

# Application Form

## Application Options:

### Option A: Apply online and pay electronically (recommended)

Apply online at: <https://apply.automic.com.au/hmchcaf>

- **Pay electronically:** Applying online allows you to pay electronically at the time of making your application.
- **Get in first, it's fast and simple:** Applying online is very easy to do, it eliminates any postal delays and removes the risk of your Application being potentially lost in transit.
- **It's secure and confirmed:** Applying online provides you with greater privacy over your instructions and is the only method which provides you with immediate confirmation that your application has been successfully processed.

### Option B: Standard paper-based application and payment

Please complete this form in accordance with the instructions below.

Indirect investors should contact their IDPS operator for instructions on how to apply.

#### 1. Introduction

This Application Form relates to the subscription of interests in HMC Capital High Conviction Alternatives Fund (ARSN 666 525 677) (the **Fund**). The interests in the Fund will be issued by HMC Capital Investments Limited (ACN 606 555 480) (AFSL 478061) as responsible entity for the Fund (**'Responsible Entity'**, **'We'** or **'Us'**).

By signing this Application Form, you are making the representations, warranties and declarations set out herein to the Responsible Entity, and you agree with the Responsible Entity to be bound by the terms of this Application Form. An application for an interest in the Fund will only be considered where a valid Application Form has been completed and delivered as set out in the Product Disclosure Statement (**'PDS'**) dated 27 March 2023. Provided the Application Form is accepted by the Responsible Entity, you will be issued units in the Fund (**'Units'**).

#### 2. Read the Product Disclosure Statement

Please read and ensure you understand the PDS for the Fund and any related product guide and Warning Statement for New Zealand Investors (if relevant) before deciding whether to apply for Units. The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS.

The PDS is available at [www.hmccapital.com.au/our-funds/hmc-capital-high-conviction-alternatives-fund/](http://www.hmccapital.com.au/our-funds/hmc-capital-high-conviction-alternatives-fund/) or from your licensed financial advice provider. Upon request, we will provide a paper or electronic copy of the current PDS and its incorporated documents without charge.

#### 3. Certify and provide the identification documents

Please refer to Appendix A 'Identification and verification' and complete the relevant identification document attached to this Application Form.

#### 4. Send your documents

Return your Application Form and certified documents to:

##### By Post:

HMC Capital High Conviction  
Alternatives Fund  
C/- Automic Group  
GPO Box 5193  
Sydney NSW 2001

##### By Hand delivery:

HMC Capital High Conviction  
Alternatives Fund  
C/- Automic Group  
Level 5, 126 Phillip Street  
Sydney NSW 2001

**If you need help with this  
application, then please  
contact us on:**

[hmc@automicgroup.com.au](mailto:hmc@automicgroup.com.au)

#### 5. Make your payment.

To make payment, please return your form with your email provided in section 1.2. When your application is processed by our unit registry you will be sent an automated email confirmation which will provide you with your personalised payment instructions to make your payment.

**IMPORTANT:** You must ensure that you use the unique payment ID that is provided in this confirmation otherwise we may not be able to identify your funds and your application will be rejected.

**1. Investment details and distribution instructions**

**1.1 Investment amount:** I/We apply for Units with a combined issue price of (enter amount below).

Applications must be for a minimum of A\$25,000.

\$AUD  ,  ,  .

**1.2 Application monies:** Provide your email address in the box below.

Primary email Address:

By providing your email address, you elect to receive all communications electronically by the Responsible Entity (where legally permissible).

**1.3 Contact details:** Please specify the below contact details.

Contact Name

Contact Telephone Number

Additional Email Addresses (if necessary, you can nominate up to 4 additional email addresses to the primary email provided above).

## 2. Investor details

### 2.2 Investor details: Individuals

Please complete if you are investing individually, jointly or you are an individual or joint trustee.

#### Investor 1:

Title  First Name(s)

Surname

Date of Birth  /  /

**Address:** Unit/Street Number/Street name

Suburb  State

Postcode  Country

#### Investor 2:

Title  First Name(s)

Surname

Date of Birth  /  /

**Address:** Unit/Street Number/Street name

Suburb  State

Postcode  Country

Select the primary address for the investment account – only 1 address can be made the primary address. If no selection is made or the selection is invalid, the investor 1 address will be applied.

Investor 1 address above is the primary address       Investor 2 address above is the primary address

#### Tax details

If you are an Australian resident for tax purposes, please provide your tax file number (**TFN**) or exemption code. This is optional, however if you are an Australian resident and do not provide your TFN, or exemption code, we are required to withhold tax from your distributions at the highest marginal tax rate plus the Medicare levy. We are authorised to collect these details under the Taxation Administration Act 1953.

TFN or Exemption Code (Investor 1)

TFN or Exemption Code (Investor 2)

Non-Australian residents: If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes.

Foreign tax domicile (Investor 1)

Foreign tax domicile (Investor 2)

#### Sole Traders – Additional Information required if a Sole Trader

Full Business Name

Australian Business Number (**ABN**)

If there are more than two individual investors, please provide the full name, date of birth, and residential address of each on a separate sheet and attach to this form

**HMC Capital High Conviction Alternatives Fund:  
Application Form**

**Identification Documents**

To comply with Australia’s Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) regime, we must collect and verify certain information from prospective investors and, where applicable, their beneficial owners and persons acting on their behalf. This may require us to obtain certified copies of relevant identification documents. Please refer to Appendix A at the end of the Application Form for details of how to arrange certified copies.

We set out below the documents that you are required to provide as part of this application. Please provide all documents in the proper format otherwise we may not be able to process your application for investment. Please note that we may require you to provide additional documents to those listed below.

Select one of the following options to verify each investor and beneficial owner. Please refer to Appendix A at the end of the Application Form for the meaning of a beneficial owner.

- Provide a certified copy of a current driver’s licence that contains a photograph of the licence/permit holder; or
- Provide a certified copy of a current passport, or a Commonwealth passport that has expired within the preceding two years, that contains a photograph and signature of the passport holder.

**2.3 Investor Details: Company/Corporate Trustee**

Complete this section if you are investing for, or on behalf of, a company.

Full Company Name

Country of Formation, Incorporation or Registration

ARBN (if registered with ASIC)

ACN/ABN (if registered in Australia)

TFN or Exemption Code (Australian residents)

AFS Licence Number (if applicable)

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

Registered Business Address (if registered with ASIC as a foreign company include place of business in Australia or address of local agent)

Suburb

State

Postcode

Country

Principal Place of Business (not a PO Box address)

Suburb

State

Postcode

Country

If an Australian Company, registration status with ASIC.

- Proprietary Company
- Public Company

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

Proprietary Company     Public Company     Other – Please Specify

Name of Relevant Foreign Registration Body

Foreign Company Identification Number

TFN or Exemption Code (Australian residents)

AFS Licence Number (if applicable)

Is the Company listed?

No     Yes – Name of Market/Stock Exchange

Is the Company a majority-owned subsidiary of an Australian listed company?

No     Yes – Name of Australian Listed Company

– Name of Market/Stock Exchange

### Directors of the Company/Corporate Trustee

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

Director 1 – Full Name

Director 4 – Full Name

Director 2 – Full Name

Director 5 – Full Name

Director 3 – Full Name

Director 6 – Full Name

### Beneficial Owners of the Company/Corporate Trustee

Please complete section 4.6 of this Application Form, setting out details of the beneficial owner(s) of the company. Please refer to Appendix A at the end of the Application Form for the meaning of a beneficial owner.

### Identification Documents

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (**AML/CTF**) regime, we must collect and verify certain information from prospective investors and, where applicable, their beneficial owners and persons acting on their behalf. This may require us to obtain certified copies of relevant identification documents. Please refer to Appendix A at the end of the Application Form for details of how to arrange certified copies.

We set out below the documents that you are required to provide as part of this application. Please provide all documents in the proper format otherwise we may not be able to process your application for investment. Please note that we may require you to provide additional documents to those listed below.

Select one of the following options to verify a company

- Perform a search of the ASIC database (unit registry to perform on behalf of the investor); or
- Provide a certified copy of the certification of registration issued by ASIC or the relevant foreign registration body.

Select one of the following options to verify the Officeholders who have signed the Application Form and beneficial owners identified above.

- Provide a certified copy of a current driver's licence that contains a photograph of the licence/permit holder; or
- Provide a certified copy of a current passport, or a Commonwealth passport that has expired within the preceding two years, that contains a photograph and signature of the passport holder.

**2.4 Investor Details: Trust/Superannuation Fund**

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund.

Full Name of Trust/Superannuation Fund

Country of Establishment

TFN or Exemption Code

Australian Business Number (if any)

**Type of trust**

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

**Type A:**

Regulated Trust (e.g. self-managed superannuation fund, or registered managed investment scheme)

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

Registration number/Licensing details

**Type B:**

Government Superannuation Fund

Name of the legislation establishing the fund

**Type C:**

Foreign Superannuation Fund

Name of regulator

Registration/Licensing details

**Type D:**

Other Type of Trust/Unregulated Trust

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

If **Type C** or **D**, please complete the below Beneficiary details. Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

**Yes**

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

**No**

Provide the full names of each beneficiary in respect of the trust in section 4.6 (includes beneficial owners who ultimately own 25% or more of the trust). Please refer to Appendix A at the end of the Application Form for the meaning of a beneficial owner.

If a trustee is an individual, please also complete section 2.2 in respect of that individual. If a trustee is a company, please also complete section 2.3 in respect of the corporate trustee.

### Identification Documents

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (**AML/CTF**) regime, we must collect and verify certain information from prospective investors and, where applicable, their beneficial owners and persons acting on their behalf. This may require us to obtain certified copies of relevant identification documents. Please refer to Appendix A at the end of the Application Form for details of how to arrange certified copies.

We set out below the documents that you are required to provide as part of this application. Please provide all documents in the proper format otherwise we may not be able to process your application for investment. Please note that you may be required to provide additional documents to those listed below.

**For Trusts identified as Type A & Type B** – select one of the following options to verify the Trust.

- Perform a search of the relevant regulator's website e.g. 'Super Fund Lookup' (unit registry to perform)
- Provide a copy of an offer document of the managed investment scheme e.g. a copy of a Product Disclosure Statement; or
- Provide a copy of the legislation establishing the government superannuation fund sourced from a government website.

**For Trusts identified as Type C & Type D** – select one of the following options to verify the Trust.

- Provide a certified copy or a certified extract of the Trust Deed containing the cover page, recitals and signature page;
- Provide an original letter from a solicitor or qualified accountant that confirms the name of the Trust; or
- Provide a notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).

**For Trusts identified as Type C & Type D** – select one of the following options to verify the Beneficiaries and the Beneficial Owners identified in section 4.6.

- Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or
- Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

AND relevant identification documents for the trustee as specified in sections 2.1 or 2.2 (as applicable).

### 3. Direct Credit Payment Instructions

#### 3.1 Reinvestment Election:

Please select a box below if you would like some or all of your distribution payments reinvested. If you do not make an election, distributions will be paid to you.

A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:

- Reinvest all distributions for a subscription of additional Units where I am eligible
- Reinvest a portion of distributions for a subscription of additional Units where I am eligible  

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 %

#### 3.2 Direct Crediting Payment Instructions:

Please provide your EFT details below for all cash payments

Payments will only be made electronically. We will not make any payments into third party bank accounts.

Investors who do not provide EFT details will have distribution payments defaulted into reinvestment (where eligible), or otherwise withheld.

**PLEASE NOTE:** Distribution payments will be made by EFT only to Australian resident investors that hold an account with an Australian bank. Overseas registered investors may also provide EFT instructions if they hold an account with an Australian bank.

BSB 

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 Account Number 

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**DO NOT USE YOUR CARD NUMBER**  
If you are unsure of your BSB or account number, please check with your bank, building society or credit union

Name in which the account is held (e.g. John Smith)

## 4. Tax Declaration (FATCA and CRS)

The certification is being used to comply with the U.S. Foreign Account Tax Compliance Act (**FATCA**) and OECD Common Reporting Standards (**CRS**).

**IMPORTANT: Failure to complete this section will result in your application being rejected.**

Australia is a participant in the Automatic Exchange of Information (**AEOI**) regime concerning the automatic exchange of financial account information with foreign jurisdictions. The regime aims to address tax evasion at a global level. The relevant laws are the Foreign Account Tax Compliance Act (**FATCA**) in the case of exchange by Australia with the United States of America (**U.S.**) and the Common Reporting Standard (Standard) in the case of exchange by Australia with other countries that have implemented the Standard. The Standard commenced operation in Australia on 1 July 2017.

Further information about this regime is available at the website URL shown below: <https://www.ato.gov.au/general/international-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-information---crs-and-fatca/>

As a result of Australia's participation in the regime applicants must certify their country of tax residency. Where required, details of your investment will be reported to the Australian Taxation Office (**ATO**) which will report to various global tax authorities.

If you are unable to complete this form, please seek appropriate advice relating to the tax information required.

The account holder is the persons listed or identified as applicant in Section 2 (**Account Holder**).

The Account Holder's Country of Tax Residence, Taxpayer Identification Number (**TIN**) or Tax File Number (**TFN**), Global Intermediary Identification Number (**GIIN**), FATCA Status, CRS Status and Controlling Persons (includes Beneficial Ownership details) must be provided in this section. If the person opening the account is not a Financial Institution and is acting as an intermediary, agent, custodian, nominee, signatory, investment advisor or legal guardian on behalf of one or more other account holders, this form must be completed by or on behalf of that other person who is referred to as the Account Holder.

**PLEASE NOTE: If you are applying:**

- As an individual/Joint Investors/Sole Trader, please complete Sections 4.1 and 4.7.
- All other types of entities, please complete Sections 4.2, 4.3, 4.4, 4.5, 4.6 and 4.7 (if required).

**4.1 Tax Residence – Individual/Sole Trader**

**4.1.1 Investor 1:** Provide all jurisdictions where the investor is a tax resident

If no TIN is available, please select one of the reasons below against the appropriate country.

- Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number
- Reason C – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:		
		A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.

If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

Is the account holder a U.S. Person? A U.S. person includes a U.S. citizen or U.S. resident.

- Yes – If ‘Yes’, the Account Holder’s U.S. country of residence and U.S. Tax Identification Number must be provided above.
- No

*(If Joint Investor, please also complete section 4.1.2)*

**4.1.2 Investor 2:** Provide all jurisdictions where the investor is a tax resident

If no TIN is available, please select one of the reasons below against the appropriate country.

- Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number
- Reason C – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:		
		A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.

If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

Is the account holder a U.S. Person? A U.S. person includes a U.S. citizen or U.S. resident.

Yes – If ‘Yes’, the Account Holder’s U.S. country of residence and U.S. Tax Identification Number must be provided above.

No

#### 4.2 Account Holder’s GIIN – Companies, Trusts and other types of Entities

Account Holder’s GIIN (if any, including as a Sponsored Entity)

Sponsoring Entity’s Name (if the Account Holder is a Sponsored Entity)

#### 4.3 Tax Residence – Companies, Trusts and other types of Entities

**Provide all jurisdictions where the Account Holder is a tax resident**

If no TIN is available, please select one of the reasons below against the appropriate country.

- Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number
- Reason C – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:		
		A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You certify the tax residence countries provided represent all countries considered a tax resident.

If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

#### 4.4 FATCA Status – Companies, Trusts and other Types of Entities

Is the Account Holder a specified U.S. person?

- Yes Provide a U.S. Taxpayer Identification Number (TIN):  (Proceed to section 4.5)
- No (Continue the non U.S Person Certification below)

Non Specified U.S Person Certification

Select only a single category. Select a classification that matches your FATCA status:

- U.S. Person other than a Specified U.S. Person
- Active NFFE (Proceed to section 4.5)
- Passive NFFE (Complete section 4.5 and 4.6)
- Non-US Financial Institution (Also select one subcategory below)
- Direct Reporting NFFE (Provide GIIN in section 4.2 then proceed to section 4.5)
- Participating FFI (Provide GIIN in section 4.2 then proceed to section 4.5)
- Local/Partner Jurisdiction FFI (Provide GIIN in section 4.2 then proceed to section 4.5)
- Deemed-Compliant FFI (Proceed to section 4.5)
- Exempt Beneficial Owner (includes self-managed superannuation fund) (Proceed to section 4.5)
- Non participating FFI (Proceed to section 4.5)
- Other – describe the FATCA status (Proceed to section 4.5)

#### 4.5 CRS Status – Companies, Trusts and other Types of Entities

Is the entity an Investment Entity managed by another Financial Institution, and resident in a country that is not a participating CRS jurisdiction?

- Yes (Complete sections 4.6 and 4.7)  No (Proceed to next question below)

Is the entity a Financial Institution?

- Yes (Provide GIIN in section 4.2 then proceed to section 4.7)  No (Proceed to next question below)

If the Account Holder is a Non-Financial Entity (NFE), select a classification that matches your CRS status:

- Government Entity, International Organisation and Central Bank (Proceed to section 4.7)
- A corporation, the stock of which is regularly traded on an established securities market

Name of Securities Market:

Name of Related Entity:

(Proceed to section 4.7)

- Other Active NFE (Proceed to section 4.7)
- Passive NFE (Complete sections 4.6 and 4.7)
- Other – describe the CRS status (Proceed to section 4.7)

## 4.6 Controlling Persons

If there is a change in Controlling Persons/Beneficial Ownership, please submit an updated form within 30 days.

**Controlling Person 1** and/or  **Beneficial Owner 1**

First Name  Family Name/Surname

Current Residential Address

Suburb  State  Postcode  Country

DOB (DD/MM/YYYY)  City/Town of Birth  Country of Birth

Provide all jurisdictions where the Controlling Person is a tax resident.

If no TIN is available, please select one of the reasons below against the appropriate country.

- Reason A - The country where the Controlling Person is liable to pay tax does not issue TINs to its residents
- Reason B - The Controlling Person is otherwise unable to obtain a TIN or equivalent number
- Reason C - No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Country of Tax Residence	TIN /TFN	Reason if no TIN:		
		A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You certify the tax residence countries provided represent all countries considered a tax resident.

If the Controlling Person has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

**Controlling Person 2** and/or  **Beneficial Owner 2**

First Name  Family Name/Surname

Current Residential Address

Suburb  State  Postcode  Country

DOB (DD/MM/YYYY)  City/Town of Birth  Country of Birth

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Provide all jurisdictions where the Controlling Person is a tax resident.

If no TIN is available, please select one of the reasons below against the appropriate country.

- Reason A – The country where the Controlling Person is liable to pay tax does not issue TINs to its residents
- Reason B – The Controlling Person is otherwise unable to obtain a TIN or equivalent number
- Reason C – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:		
		A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	A	B	C
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You certify the tax residence countries provided represent all countries considered a tax resident.  
If the Controlling Person has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

If there are more than 2 Controlling Persons or Beneficial Owners or Countries of Tax Residence, please provide the details on a separate page and attach to this Application Form.

**4.7 Declaration**

- You acknowledge and agree that information contained in this form and information regarding the account(s) set out above may be reported to the Australian Taxation Office (**ATO**) as required under the relevant laws and the ATO may provide the information to the country or countries in which I/We/Account Holder am/are/is resident for tax purposes.
- You undertake to advise the relevant trustee/responsible entity and/or their relevant agent of any change in circumstances which causes the information contained herein to become incorrect and to provide them with a suitably updated certification within 30 days of such change in circumstances.
- You certify that you are the Account Holder (or I you are authorised to sign for the Account Holder) of all the account(s) to which this form relates.
- You declare that all statements made on this form/in this declaration are, to the best of my/our knowledge and belief, true correct and complete.

Signature

Signature

Name of Signer

Name of Signer

Capacity in which Signing  
(if not signed by account holder)

Capacity in which Signing  
(if not signed by account holder)

Date

Date

## 5. Financial Adviser Details

Use this section to tell us about your registered financial adviser. If you change your financial adviser, it's important to let us know immediately.

**5.1 Adviser And Dealer Group:** This section is to be completed by your financial adviser

**NOTE:** The details below are to be completed by your financial adviser.

Notice to financial adviser: by completing this section of the Application Form, you are confirming that you are an ASIC registered financial adviser and hold a current Australian Financial Services Licence (**AFSL**).

Financial Adviser's full name	Financial adviser/authorised representative number (given by ASIC)	
<input type="text"/>	<input type="text"/>	
Dealer group name	AFS Licence number	ABN
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Contact details</b>		
Phone number	Email	
<input type="text"/>	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	

We will be in contact with you to obtain further information about the advice you have received in connection with your subscription of interests in the Fund, consistent with the distribution conditions specified in the Fund's target market determination.

### 5.2 Adviser Account Operating Authority:

This section is to be completed the investor

Operating your account – do you want your financial adviser to be able to operate your account?

Yes  No

In general, an appointed financial adviser can do everything you can do with your investment, except appoint another person to operate your account. It is important to tell us promptly if you no longer wish your financial adviser to operate your account, or if your financial adviser changes. We will keep accepting their instructions until you or they advise us that the appointment has terminated.

We may suspend or terminate their appointment for any reason considered reasonable and may change the terms on which they operate your account. If no instruction is provided above then your instruction will be deemed to be 'no'.

You indemnify us from any loss you or we suffer as a result of the actions of your appointed financial adviser and agree to ratify their actions if we ask.

## 6. Communication

### Annual report options

The annual financial statements of the Fund are available free on our website.

Tick this box if you wish to receive an individual copy.

Please indicate below your preferred method for the Responsible Entity to communicate with you (including notification of annual reports, tax confirmation and marketing information).

By email  By post

## 7. Declarations, acknowledgments and signatures

### 7.1 Declarations and Acknowledgements:

By signing this Application Form, you are making the following representations, warranties and declarations to the Responsible Entity and you agree with the Responsible Entity to be bound by this Application Form:

- a. you have received, read, and understood and agree to be bound by the following documents:
  - i. the trust deed for the Fund (**Trust Deed**);
  - ii. the PDS in respect of the offer of interests in the Fund, which contains important information about investing in the Fund; and
  - iii. this Application Form,as amended from time to time (together, the **Constituent Documents**);
- b. any person who gives another person access to this Application Form must at the same time and by the same means give the other person access to the whole PDS and any supplementary document
- c. you have the power and authority to execute, deliver and perform your obligations under the Constituent Documents, and to subscribe for the Units hereunder;
- d. the execution and delivery of the Constituent Documents will not conflict with, or result in any default under, any provision of any agreement or instrument to which you are bound;
- e. the Constituent Documents are your legal, valid and binding obligations, enforceable against you in accordance with their respective terms and you will do all things necessary to be legally bound by the terms of the Constituent Documents, as updated, supplemented, replaced or re-issued from time to time;
- f. you confirm that by submitting this Application Form, you are making a legally binding commitment to the Fund in the amount committed to in this Application Form (**Capital Commitment**) or such lesser amount notified by the Responsible Entity on the terms of the Constituent Documents and to be paid pursuant to the Trust Deed and any other agreement between you and the Responsible Entity;
- g. you confirm that you have the financial capacity to hold the Units for the term of the Fund, and bear associated risks and obligations;
- h. you confirm that all details in this Application Form are true and correct as of the date hereof;
- i. you are not bankrupt or a minor;
- j. you confirm and acknowledge that neither the Responsible Entity nor any other member of the HMC Capital group guarantees or in any way stands behind the capital value or the performance of the Fund;
- k. you agree to us collecting, holding, using and disclosing your personal information and consent to it being used for:
  - i. assessing your application and verifying your identity;
  - ii. administration purposes and in relation to your holding and all transactions relating to the holding and for providing or marketing products and services to you (subject to your marketing preferences – see the PDS);
  - iii. ensuring compliance with all applicable regulatory or legal requirements including the requirements of regulatory bodies or relevant exchanges including the requirements of the superannuation law; and
  - iv. any other purpose prescribed in the Constituent Documents.We may not be able to process or accept your application or you may be compulsorily redeemed from the Fund in accordance with the Constituent Documents if you do not provide this and other information required under the Constituent Documents or to comply with applicable laws;
- l. you agree that Relevant Persons and their service providers may disclose any of the information contained in this Application Form and any other information you furnish to any of them to their agents, contractors or third party service providers as otherwise required or permitted by law and permitted under the Constituent Documents;
- m. if you decide not to provide to the Responsible Entity your tax file number or Australian Business Number or your reason for exemption, tax at the highest marginal tax rate plus Medicare levy (where applicable) may be deducted from your income as required by the tax legislation;

- n. you agree to provide the Responsible Entity with any information it reasonably requests to assist it in fulfilling its tax or legal obligations and in connection with obtaining any exemption, reduction or refund of any withholding or other taxes imposed upon the Responsible Entity;
- o. you agree that the obligation under the Constituent Documents to pay or indemnify any amounts that the Responsible Entity is required to withhold or pay with respect to you or on your behalf will survive your withdrawal from the Fund or the termination or dissolution of the Fund;
- p. you acknowledge and agree that the Responsible Entity reserves the right in its absolute discretion to not accept or to scale back an Application for Units in its absolute discretion and to cancel the offer of Units;
- q. you acknowledge and agree that to the extent there is any variance or inconsistency between any of the Constituent Documents and any other document or agreement relating to the Fund, the Trust Deed shall prevail;
- r. you acknowledge and agree that subscription monies will be held in an account which will be non-interest bearing until invested in the Fund (or returned to you);
- s. in order to comply with the Anti-Money Laundering and Counter-Terrorism Financing Act and related laws and regulations (including regulatory guidance) (**AML/CTF Law**), you agree to provide the Responsible Entity with all true and correct information and assistance that we may request in order for the Responsible Entity to comply with any AML/CTF Law. The Responsible Entity reserves the right to request further information or re-verify existing information it has obtained as is necessary to meet this obligation and may decide to delay or refuse any request or transaction if it is concerned that the request or transaction may breach any obligation of AML/CTF Law, and the Responsible Entity will incur no liability to you if it does so;
- t. you represent that the Units are or will be purchased with funds that are from legitimate sources. You are not aware and have no reason to suspect:
  - i. that the monies used to fund your investment in the Fund have been or will be derived from or related to proceeds of crime, money laundering, terrorism financing or similar activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement; and
  - ii. the proceeds of your investment in the Fund will not be used to finance any illegal activities;
- u. you confirm that this Application Form, once submitted is irrevocable and may only be amended and any provision waived (either generally or in a particular instance and either retroactively or prospectively) with the written consent of you and the Responsible Entity;
- v. you understand and acknowledge that Units can only be transferred and redeemed subject to the Constituent Documents;
- w. you agree that neither this Application Form, nor any of your rights or interests contained in any Constituent Document, are transferable or assignable except in a manner permitted under the Constituent Documents;
- x. if you are subscribing for Units as trustee, agent, representative, custodian, sub-custodian or nominee, you understand and acknowledge that the representations, warranties and agreements made herein are made by you:
  - i. with respect to you; and
  - ii. with respect to such underlying subscriber (this subclause does not apply to a trust which has two or more members);
- y. you have all requisite power and authority from such underlying subscriber(s) to execute and perform the obligations under this Application Form. If you are not subscribing for Units on your own account, you agree to provide any additional documents and information that the Responsible Entity may reasonably request;
- z. if you are entering into this Application Form as trustee, responsible entity, custodian, subcustodian or nominee on behalf of a fund or other person and that capacity is specified in this Application Form (**Trustee Unitholder**), you enter into this Application Form only in that capacity. Your liability in respect of this Application Form is limited pursuant to clause 22 of the Trust Deed as though the clauses were part of this Application Form and pertain to you as a Unitholder;
- aa. by providing your email address in this Application Form, you agree to receive all communications regarding this Application Form and all future communications by the Responsible Entity electronically.

**7.2 Signing:**

Applicants must sign in accordance with the instructions below in the boxes provided

INSTRUCTIONS – Who needs to sign this form:

<b>Individual</b>	Where the investment is in one name, the sole investor must sign.
<b>Joint Holding</b>	Where the investment is in more than one name, all investors must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.
<b>Companies</b>	Where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.
<b>Trust</b>	The trustee(s) must sign this form. Trustee(s) signing on behalf of a trust (specified in this form) confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under that trust deed.
<b>Power of Attorney</b>	If signing under a Power of Attorney and you have not already lodged the Power of Attorney document, please attach a certified copy of the Power of Attorney annotated with the following: I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of investor 1,  
 director or authorised signatory

Please print full name  
 (including capacity e.g. trustee of ABC trust)

Date

/
/

Company officer (please indicate company capacity):

- Director
- Sole director and company secretary
- Authorised signatory

Signature of investor 2,  
 director/company secretary or authorised signatory

Please print full name  
 (including capacity e.g. trustee of ABC trust)

Date

/
/

Company officer (please indicate company capacity):

- Director
- Company secretary
- Authorised signatory

## Application Form – Appendix A

All copies of documents forwarded must be originally certified as a correct copy by a person who in the State or Territory of certification has the power to witness a Statutory Declaration.

Please note, that this must be the originally certified document marked with the ink or the signing certifier.

People who can certify documents or extracts are:

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

### Meaning of beneficial owner

A beneficial owner is an individual who ultimately owns 25% or more of a company or a trust, or an individual who either directly or indirectly controls the company or trust, including through a capacity to make decisions about financial and operating policies of the company or trust.

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