

# INITIAL APPLICATION FORM

ANTARES INCOME FUND

INSTRUCTIONS TO COMPLETE

DATE: NOVEMBER 2019

**You must complete this Initial Application Form if you are a new investor wishing to invest in the (Fund) for the first time.** The Trustee of the Fund is Antares Capital Partners Ltd (ACP) (ABN 85 066 081 114) (AFSL 234483). ACP is the issuer of the current Product Disclosure Statement (PDS) and Product Guide for the Fund which provides important information about the Fund to assist you in deciding whether to invest in the Fund. You should read the PDS, Product Guide and any website updates for the Fund in full before completing this Initial Application Form. If you do not have a copy of the PDS, Product Guide and any website updates, a copy is available free of charge from [mlcam.com.au](http://mlcam.com.au) or available by contacting Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**, or from your approved Australian financial adviser (Financial Adviser). **Any person who gives another person a copy of this Initial Application Form must at the same time give the person a copy of the PDS and Product Guide.**

**Please print in BLOCK LETTERS and use BLACK or BLUE ink to complete this Initial Application Form and relevant Financial Services Council (FSC) identification form(s). If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and have all signatories initial the changes.**

To ensure that we are able to process your application quickly and efficiently, please cross (X) each box below to confirm that you have completed each section of the Initial Application Form that is relevant to your investment:

- |   |   |
|---|---|
| <p><input type="checkbox"/> <b>Signed and dated</b> the Initial Application Form:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Individual investor</b> - sign and date the form.</li> <li><input type="checkbox"/> <b>Joint investors</b> - both investors to sign and date the form.</li> <li><input type="checkbox"/> <b>Company</b> - to be signed and dated by two directors or a director and secretary of the company or, if the company has only a sole director, that director.</li> <li><input type="checkbox"/> <b>Trusts (including self-managed super funds (SMSFs))</b> - to be signed and dated by a trustee.</li> <li><input type="checkbox"/> <b>Other (associations / government bodies / registered co-operatives / partnerships)</b> - to be signed and dated by the senior managing official.</li> <li><input type="checkbox"/> <b>Authorised Signatory List</b> - if an organisation wishes to authorise persons other than the director(s)/secretary signing the Initial Application Form to make transactions in relation to the investment, then a certified copy of the Authorised Signatory List must be submitted to National Australia Bank Asset Servicing - Registry Services.</li> <li><input type="checkbox"/> <b>Power of Attorney/Agent - sign and date the form in the presence of a witness.</b> Attach a certified copy of the Power of Attorney. Each page of the Power of Attorney document must be certified by a Justice of the Peace, solicitor or notary public. The Attorney/Agent needs to <b>complete the FSC identification form for individuals</b>, which is available on <a href="http://mlcam.com.au/forms">mlcam.com.au/forms</a></li> </ul> <p><input type="checkbox"/> Supplied your <b>TFN, ABN, TFN exemption</b> or country of tax residence for non-residents.</p> <p><input type="checkbox"/> Supplied your <b>email address</b>.</p> <p><input type="checkbox"/> Provided <b>certified proof of identity</b> - either to your Financial Adviser (who should complete the declaration in section 8 of this Initial Application Form and attach certified copies of identity verification documents) or attached to the Initial Application Form if you are investing directly with us.</p> | <p><input type="checkbox"/> Provided <b>relevant FSC identification form(s)</b>.</p> <p><input type="checkbox"/> <b>If investing by cheque</b> - make your cheque payable to: 'NNL OCA ACP Antares Application Account' and crossed 'Not Negotiable' and send your Initial Application Form, relevant FSC Identification form(s), identity verification documents and cheque to:<br/>National Australia Bank<br/>Attn: Registry Services<br/>GPO Box 1406<br/>Melbourne VIC 3001 Australia</p> <p><input type="checkbox"/> <b>If investing by direct deposit</b> - fax your Initial Application Form, relevant FSC Identification form(s) and identify verification documents to:<br/>National Australia Bank<br/>Attn: Registry Services<br/>Fax: 1300 365 601 - if faxed from Australia<br/>(+61 1300 365 601 - if faxed from New Zealand)</p> <p><b>AND/OR</b><br/>Send your Initial Application Form, relevant FSC Identification form(s) and identity verification documents to:<br/>National Australia Bank<br/>Attn: Registry Services<br/>GPO Box 1406<br/>Melbourne VIC 3001 Australia</p> <p><b>AND</b><br/>Deposit your funds into the administrator's bank account:</p> <ul style="list-style-type: none"> <li>- Bank: National Bank Australia Limited</li> <li>- BSB No: 083 043</li> <li>- Account No: 195 084 549</li> <li>- Bank BIC: NATAAU3303X<br/>(for New Zealand investors only)</li> <li>- Account Name: NNL OCA ACP Antares Application Account</li> <li>- Reference: [Investor's name(s)]</li> </ul> |
|---|---|

## Anti-money laundering, Sanction and related laws

We are required to comply with our obligations under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)* (AML/CTF Act) and Australian Sanction laws.

Anti-money laundering and other related laws require us to collect and/or verify information about the identity of customers and related parties, including anyone acting on your behalf.

The following instructions for completing the Initial Application Form will assist you in providing this information. The provision of complete and accurate information will enable us to process your application efficiently and meet our legislative obligations.

Under relevant laws, we may be required to ask you for additional identity verification documents and/or information about you or a related party, either when we are processing your application or at some stage after we issue the units. We may pass any information we collect to the relevant government authority.

We reserve the right to restrict withdrawals from your account if we have not been provided with the necessary identification information about you or a related party.

### Identity verification documents

Whether you are investing via a Financial Adviser or directly with ACP, you will be required to provide valid identity verification documentation. The actual documentation required will depend on whether you are an individual investor or a non-individual investor such as a superannuation fund, a trust or a company. The applicable documentation is outlined in the relevant FSC identification form(s) (refer to Section 10). **If any documentation you provide is not in English, it must be accompanied by an original copy of an English translation prepared by an accredited translator.**

If we do not receive all the required valid customer identity verification documents with your Initial Application Form or we are unable to verify your identity at any time, we may not be able to commence your investment or may not process any future withdrawal requests until we receive the required documents. We will contact you or your Financial Adviser as soon as possible if we require more information.

If you are investing through a Financial Adviser, they will be required to obtain acceptable identity verification documents from you prior to lodging your application. To do this, they will need to sight the original or certified copies of your identity verification documents and retain copies. They will then send us certified copies of your identity verification documents together with your Initial Application Form.

A Financial Adviser is an adviser aligned with National Australia Bank (NAB) and/or from a Dealer group which may have a current agreement with ACP in relation to the AML/CTF Act customer identification program.

If you are not investing via a Financial Adviser or have not provided identity verification documents to your Financial Adviser, you will be required to send the **certified copies** of the original identity verification documents (not scanned copies) as listed in the relevant FSC identification form(s), which must be valid at the time you send them to us. Until we receive such document(s) we reserve the right to withhold processing any withdrawal requests you wish to make in the future.

If the Initial Application Form is signed under Power of Attorney, we will also require a certified copy of the Power of Attorney document and a specimen signature of the Attorney.

Please refer to 'Approved Certifiers' for a list of persons who can certify these documents and see 'Certified copy requirements' for details of how documents must be certified.

### Beneficial ownership and control of an entity

In accordance with Sections 3 and 10 (where applicable) ACP, as required by AML/CTF law, reserves the right to request, and verify, the identity of any persons who are deemed to own or control (directly or indirectly) for the non-individual entity. Please refer to the relevant FSC identification forms for definitions of the beneficial owner for each investor type.

For further information on this, please contact Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**.

### Australian tax file number

ACP is authorised under the Australian Income Tax Assessment Act 1936 to ask for your Australian tax file number (TFN) when you open an investment account for income distribution purposes. You don't have to provide your TFN and it's not an offence if you decide not to, but if you don't, 'Pay As You Go Withholding Tax' will be deducted at the highest marginal tax rate (plus Medicare Levy) from any income distributions payable to you.

### Certified copy requirements

A certified copy is a document that has been approved as a true copy of an original document. The following certification requirements **must appear on each page of the copy**:

- The text: **'This is to certify that this is a true and correct copy of the original which I have sighted'**.
- **Signature** of the Approved Certifier.
- **Full printed name** of the Approved Certifier (e.g. Michelle Helena Citizen).
- **Capacity** of the Approved Certifier (e.g. solicitor).
- **Full address** of the Approved Certifier.
- **Registration number** (if applicable).
- **Date** that the document was certified.

Note: A photocopy of a certified document will not be accepted. Original certification only.

## Approved Certifiers

Identity verification documents may be certified as a true and correct copy of an original document by one of the following persons in Australia or for New Zealand investors, a person in New Zealand of equivalent capacity. The person certifying must state their capacity (from the list below) and complete according to **certified copy requirements** listed above.

1. 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).
2. A Judge of a Court.
3. A Magistrate.
4. A chief executive officer of a Commonwealth Court.
5. A registrar or deputy registrar of a Court.
6. A Justice of the Peace.
7. A notary public (for the purposes of the Statutory Declaration Regulations 1993).
8. A police officer.
9. An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public.
10. A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
12. An officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993).
13. A finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declarations Regulations 1993).
14. An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more continuous years of service with one or more licensees.
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the Institute of Public Accountants with two or more years of continuous membership.
16. A foreign public notary whose appointment is lawful and their status as a notary public can be verified.

## Privacy Notification

We collect your personal information from you directly wherever we can but in some cases where it is relevant to you and your investment we may collect it from third parties such as your agent or adviser. We do this for the purposes of determining your eligibility to invest and to be able to manage and administer your investment. If your personal information is not provided to us we may not be able to accept your investment or be able to manage and administer it. We may collect information about you because we are required or authorised by law to collect it. There are laws that affect financial institutions, including company and tax laws, which require us to collect personal information so we can, for example, verify your identity under Commonwealth Anti-Money Laundering law.

As a member within the NAB Group, we may disclose your personal information to other NAB Group members and to parties outside the NAB Group (for example and as relevant to your investment, to your agent or adviser, to our agents and service providers including for the purpose of training staff and the development and testing of products, services and systems,

risk management, planning, research and analysis). We may share your information with other organisations for the purposes for which we collect your information. We may also provide your information to Members within the NAB Group who operate their business overseas and we may need to share your information to organisations outside Australia (for example a call centre) – a list of those countries where such information may be shared is at [nab.com.au/privacy/overseas-countries-list](http://nab.com.au/privacy/overseas-countries-list)

Further, to let you know about the products the NAB Group has on offer, we and other NAB Group members may use your personal information for marketing activities. You can let us know at any time if you no longer wish to receive direct marketing offers from members of the NAB Group by contacting Client Services.

More information about how we collect, use, share and handle your personal information is in the NAB Group Privacy Policy, including how you may access or correct information we collect about you and how you may make a complaint about a privacy issue, at [mlcam.com.au](http://mlcam.com.au). Contact Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)** for a paper copy or if you have any questions or comments about the NAB Group privacy policy or procedures.

## 1. ADDITIONAL INVESTMENT

If you already have an investment in the Fund and wish to make an additional investment, you should use the Additional Investment Form available from [mlcam.com.au](http://mlcam.com.au) or by contacting Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**, or from your Financial Adviser.

## 2. INVESTOR TYPE

Cross (X)	Investor type	Sections to be completed
<input type="checkbox"/>	Individuals / Joint investors / Sole traders	3A, 3B (if applicable), 4, 5, 6, 7, 8 (if applicable), 9 (if applicable), 10A, 11, 12, 13
<input type="checkbox"/>	Australian companies	3C, 4, 5, 6, 7, 8 (if applicable), 9 (if applicable), 10B, 11, 12, 13
<input type="checkbox"/>	Australian regulated trusts (including SMSFs and individual or corporate trustees)	3C, 4, 5, 6, 7, 8 (if applicable), 9 (if applicable), 10C, 11, 12, 13
<input type="checkbox"/>	Unregulated Australian trusts and foreign trusts	3C, 4, 5, 6, 7, 8 (if applicable), 9 (if applicable), 10D, 11, 12, 13
<input type="checkbox"/>	Foreign companies	3C, 4, 5, 6, 7, 8 (if applicable), 9 (if applicable), 10E, 11, 12, 13 Please contact Client Services on <b>1300 738 355 (0800 404 988 if calling from New Zealand)</b> . Refer to Section 10.
<input type="checkbox"/>	Associations	3C, 4, 5, 6, 7, 8 (if applicable), 9 (if applicable), 10F, 11, 12, 13
<input type="checkbox"/>	Government bodies	3C, 4, 5, 6, 7, 8 (if applicable), 9 (if applicable), 10G, 11, 12, 13
<input type="checkbox"/>	Registered co-operatives	3C, 4, 5, 6, 7, 8 (if applicable), 9 (if applicable), 10H, 11, 12, 13
<input type="checkbox"/>	Partnerships	3C, 4, 5, 6, 7, 8 (if applicable), 9 (if applicable), 10I, 11, 12, 13

### 3. INVESTOR DETAILS

3A. Investor 1 -  Individual  Joint investor 1  Sole trader

Title  Full given name(s)  Surname

Full business name (if any)  ABN (if any)

Date of birth (DD/MM/YYYY)  /  /  Gender  Male  Female

Telephone: Business hours  Mobile

Occupation

TFN<sup>1</sup>  TFN exemption reason (Australian residents)

Country of tax residence (non-Australian residents)

**Residential address** (PO boxes, locked bags and RMBs are not acceptable)

Unit/Level  Street number  Street name

Suburb/Town

State  Postcode  Country

**Principal place of business** (Sole trader only)

Unit/Level  Street number  Street name

Suburb/Town

State  Postcode  Country

<sup>1</sup> It is not against the law if you choose not to give your TFN, exemption code or exemption reason, but if you decide not to, tax will be taken out of your income distributions at the highest marginal rate (plus Medicare Levy). See 'Australian tax file number' on page 2 for more information.

**3B. Investor 2 -  Joint Investor 2**

Title	Full given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	Gender	
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone: Business hours	Mobile	
<input type="text"/>	<input type="text"/>	
Occupation	<input type="text"/>	
TFN <sup>2</sup>	TFN exemption reason (Australian residents)	
<input type="text"/>	<input type="text"/>	
Country of tax residence (non-Australian residents)	<input type="text"/>	

**Residential address** (PO boxes, locked bags and RMBs are not acceptable)

Unit/Level	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town		
<input type="text"/>		
State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more investors, provide details on a separate sheet with full details as specified above.

- 3C.**  **Companies**  **Unregulated Australian trusts and foreign trusts**  
 **Australian regulated trusts (including SMSF and individual and corporate trustees)**  
 **Associations**  **Government bodies**  **Registered co-operatives**  **Partnerships**

Account Name	<input type="text"/>	
Contact person name	Contact person email	
<input type="text"/>	<input type="text"/>	
Contact person telephone: Business hours	Contact person mobile	
<input type="text"/>	<input type="text"/>	
ABN/ACN (if registered in Australia)	TFN <sup>2</sup>	
<input type="text"/>	<input type="text"/>	
TFN exemption reason (Australian residents)	<input type="text"/>	
Nature of business/industry (e.g. SMSF or Legal Services)	<input type="text"/>	
Country of tax residence (non-Australian residents)	<input type="text"/>	

<sup>2</sup> It is not against the law if you choose not to give your TFN, exemption code or exemption reason, but if you decide not to, tax will be taken out of your income distributions at the highest marginal rate (plus Medicare Levy). See 'Australian tax file number' on page 2 for more information.

## 4. COMMUNICATION/CORRESPONDENCE

C/- (if applicable)

Unit/Level

Street number

Street name (or PO Box)

Suburb/Town

State

Postcode

Country

Email address\*

\* By providing your email address, you consent to receive disclosures required to be made to you by ACP under the Corporations Act in electronic format.

### 4A. Electronic communication

By providing your email address(es) above, and/or on a separate sheet, you agree that we may use this address to provide you with information about your investment (such as transaction confirmations, statements, reports and other material). From time to time we may still need to send you letters in the post.

Your communication preferences can be amended at any time by completing a Change of Details Form available at [mlcam.com.au](http://mlcam.com.au) or on request from Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**.

Please cross (X) the boxes below as applicable.

I/We prefer to receive a paper copy of all communications.

Please provide my/our Financial Adviser (details provided in Section 8) with information and copies of all transactions relating to my/our investment.<sup>3</sup>

### 4B. Annual report

We will publish a copy of the annual report for the relevant Fund on [mlcam.com.au](http://mlcam.com.au)

Please cross (X) this box if you wish to receive a paper copy of the report by post.

If you choose to have the annual report mailed to you, we will mail it to the correspondence postal address provided in this section. If you do not choose to have the annual report mailed to you, we will email it to the correspondence email address provided in this section. If you do not choose to have the annual report mailed to you and have not provided a correspondence email address, we will publish a copy of the annual report for the relevant Fund on [mlcam.com.au](http://mlcam.com.au), and we'll notify you by mail when this has been made available online.

## 5. INVESTMENT AMOUNT AND METHOD OF PAYMENT

Investment amount (all investments must be made in Australian dollars)<sup>4</sup>

Minimum initial investment: **A\$20,000**

Antares Income Fund (APIR code PPL0028AU)

A\$

### Method of payment

Cheque

OR

Direct deposit

Refer to page 1 instructions for 'investing by cheque' or 'investing by direct deposit'.

<sup>3</sup> By electing this option, your Financial Adviser will also be able to access such information via Adviser Online.

<sup>4</sup> All payments and transactions to, and by, the Fund are in Australian dollars. Payments from/into non-Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non-Australian resident investors should seek advice from their banking institution.

## 6. SOURCE OF FUNDS

Please identify the major source of funds for investment by indicating with a cross (X) one or more of the following which is applicable to you.

Employment

Please indicate the nature of employment

Investments

Please indicate the type of investments e.g. superannuation, real estate, financial etc

Business activity

Please indicate the nature of business and industry

Inheritance/Gift

Please indicate the name of deceased/donor

Legal settlement

Please specify the type of legal settlement

Other

Please specify



## 7. WITHDRAWAL PROCEEDS AND INCOME DISTRIBUTIONS

By providing your bank account details in this section, you authorise ACP to use these details for **all** distribution and withdrawal requests that you nominate.<sup>5</sup>

### Australian Account

Name of Australian bank or financial institution

Branch

BSB number

 - 

Account number

Account name<sup>6</sup>

### New Zealand Account

Name of New Zealand bank or financial institution

Branch

Bank number

Branch number

Account number

Suffix number

Account name

Beneficiary SWIFT BIC

Intermediary SWIFT BIC

Intermediary BSB

Please indicate how you would like your income distributions to be paid by crossing (X) one box only.

**Note:** if no election is made, distributions will be reinvested.

Reinvest income distributions for additional units.

Pay income distributions directly to the bank account account shown in this section.

<sup>5</sup> All payments and transactions to, and by, the Fund are in Australian dollars. Payments from/into non-Australian bank accounts will be subject to currency conversion rates and may incur additional fees. Non-Australian resident investors should seek advice from their banking institution.

<sup>6</sup> Payments can only be made to accounts held in the investor's name. No third party payments are made. For joint investors, it must be a joint account.

## 8. FINANCIAL ADVISER DETAILS

Please cross (X) this box if you have a current agreement with ACP in relation to the AML/CTF Act customer identification program and, or, you have provided the relevant FSC identification form(s) including completed 'Record of Verification Procedure'.<sup>7</sup>

Financial Adviser name

Dealer Group

Dealer branch

ABN (if registered in Australia)

AFSL No. (if registered in Australia)

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

Telephone: Business hours

Mobile

Email address

Financial Adviser bank account details (To be completed by a Financial Adviser only)

Name of Australian bank or financial institution

Branch

BSB number

Account number

Name in which the account is held

Your remuneration will be paid into the above bank account. Please only provide your bank account details if applicable. You must obtain and document the investor's clear consent where the adviser service fee is received by your Licensee and subsequently paid to you.

Financial Adviser signature

Date signed (DD/MM/YYYY):  /  /

Financial Adviser stamp

Full Name

<sup>7</sup> You declare you have sighted either the original or a certified copy of the original document(s). You declare that an identity verification procedure for the investor(s) named in section 3 of this Initial Application Form has been completed in accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* by a person in the capacity of an AFSL licence holder or their authorised representative. If you do not satisfy these requirements please contact Client Services by calling **1300 738 355 (0800 404 988 if calling from New Zealand)**.

## 9. FINANCIAL ADVISER REMUNERATION

Do you wish to pay your Financial Adviser an adviser service fee?

**No - Go to Section 10**  Yes - Complete the details below

I/We request, until further notice from me/us, that ACP deduct adviser service fees from my/our investment account to pay my/our Financial Adviser as set out below.

I/We acknowledge that any adviser service fee amount will be paid to the Financial Adviser's account nominated in Section 8. (Please provide adviser bank account details in Section 8).

I/We understand and consent to this amount being shared with other parties as outlined by my Financial Adviser.

### One-off fixed dollar fee

Please nominate the one-off fixed dollar amount (deducted via a withdrawal of units from your investment balance) you wish to pay your Financial Adviser.

\$  **AND/OR**

### Adviser service fee per additional investment

This fee is deducted from every additional investment and deducted via a withdrawal of units from your investment balance. Please nominate the percentage amount of each investment you wish to pay your Financial Adviser.

% per investment (max 3.3%) **AND/OR**

### Quarterly adviser service fee

This fee is calculated on a daily basis and deducted quarterly via a withdrawal of units at the end of each quarter. Please nominate the percentage or dollar amount you wish to pay your Financial Adviser.

% per annum (max 1.1%) **OR** \$  per annum

**Note:** The amount that will be paid to your Financial Adviser is inclusive of GST. Government legislation prohibits advisers charging percentage based advice fees to retail clients where new investments are purchased from 1 July 2013 with borrowed amounts.

## 10. CUSTOMER IDENTITY VERIFICATION

You must complete the FSC identification form(s) relevant to your investor type. If you are not lodging this application through a Financial Adviser you will be required to send the **certified copies** of the original identity verification documents (not scanned copies) as listed in the relevant FSC identification form(s), (ensuring each page is certified). Please refer to page 2 for instructions on **'Certified copy requirements'**. If you are unsure which form you should complete please contact Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**.

**Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.<sup>8</sup>**

### 10A. Person(s) named in 3A, 3B and individuals that have provided details on a separate sheet along with sole traders

Please complete the FSC identification form for **individuals and sole traders**, which is available on [mlcam.com.au/forms](http://mlcam.com.au/forms)

### 10B. Australian companies

Please complete the FSC identification form for **Australian companies**, which is available on [mlcam.com.au/forms](http://mlcam.com.au/forms)

### 10C. Australian regulated trusts (including SMSFs and individual and corporate trustees)

Please complete the FSC identification form for **Australian regulated trusts**, which is available on [mlcam.com.au/forms](http://mlcam.com.au/forms)

For SMSFs, in addition to completing the identification form for Australian regulated trusts, a certified copy of the Trust Deed (or if not reasonably available, a certified extract of the Trust Deed) must be provided. Extracts of the Trust Deeds must include the name of the Trust, Trustees, Beneficiaries, Settlor/s and Appointers (where applicable).

For corporate trustees, please also complete the FSC identification form for Australian companies.

### 10D. Unregulated Australian trusts and foreign trusts

Please complete the FSC identification form for **unregulated Australian trusts and foreign trusts**, which is available on [mlcam.com.au/forms](http://mlcam.com.au/forms)

### 10E. Foreign companies

Please complete the FSC identification form for **foreign companies**, which is available on [mlcam.com.au/forms](http://mlcam.com.au/forms)

Please contact Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)** to discuss your application further.

### 10F. Associations

Please complete the FSC identification form for **associations**, which is available on [mlcam.com.au/forms](http://mlcam.com.au/forms)

### 10G. Government bodies

Please complete the FSC identification form for **government bodies**, which is available on [mlcam.com.au/forms](http://mlcam.com.au/forms)

### 10H. Registered co-operatives

Please complete the FSC identification form for **registered co-operatives**, which is available on [mlcam.com.au/forms](http://mlcam.com.au/forms)

### 10I. Partnerships

Please complete the FSC identification form for **partnerships and partners**, which is available on [mlcam.com.au/forms](http://mlcam.com.au/forms)

<sup>8</sup> An accredited translator is a person currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of Professional Translator, or above, to translate from a language other than English into English; or an overseas standard comparable to the Australian NAATI accreditation.

## 11. INTERESTED PARTIES

Provide details of the parties that may receive information relating to this investment below.

Name	Company
<input type="text"/>	<input type="text"/>
Email address	Contact phone no.
<input type="text"/>	<input type="text"/>

### Delivery address

Unit/Level	Street number	Street name (or PO Box)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town		
<input type="text"/>		
State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide copies of all transactions and investor statements to the interested parties.

Please attach a schedule if more space is required.

## 12. DECLARATION

I/We declare that:

- All details in this Initial Application Form, relevant FSC Identification Form(s) and all other documents provided are true and correct. I/We agree to advise Antares Capital Partners Ltd (ACP) (ABN 85 066 081 114) (AFSL 234483) of any change in circumstances in future including changes affecting my/our declared tax residency status within 30 days and I/we agree to indemnify ACP against any liabilities whatsoever arising out of it acting on any of these details or any future details provided by me/us in connection with this application.
- I/We have received a copy of the current PDS and Product Guide to which this application relates and have read it and agree to the terms contained in it and to be bound by the provisions of the Constitution for the Fund (as amended from time to time), and accepted the offer of units in the Fund made in the PDS and Product Guide in either Australia or New Zealand.
- I/We have legal power to invest in the Fund in accordance with this application and have complied with all applicable laws in making this application.
- I/We am/are over the age of 18 years.
- In the case of joint investors, the joint applicants agree that unless otherwise expressly indicated on this Initial Application Form, the units will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions, including additional investments and withdrawals, and withdrawals by fax.
- I/We have read and understood the terms and conditions of the use of fax to give instructions on my/our account in the PDS and Product Guide and agree to release and indemnify ACP against any liabilities whatsoever arising out of it acting on any communication received by fax.
- I/We acknowledge that I/we have read the Privacy information in the PDS and Product Guide and the Initial Application Form. I/We am/are aware that until I/we inform ACP otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) and I/we have consented to the provision of and authorised (if applicable) my/our Financial Adviser to provide such further personal information to ACP as is required or reasonably deemed necessary by ACP under applicable law.
- I/We understand that if I/we fail to provide any information requested in this Initial Application Form or do not agree to any of the possible exchanges or uses detailed above, my/our application may not be accepted by ACP and I/we agree to release and indemnify ACP in respect of any loss or liability arising from its inability to accept my/our application due to inadequate details having been provided.
- I/We acknowledge that an investment in the Fund does not represent a deposit with, or liability of National Australia Bank (NAB) or the NAB Group of companies (NAB Group) and is subject to investment risk, including possible delays in repayment and loss of income and capital invested, and agree that those risks are appropriate for a person in my/our circumstances and with my/our investment objectives.
- I/We acknowledge that none of ACP or any other member of the NAB Group, guarantees the performance of the Fund or the repayment of the capital or any particular rate of return or distribution from the Fund.
- I/We agree to pay my/our Financial Adviser an initial or ongoing adviser service fee as nominated in the Initial Application Form.
- I/We authorise ACP to withdraw units I/we hold in the Fund to pay this fee to my/our Financial Adviser (if applicable).
- 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. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act.
- Unless an alternative authority for signature is notified to and accepted by ACP, the person/persons that signs/sign this form is/are able to operate the account on behalf of themselves/the relevant entity (as applicable) and bind themselves/the entity for future transactions, including additional deposits and withdrawals, including withdrawals by fax.
- If I/we have elected in Section 5 of this Initial Application Form to receive communications by email, I/we consent to receive all disclosures required to be made to me/us by ACP under the Corporations Act in electronic format.
- I/We have read and understood the terms and conditions of identity verification documents in the PDS and Product Guide as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, and agree to release and indemnify ACP against any liabilities whatsoever arising out of it withholding redemption requests due to incomplete identity documentation.

### Additional declaration for New Zealand investors

- I/We acknowledge the offer of units in the Fund is a regulated offer made under Australian and New Zealand law. In Australia, this is Chapter 8 of the Corporations Act 2001 (Aust) and regulations made under that Act. In New Zealand, this is sub-part 6 of Part 9 of the Financial Markets Conduct Act 2013 and Part 9 of the Financial Markets Conduct Regulations 2014. I/We acknowledge this offer and the content of the offer document are principally governed by Australian rather than New Zealand law. In the main, the Corporations Act 2001 (Aust) and the regulations made under that Act set out how the offer must be made. There are differences in how financial products are regulated under Australian law compared to New Zealand law. I/We have read and understood the 'Important additional information for New Zealand investors' section in the Product Guide.

### 13. SIGNATURES

If this form is signed under a Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless ACP has already sighted it).

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Investor 1 <sup>9</sup>  | <input type="checkbox"/> Individual trustee 1 | <input type="checkbox"/> Sole Director 1 <sup>10</sup>      | <input type="checkbox"/> Director 1 <sup>10</sup> |
| <input type="checkbox"/> Attorney 1 <sup>11</sup> | <input type="checkbox"/> Partner 1            | <input type="checkbox"/> Authorised signatory <sup>12</sup> |   |

Signature	Date signed (DD/MM/YYYY) □□ / □□ / □□□□
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Full name	Date of birth (DD/MM/YYYY) □□ / □□ / □□□□
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#### Residential address

Unit/Level	Street number	Street name
□□□□	□□□□	□□□□□□□□□□□□□□□□
Suburb/Town		
□□□□□□□□□□□□□□□□		
State	Postcode	Country
□□□□	□□□□□□	□□□□□□□□□□□□□□□□

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Investor 2 <sup>9</sup>  | <input type="checkbox"/> Individual trustee 2 | <input type="checkbox"/> Director 2 <sup>10</sup>           | <input type="checkbox"/> Secretary <sup>10</sup> |
| <input type="checkbox"/> Attorney 2 <sup>11</sup> | <input type="checkbox"/> Partner 2            | <input type="checkbox"/> Authorised signatory <sup>12</sup> |  |

Signature	Date signed (DD/MM/YYYY) □□ / □□ / □□□□
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Full name	Date of birth (DD/MM/YYYY) □□ / □□ / □□□□
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#### Residential address

Unit/Level	Street number	Street name
□□□□	□□□□	□□□□□□□□□□□□□□□□
Suburb/Town		
□□□□□□□□□□□□□□□□		
State	Postcode	Country
□□□□	□□□□□□	□□□□□□□□□□□□□□□□

9 Joint investors must both sign.  
10 Company applications must be signed by two directors, a director and secretary or the sole director of the company. These people must be identified.  
11 Attorney's signature(s) must be witnessed on the next page.  
12 A certified copy of the Authorised Signatory List must be submitted to Registry Services.

**Signature of witness to Attorney 1**

Signature of witness to Attorney 1 signature (witness must be a third party, i.e. not the investor or the named Attorney)  
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 /  / 

**Residential Address**

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

**Signature of witness to Attorney 2**

Signature of witness to Attorney 2 signature (witness must be a third party, i.e. not the investor or the named Attorney)  
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 /  / 

**Residential Address**

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

**For Joint investors: withdrawal requests, additional investment and change of details forms must be signed by:**

Investor 1 only

Investor 2 only

Either 1 or 2

Both 1 and 2

**Important notes**

The offer of units in the Fund is made by Antares Capital Partners Ltd (ACP) (ABN 85 066 081 114) (AFSL 234483).

This Initial Application Form must not be handed to any person unless accompanied by the current PDS and Product Guide (as applicable) for the Fund. ACP may in its absolute discretion refuse any application for units. Persons external to ACP who market ACP products act as independent Financial Advisers and are not agents of ACP. ACP will not be bound by representations or statements which are not contained in information disseminated by ACP. Application monies paid by cheque from Financial Advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act.