suburb: State: | Postcode: |
| Are you a Politically Exposed Person?  Yes No |  |
| Beneficial Owner 2 Name: |  |
| Beneficial Owner 2 Date of birth: |  |
| Beneficial Owner 2 Residential address: |  |
| Suburb: State: | Postcode: |
| Are you a Politically Exposed Person?  Yes No |  |
| Beneficial Owner 3 Name: |  |
| Beneficial Owner 3 Date of birth: |  |
| Beneficial Owner 3 Residential address: |  |
| Suburb: State: | Postcode: |
| Are you a Politically Exposed Person? |  |

If you do not complete Beneficial Owner information, you are confirming that there are no Beneficial Owners. If you do not have Beneficial Owners, Secure **Bailment Solutions will contact you to collect additional information about your company or trust.**

You are a Beneficial Owner if you are an individual who directly or indirectly **owns 25% or more of the company or trust or ultimately controls the company** or trust, including through determining the financial or operating policies of **the company or trust.**

**4**

**. HOW WE MAKE PAYMENTS TO YOU**

Please complete your bank account details below. Please note the account must be held in the name of the Applicant. All payments are calculated and paid in Australian dollars.

Direct all payments to the bank account nominated for below.

Name of financial institution: {bankinfos.institution}

|  |  |
| --- | --- |
| Account name: | {bankinfos.accountname} |
| BSB: {bankinfos.bsb} | Account number: {bankinfos.accountnumber} |
| Distribution Instructions | {bankinfos.instruction} |
| SWIFT/IBAN: {bankinfos.swiftiban} | Bank Branch: {bankinfos.backbranch} |

# 5. HOW TO PAY APPLICATION MONEY TO US

These details are required so your payment can be matched to your Application Form. Please indicate which payment method you have used.

I am paying by (please choose one method only)

**{deposittypes.payingby}**

Please transfer funds electronically to the following interim holding account and send your completed application form to the Investor Relations team confirming which Unit Trust you are intending to participate in.

|  |  |
| --- | --- |
| **Account name:** | {bankinfos.accountname} |
| **BSB:** | {bankinfos.bsb} |
| **Account number:** | {bankinfos.accountnumber} |
| **Bank:** | {bankinfos.institution} |
| **Branch:** | {bankinfos.backbranch} |
| **BIC/Swift Code:** | {bankinfos.swiftiban} |
| **Reference:** | {bankinfos.instruction} |

It is important to include your full name as reference. If we are unable to match your application to a payment your application may be delayed. Please retain your transfer receipt as proof of payment.

# 6. ADVISER DETAILS

(to be completed by your financial adviser if applicable)

If you use a financial adviser and/or your financial adviser is providing us with your identification documents, please have them complete, sign and stamp this section to confirm they hold a current AFS Liscence and are authorised to deal in or advise on managed investment products.

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**. ELECTRONIC VERIFICATION**

Adviser name:

Adviser company:

Assistant name:

Adviser email:

Adviser phone:

AFSL name:

AFSL number:

Authorised representative number:

Adviser signature and stamp:

{advisers.advisername}

{advisers.advisercompany}

{advisers.assistant}

{advisers.adviseremail}

{advisers.adviserphone}

{advisers.afslname}

{advisers.afslnumber}

{advisers.authornumber}

{advisers.signaturestamp}

Secure Bailment Solutions may use the personal information collected about investors for any purpose stated in our Privacy Policy as well as for the purposes of verifying their identity in accordance with Secure Bailment Solutions’s obligations under Anti-Money Laundering Laws and Regulations.

When conducting customer identification using electronic means the following may occur:

We may disclose personal information about individuals to a credit reporting agency or data identification verification service provider for the purposes of providing an assessment as to whether the personal information matches (in whole or part) personal information contained in public or private databases in the possession or control of the credit reporting agency.

The credit reporting agency may provide us with a written assessment and we may retain the information on file for a period 5 years

You may request a copy of the information we hold by writing to us

The credit reporting agency may use the personal information about the individual, and the names, residential addresses and dates of birth contained in credit information files of other individuals, for the purpose of preparing the assessment. Other uses of your personal information by the credit reporting agency are restricted under Privacy laws.

**You may consent to Secure Bailment Solutions providing your personal** information to a credit reporting agency for electronic verification purposes by **signing the declaration below or by proceeding with your investment:**

**X**

I/we consent to SBS providing my/our personal information to a credit or electronic data verification reporting agency for the purposes of conducting customer identification.

{verifications.investor1}

<img src={verifications.investor1Sign} />

Individual Investor / Director name / Trustee and signature:

{verifications.investor2}

{verifications.investor2Sign}

Individual Investor / Director name / Trustee and signature:

{verifications.owner1}

{verifications.owner1Sign}

{verifications.owner2Sign}

Beneficial Owner 1 Name and signature:

{verifications.owner2}

Beneficial Owner 2 Name and signature:

{verifications.owner3}

{verifications.owner3Sign}

Beneficial Owner 3 Name and signature:

{verifications.owner4}

{verifications.owner4Sign}

Beneficial Owner 4 Name and signature:

dfsdfasf

**8. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**

**DECLARATION (MANDATORY)**

Individuals or joint investors MUST complete this section.

Are you a United-States (US) citizen or resident for tax purposes?

**{fatcas.isUscitizen} - Skip to Section 9**

**{fatcas.isUscitizen}** - you MUST complete this section for each Applicant

US TIN (First person, company or trust) {}

US TIN (Second person)

Australian companies and trustees of Australian trusts (except managed superannuation funds or a regulated super fund) MUST complete this section.

Is the company or trust exempt for US purposes?

Yes

Are you a financial institution, or trust with a trustee that is a financial institution?

Yes Please quote your Global Intermediary Identification Number (GIIN):

No If you are an Australian company, please complete for each shareholder and beneficial owner who is a US citizen or resident for tax purposes.

If you are an Australian trust please complete for each trustee, shareholder of the trustee, beneficial owner of the trustee, beneficiary and settlor that is a US citizen or resident of the US for tax purposes.

If required, provide additional details on a separate sheet.

|  |  |
| --- | --- |
| Full given name(s): |  |
| Surname: |  |
| US TIN: |  |
| Email: |  |
| Residential address (PO Box is not acceptable): |  |
| Suburb: State: | Postcode: |

For any other Applicants, we will contact you for further FATCA verification.

**Important notes:**

1. A **Regulated trust** includes a SMSF, registered retail managed investment scheme and a wholesale managed investment scheme that doesn’t make small scale offerings. Other trusts are Unregulated Trusts.
2. **Politically Exposed Person** includes a head of state or government, government minister or senior politician, senior government official, judge, governor of a central bank or any other person who holds a position of influence with a reserve bank, senior foreign representative, high ranking member of the aimed forces or board chair or senior executive of a state owned enterprise or the immediate family member or associate of any such persons.
3. You do not need to provide the name of the settlor if you are an SMSF or if settlor of the trust is now deceased or if the settlor contributed to the trust at the time of its establishment a material asset contribution of less than $10,000.

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**. WHOLESALE CLIENT STATUS**

You must satisfy one of the wholesale client tests.

You are investing at least $500,000 in a Fund. If joint holders, the minimum is $500,000 for each applicant. No additional documents are required to be submitted. You are not able to rely on this exemption to the extent your investment in the Fund includes superannuation sourced money.

You are a “professional investor”, as that term is defined in the Corporations Act. You may be requested to provide evidence of your “professional investor” status.

You have net assets of at least $2.5 million, which may include assets of companies and Funds that you control. Attach a certificate issued by a qualified accountant (which is less than two years old) certifying this asset position.

You had, for each of the last two financial years, a gross income of at least $250,000, which may include income of companies and Funds that you control. Attach a certificate issued by a qualified accountant (which is less than two years old) certifying this income position.

You are a sophisticated investor (as that term is defined in section 761GA of the Corporations Act). Attach a certificate issued by an AFS licensee.

**Important notes:**

If you do not meet any of the above tests, then please contact us to discuss other available options.

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**. DECLARATION**

I/We acknowledge that any investments in a Fund are subject to the risks and disclosures outlined in the section of the IM under the heading ‘Investment Risks’.

An Information Memorandum is not a prospectus, product disclosure statement or other disclosure document under the Corporations Act

I/we are “Wholesale Clients” as defined in the Corporations Act

The Information Memorandum does not, and is not required to, contain all of the information that a product disclosure statement, prospectus or other disclosure

document issued under the Corporations Act is required to contain. It may not include all of the information that an investor and the investor’s advisers would expect or require in order to make an informed investment decision and is intended to provide general information only in respect of the offer of units in the Fund.

Investments in the Fund are not deposits with or other liabilities of Secure Bailment Solutions (ACN 634 517 301), its associates or any other person and are subject to investment risk, including loss of capital invested, negative returns and delays in repayment.

The units offered under the Information Memorandum should be regarded as illiquid and units are not suitable for investors who require liquidity.

The ability of the Fund to achieve the target return is subject to the risks discussed in Section 7 of the Information Memorandum, particularly the risks that would apply in respect of loans made to fund residential subdivision developments in Sydney and Melbourne.

I/We acknowledge that the information collected by Secure Bailment Solutions (including in this application form) may be used for identification purposes, including via a third party verification service, to enable us to comply with all its customer identification obligations under the Act, associated rules and regulations and industry protocols as referred to above.

I/We will provide Secure Bailment Solutions or its nominee any information that it reasonably requires in order to enable Secure Bailment Solutions to meet all of its compliance, reporting and other obligations under the United States of America Foreign Account Tax Compliance Act (FATCA) and all associated rules and regulations from time to time (including, without limitation, the Inter- Governmental Agreement (IGA) entered into between the governments of the US and Australia). I/We understand that Secure Bailment Solutions may disclose such information to the Australian Taxation Office (ATO) who may in turn disclose the information to the US Internal Revenue Service (IRS).

I/We understand that where l/we have provided Secure Bailment Solutions or its nominee with information about my 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 all associated rules and regulations, Secure Bailment Solutions will treat that information as true and correct without any additional validation or confirmation being undertaken by SBS except where it is under a legal obligation to do so.

l/We agree to be bound by the provisions of the relevant Fund’s Constitution, presently and as may be amended from time to time. I/We acknowledge that l/we have read the Information Memorandum and the Fund Documentation, and that l/we agree to the terms of the Information Memorandum and l/we agree to the payment of the fees described in the Information Memorandum.

I/We declare that all acts, matters and things done by the Attorney in exercising powers under this power of attorney will be as good and valid as if they had been done by me/us and l/we agree to ratify and confirm whatever the Attorney does in exercising powers under this power of attorney. I/We declare that this power of attorney is given for valuable consideration and is irrevocable for seven years from the date of this power of attorney. I/We agree that the proper law of this power of attorney is the law of New South Wales, Australia

If the application is signed by more than one person, who will operate the account:

Any to sign All to sign together

Signature 1 Signature 2

**10**

**. DECLARATION**

Name:

Name:

Date:

Date:

Title

Title

|  |  |  |  |
| --- | --- | --- | --- |
| Director | Sole director and company secretary | Director | Sole director and company secretary |
| Trustee | Other (please specify below) | Trustee | Other (please specify below) |

## Please return this completed Application Form and Identification form(s) to: Secure Bailment Solutions

**Registered Mail : Suite 6/377 Kent Street, Sydney NSW 2000**

**Email: email@securebailment.com.au or return via your Nominated Advisor**