

Supporting Application – Wholesale Clients

This form must be completed in support of the application to invest as a “Wholesale Client” (as defined under the Corporations Act 2001 (Cth)), and must accompany the completed Application Form.

IF THE ACCOUNT IS TO BE OPENED AS A JOINT ACCOUNT THIS APPLICATION MUST BE COMPLETED BY EACH ACCOUNT HOLDER

1. Investor Details

Your details as set out in the Application Form

Name of Investor, Company or Trustee:

Email:

Address:

Phone:

Adviser (if applicable):

2. Eligibility

Select **one** option from the boxes below

I am investing at least A\$500,000

Or

I am not acquiring the relevant financial products for use in connection with a business and able to satisfy the “net assets” test (namely net assets of at least A\$2.5 million) or the “gross income” test (namely gross income for each of the last two financial years of at least A\$250,000)

IF YOU TICK THIS BOX, YOU MUST EITHER

a) HAVE YOUR ACCOUNTANT COMPLETE SECTION 3

OR

b) ATTACH AN ACCOUNTANT’S CERTIFICATE PREPARED IN ACCORDANCE WITH SECTION 761G OF THE CORPORATIONS ACT. THE CERTIFICATE MUST HAVE BEEN SIGNED LESS THAN 2 YEARS FROM THE DATE OF THIS APPLICATION.

I am a “professional” investor (as that term is defined under the Corporations Act 2001 (Cth)) being:

Please mark the applicable box below

a person who controls at least A\$10 million (attach proof to this form)

Or

a trustee of a superannuation fund (within the meaning of the Superannuation Industry (Supervision) Act 1993) and the fund has net assets of at least A\$10 million (attach proof to this form)

Or

an Australian Financial Services Licensee – AFSL Number:

3. Accountants Certificate

I,
(Name of Accountant)

Of
(Business address)

being a 'qualified accountant'*

1. Do hereby certify that

(Name of investor)

(i) has net assets of at least A\$2.5 million

or

(ii) had a gross income for each of the last two financial years of at least A\$250,000.

(strike out above whichever does NOT apply)

2. I belong to:

(Name of Professional Body)

and

(a) I am subject to this professional body's continuing professional education requirements;

(b) I, at or about the time of my most recent renewal of membership, confirmed in writing to this professional body that I comply with its continuous professional education requirement; and

(c) My membership designation from this professional body is

3. The date that my certificate was issued is:

Signature

Date

* 'qualified accountant' for the purposes of this certification includes any member of:

- CPA Australia, who is entitled to use the post-nominals 'CPA' or 'FCPA'; or
- Chartered Accountants Australia and New Zealand, who is entitled to use the post-nominals 'CA', 'ACA', or 'FCA'; or
- The Institute of Public Accountants who is entitled to use the post-nominals 'AIPA', 'MIPA' or 'FIPA',

and who is subject to, and, at or about the time of his/her's most recent renewal of membership, confirmed in writing to that professional body that he/she complies with, that professional body's continuing professional education requirements.

3. Client acknowledgement

I acknowledge and confirm to Australian Unity Funds Management Limited (AUFM):

- I have read the whole of the information supplied in this form and confirm the accuracy of its contents;
- I will immediately give notification should any of the information change regarding my qualification to be treated as a “Wholesale Client”;
- to the extent I have provided an Accountants Certificate (including by completion of section 3 of this form), I will, upon request by AUFM, provide an updated Accountant Certificate in the form provided in section 3 dated on or around the date of the request to confirm I remain a “Wholesale Client”;
- I acknowledge and accept the loss of the retail protection provisions of the Corporations Act 2001 (Cth) (including the provision of a Product Disclosure Statement (PDS));
- I have satisfied myself that I understand the legal and financial implications of submitting an application as a “Wholesale Client”; and
- I am satisfied that I have sufficient financial knowledge and experience in financial markets and investments such that I am able to make an informed decision without the nature of disclosure in a PDS that is required to be provided to a Retail Client.

Signature of Investor / Director / Sole
Director & Secretary
(delete not applicable)

Name of Investor / Director /
Sole Director & Secretary
(delete not applicable)

Signature of Director / Secretary
(delete not applicable)

Name of Director / Secretary
(delete not applicable)

Date