

Application Form

This is an Application Form for investment in a registered managed investment scheme ("Trust", listed in Section 5) issued by the responsible entity, Trilogy Funds Management Limited (Trilogy, we, us, our) ABN 59 080 383 679, AFSL 261425. This Application Form accompanies the respective Product Disclosure Statement (PDS) for each Trust set out in Section 5. Each PDS contains important information about an investment in the Trust. Information in a PDS may change from time to time. Where information that changes is not materially adverse to investors, we may update this information by updating the relevant document or by publishing an update at trilogyfunds.com.au. You can access a copy of the latest version of the PDS, any updated information and the Application Form free of charge from our website or by contacting us. The information provided in the PDS is general information only and does not consider your personal financial situation or needs. You should obtain your own financial advice tailored to your personal circumstances. It is important that you read the PDS in full and the declarations and acknowledgements contained in this Application Form before completing this Application Form.

If you are an existing Trilogy Investor, please provide your Investor ID and go to section 5:

- Purpose of this investment* Savings Income
 Growth Retirement
- Source of application money* Gainful employment Financial investments
 Inheritance / gift Business activity
 Superannuation savings Other (please specify)

*All applicants are required to provide this information under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Section 1: Individual details

If you are investing in the name of a superannuation fund, company, or trust you must complete both sections 1 & 2; to include the directors of proprietary companies and trustees). If there are more than two (2) individuals to include in this section (including trustees, company directors, partners, or beneficiaries), please download and complete an additional individual form at www.trilogyfunds.com.au/forms or call Investor Relations on 1800 230 099.

Individual type	INDIVIDUAL 1	INDIVIDUAL 2
	<input type="checkbox"/> Individual / Joint investor <input type="checkbox"/> Individual trustee <input type="checkbox"/> Company director <input type="checkbox"/> Partner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Individual / Joint investor <input type="checkbox"/> Individual trustee <input type="checkbox"/> Company director <input type="checkbox"/> Partner <input type="checkbox"/> Beneficiary

Title	<input type="text"/>	<input type="text"/>
Given Name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Tax file number (TFN) or specify your exemption category	<input type="text"/>	<input type="text"/>
Politically exposed person (PEP) details (if applicable) <i>Please see www.austrac.gov.au/glossary for PEP definition</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="text"/>
US citizen or resident of the US for tax purposes (if applicable)	TAXPAYER IDENTIFICATION NUMBER (TIN): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="text"/>	TAXPAYER IDENTIFICATION NUMBER (TIN): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="text"/>
Details of class, if any (beneficiaries only)	<input type="text"/>	<input type="text"/>
	If you have provided your TIN, please download and complete a FATCA form available at www.trilogyfunds.com.au/forms .	
Non-resident of Australia, other than US citizen or tax resident (if applicable)	SPECIFY COUNTRY OF TAX RESIDENCY: <input type="text"/>	SPECIFY COUNTRY OF TAX RESIDENCY: <input type="text"/>
	If you have provided details about your status as a non-resident of Australia (other than US citizen or tax resident), please download and complete a Self-Certification Declaration Form available at www.trilogyfunds.com.au/forms .	

Address and contact details

 SAME AS INDIVIDUAL 1

Residential street address

City, State, and Postcode

Country (if not Australia)

PO Box or Postal address

Only complete if different to your residential address
 PRIMARY CONTACT

 PRIMARY CONTACT

Home phone

Business phone

Mobile phone

Fax

Email

Identification requirements

There are two methods that may be used to verify your identity for AML/CTF purposes. You may either complete the fields within this application form to have your identification verified online, or attach certified copies of the documents outlined in the further identification checklist at the end of the Application Form. Trilogy is required by the anti-money laundering and counter terrorism financing (AML/CTF) laws to identify and verify your identity before providing financial services to you. Please see Trilogy's privacy policy on the website www.trilogyfunds.com.au in relation to our use of your personal information.

DRIVERS LICENCE

Drivers licence no.

Drivers licence expiry date

Card number

State of issue

Complete name at birth including middle name

AUSTRALIAN PASSPORT

Passport number

Expiry date

Complete name at birth including middle name

Place of birth (as shown on your passport)

Country of birth

Section 2: Superannuation fund / company / trust details

If you are investing in the name of a company or trust please complete Section 1 for the directors and beneficiaries (i.e., individuals) relevant to the company (including corporate trustee) or trust, and this Section (2) for the details of the applicant company or trust.

Entity type

 Superannuation fund

 Trust

 Company

 Other organisation

Full name of the company or trust

ABN

Full name of the Individual trustee(s) or the Corporate trustee (where applicable)

ACN for the Corporate trustee

Tax file number (TFN)

If the company is not formed or registered in Australia, please provide the country of formation or registration for tax purposes

Address details

Do not complete if you are an individual trustee.

REGISTERED OFFICE

PRINCIPAL PLACE OF BUSINESS

SAME AS THE REGISTERED OFFICE

Street address

City, State, and Postcode

Country (if not Australia)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Unregulated trusts

Those other than superannuation funds or registered managed investment schemes – Settlor of the trust (meaning the person(s) who settles the initial sum or assets to create the Trust).

- The material assets contribution to the Trust by the settlor at the time the trust was established was less than \$10,000.
- The settlor of the trust is deceased.
- Neither of the above is correct – please provide the full name of the settlor of the trust.

Trust beneficiaries

If there are more than two beneficiaries for the trust, please download an additional individual form at www.trilogyfunds.com.au/forms or call Investor Relations on 1800 230 099.

CLASS OF BENEFICIARY

Identification requirements

There are two methods that may be used to verify your identity for AML/CTF purposes. You may either complete the fields within this application form to have your identification verified online, or attach certified copies of the documents outlined in the further identification checklist at the end of the Application Form.

COMPANY

- ABN provided in Section 2 OR Certified copy of the certificate of registration issued by ASIC is attached.

SUPERANNUATION FUNDS

- ABN provided in Section 2 OR Certified copy of the Trust Deed showing the name of the trust attached to this application.

TRUSTS

An original or certified copy of the Trust Deed or if not reasonably available an original or certified extract of the Trust Deed. Extracts of Trust Deeds must include the name of the Trust, Trustees, Beneficiaries, Settlor/s and Appointers (where applicable).

Beneficial owners

For a company, beneficial owners are all individuals who hold one or more shareholdings of more than 25% of the company's issued capital. For a trust, a beneficial owner is the person who controls the activities of the trust (directly or indirectly including control by acting as trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the trustees; or the ability to appoint or remove the trustees).

Please list the beneficial owners below. See www.trilogyfunds.com.au/faq if you are unsure what 'beneficial owner' means. If there are more than two (2) beneficial owners, please download and complete an additional beneficial owner form at www.trilogyfunds.com.au/forms or call Investor Relations on 1800 230 099.

BENEFICIAL OWNER 1

SAME AS INDIVIDUAL 1

BENEFICIAL OWNER 2

SAME AS INDIVIDUAL 2

Title

Given Name(s)

Surname

Date of birth

Tax file number (TFN) or specify your exemption category

Politically exposed person (PEP) details (if applicable)

Please see www.austrac.gov.au/glossary for PEP definition

<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="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TAXPAYER IDENTIFICATION NUMBER (TIN):

TAXPAYER IDENTIFICATION NUMBER (TIN):

US citizen or resident of the US for tax purposes (if applicable)

If you have provided your TIN, please download and complete a FATCA form available at www.trilogyfunds.com.au/forms.

- Non-resident of Australia, other than US citizen or tax resident (if applicable)
- Non-resident of Australia, other than US citizen or tax resident (if applicable)

If you have provided details about your status as a non-resident of Australia (other than US citizen or tax resident), please download and complete a Self-Certification Declaration Form available at www.trilogyfunds.com.au/forms.

Beneficial owner identification requirements

There are two methods that may be used to verify identity for AML/CTF purposes. You may either complete the fields within this application form to have your identification verified online, or attach certified copies of the documents outlined in the further identification checklist at the end of the Application Form. Trilogy is required by the anti-money laundering and counter terrorism financing (AML/CTF) laws to identify and verify your identity before providing financial services to you. Please see Trilogy's privacy policy on the website www.trilogyfunds.com.au in relation to our use of your personal information.

DRIVERS LICENCE

Drivers licence no.	<input type="text"/>	<input type="text"/>
Drivers licence expiry date	<input type="text"/>	<input type="text"/>
Card number	<input type="text"/>	<input type="text"/>
State of issue	<input type="text"/>	<input type="text"/>
Complete name at birth including middle name (if different)	<input type="text"/>	<input type="text"/>

AUSTRALIAN PASSPORT

Passport number	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>
Complete name at birth including middle name (if different)	<input type="text"/>	<input type="text"/>
Place of birth (as shown on your passport)	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>

Section 3: Communication preferences

Trilogy's preference is to communicate with you is via email. However, if you would prefer to receive communication from us by post, please nominate your preference. If no nomination is made, communication will be via email if an email address is noted on our system.

Investor communication	<input type="checkbox"/> Email	<input type="checkbox"/> Post
Annual reports	<input type="checkbox"/> Email	<input type="checkbox"/> Post
SMS distribution notifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 4: Operating authority (for applicants other than companies)

If you are investing in the name of a company (including a corporate trustee), then you do not need to complete this section as your company will need to sign in accordance with the Corporations Act 2001 (i.e., two directors, a director and a secretary or sole director/secretary). For all other applicants, please nominate the number of signatories who can authorise transactions on your investment such as redemptions and changes to investment details. If this section is left blank, then Trilogy will assume one signature only is required to operate the investment.

Authorisation for investment changes and redemptions. One signatory All signatories Other (please specify):

Section 5: Trust and distribution preference

Please indicate the Trilogy financial product (Trust) in which you would like to invest, and the amount that you would like to invest initially. If you are investing in more than one Trust, then please specify the amount you will invest in each Trust and the total application money that you will provide. Please also indicate the payment method via which you will invest your application money. You may elect to have all of your income distributions reinvested or credited into your nominated financial institution account.

TRUST NAME	ARSN	PDS DATE	INVESTMENT AMOUNT	PAYMENT METHOD	DISTRIBUTION PREFERENCE
Trilogy Monthly Income Trust	121 846 722	17 December 2018	\$ <input type="text"/>	<input type="checkbox"/> Cheque <input type="checkbox"/> EFT <input type="checkbox"/> BPAY <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay into nominated financial institution account <input type="checkbox"/> Cross reinvest into Trilogy Enhanced Income Fund
Trilogy Enhanced Income Fund	614 682 469	28 July 2020	\$ <input type="text"/>	<input type="checkbox"/> Cheque <input type="checkbox"/> EFT <input type="checkbox"/> BPAY <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay into nominated financial institution account <input type="checkbox"/> Cross reinvest into Trilogy Monthly Income Trust
TOTAL			<input type="text"/>		

Trilogy payment details

CHEQUE

Your cheque must be in Australian currency drawn on an Australian financial institution and marked 'Not Negotiable'. Sufficient cleared funds should be held in your financial institution account, as cheques returned unpaid may result in your application being rejected.

TRILOGY MONTHLY INCOME TRUST

Please make payable to:
The Trust Company (Australia) Limited
ACF – TMIT

TRILOGY ENHANCED INCOME FUND

Please make payable to:
The Trust Company Limited
ACF – TEIF

BPAY

Please call us on **1800 230 099** (New Zealand +800 5510 1230) to obtain your unique reference number or email investorrelations@trilogyfunds.com.au

Bill code:
134916

Bill code:
134981

DIRECT DEPOSIT

For identification purposes, please use your surname as the payment description of your transactions OR if you are an existing Investor, please use your Investor ID.

Account name:
Trilogy Monthly Income Trust
 BSB:
124 028
 Account number:
2228 7528

Account name:
Trilogy Enhanced Income Fund
 BSB:
124 028
 Account number:
2256 2917

Section 6: Nominated financial institution account details – for distributions and redemptions

If you have elected to reinvest your income distributions, your financial institution account details are still required so we can directly credit any redemptions. This financial institution account is also referred to as your nominated financial institution account. If you do not provide this information, income will not be paid to you until such time that we receive details.

Account holder name	<input type="text"/>	BSB	<input type="text"/>
Financial institution account number	<input type="text"/>	Financial institution name	<input type="text"/>

Section 7: Financial Adviser details (optional)

If you are investing in the relevant Trust with the assistance of a Financial Adviser, you should ask the Financial Adviser to complete this section. By signing this section, you acknowledge your consent for us to arrange your Financial Adviser to receive and be able to access information about your investment, product updates and all your financial records in relation to your investment(s).

ADVISER TO COMPLETE

Licensee name	<input type="text"/>
Business name	<input type="text"/>
AFSL number	<input type="text"/>
Adviser full name	<input type="text"/>
Authorised representative number	<input type="text"/>

Contact name

Business address

Contact phone

Contact email

Financial Adviser financial institution account details

Financial institution account name BSB

Financial institution account number Financial institution name

As the licensed Financial Adviser of the applicant, I confirm that:

- My dealer group is lawfully authorised to advise on, and deal in, the financial product offered in the PDS under an AFSL.
- I have complied with the financial services laws in respect of advice provided, have identified the client pursuant to the anti-money laundering and counter terrorism financing (AML/CTF laws) and will make available to Trilogy, on request, original verification and identification records in respect of the applicant.
- If, applicable, I appoint Trilogy Funds Management Limited as my agent to collect and direct the payment of any upfront financial advice fee nominated below. Further, I declare that I have in place measures to protect and comply with the privacy laws (including the Privacy Amendment (Notifiable Data Breaches) Act 2017) in respect of any personal client data that may be shared by Trilogy Funds Management Limited in respect of my client:

SIGNATURE OF THE FINANCIAL ADVISER

DATE

INVESTOR TO COMPLETE

Certification by Investor – consent to provide information to your Adviser

- I/We wish to nominate our Financial Adviser as noted on this Application Form to represent my investment.
- I/We hereby release, discharge and agree to indemnify Trilogy from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from Trilogy and/or the acting upon the instructions of my/our Financial Adviser.
- I/We authorise the disclosure to my/our Financial Adviser of any information in relation to this application or my/our investment.
- I/We acknowledge that Trilogy may deliver reports, statements and other communications to my/our Financial Adviser.

SIGNATURE OF APPLICANT 1

DATE

SIGNATURE OF APPLICANT 2

DATE

Section 8: Upfront Adviser payment instruction

If you choose to pay your Financial Adviser an upfront fee for the financial product advice that they provide to you, please nominate that fee here. The upfront adviser service fee, if nominated, will be collected from your application money and paid by Trilogy as an agent of the Financial Adviser in accordance with this instruction. If you wish to put in place an ongoing Adviser Service Fee arrangement between you and your Financial Adviser then you will need to complete the relevant form which can be found at www.trilogyfunds.com.au/forms

Upfront adviser service fee amount \$

I/We give my/our express consent and instruction to direct Trilogy Funds Management Limited to pay the above amount out of my application money to my/our Financial Adviser's dealer group (to the financial institution account details nominated above), for the personal financial product advice the Adviser has provided to me/us, and acknowledge this by signing as follows:

SIGNATURE OF APPLICANT 1

DATE

SIGNATURE OF APPLICANT 2

DATE

Section 9: Declarations and acknowledgements

An investment in the respective Trust is offered by Trilogy Funds Management Limited (Trilogy) ACN 080 383 679 Australian Financial Services Licence Number 261425. Before signing this Application Form it is important that you have read and understood the PDS.

By signing this Application Form I / we declare that:

- All details in this Application Form and any other information provided in support of the application are complete and accurate.
- I / We have read the PDS to which this application applies and agree to the offer contained in it and to be bound by the provisions of the respective Trust's Constitution (as amended) which governs the Trust.
- If I / we have received the PDS from the internet or other electronic means, I / we declare that I / we have received it personally, or a printout of it, accompanied by or attached to the Application Form before making an application for investment in the respective Trust.
- I / We agree to the collection, use and disclosure of my / our personal information as set out in Trilogy's privacy policy when I / we make an investment in the respective Trust.
- I / We acknowledge that all information relating to this application or any subsequent information I / we give you relating to my / our investment may be disclosed to any service provider to the respective Trust and to my / our adviser. I / We understand that this authority will continue unless rescinded in writing by me / us.
- In the case of joint applications, the joint Investors agree that unless otherwise expressly indicated on this Application Form, the Units will be held as joint tenants.
- If this Application Form is signed under 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 must be submitted with this application).
- I / We have all requisite power and authority to execute and perform the obligations under the PDS and this Application Form.
- Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding a Unit is a tax resident of any country other than Australia including a United States citizen or resident of the United States for taxation purposes (US Person).
- I / We will promptly notify Trilogy of any change to the information I / we have previously provided to Trilogy, including any changes which result in a person or entity controlling, owning or otherwise holding a Unit who is a US Person or a tax resident of any country other than Australia.
- I / We consent to Trilogy disclosing any information it has in compliance with its obligations under intergovernmental agreement between the Government of Australia and the Government of other countries in respect of the exchange of tax and financial account information and any related Australian law and guidance implementing the same (together, the IGA). This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the relevant foreign equivalent.
- I / We acknowledge that the collection of my / our personal information may be required by the OECD's Common Reporting Standard in Australia, Financial Transaction Reports Act 1988, the Corporations Act 2001, the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997, the Taxation Administration Act 1953, and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. Otherwise, the collection of information is not required by law, but I / we acknowledge that if I / we do not provide personal information, Trilogy may not allow me / us to invest in the respective Trust.
- I / We are not aware and have no reason to suspect that the monies used to fund my / our investment in the respective Trust have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under any applicable law or regulations or otherwise prohibited under any international convention or agreement.
- I / We will provide Trilogy with all additional information and assistance that Trilogy may request in order for Trilogy to comply with any AML/CTF law, or to comply with the intergovernmental agreements to exchange financial account information.
- I / We acknowledge that Trilogy may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of any investment in the respective Trust, if Trilogy is concerned that the request or transaction may breach any obligation of or cause Trilogy to commit or participate in an offence, including under any AML/CTF law or any intergovernmental agreement to exchange financial account information.

I/We acknowledge that:

- If this application is made through my / our Financial Adviser:
 - and if I / we have made an instruction to Trilogy in Section 7 of this form, then I / we may have agreed with our Financial Adviser to pay an upfront service fee for advice provided to us by my / our Financial Adviser and I / we declare that I / we have received the financial advice to which the upfront service fee relates; and
 - I / we acknowledge that all correspondence including personal information and data about my / our investment will be provided to my / our Financial Adviser and / or his or her dealer group, and that Trilogy takes no responsibility for the compliance of my Financial Adviser/dealer group in respect of the privacy laws.
- Investments in the respective Trust are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested.
- Trilogy does not guarantee the repayment of capital or the performance of the respective Trust or any particular rate of return from the respective Trust.
- I / We acknowledge that Trilogy may deliver and make reports, statements and other communications available in electronic form, such as email or by posting on its website.
- I / We hold all necessary approvals I / we require to sign this Application Form to make the investment and hold Units in the Trust.

SIGNATURE OF APPLICANT 1

DATE

GIVEN NAME

SURNAME

SIGNATURE OF APPLICANT 2

DATE

GIVEN NAME

SURNAME

Further identification checklist

If you cannot supply ID information for online verification please supply the following certified documentation. Please provide one document from each of Category A and Category B below. Please note that we will require you to supply the required documentation, in acceptable format, for your application to be considered complete.

CATEGORY A

- Australian Birth Certificate
- Australian Citizenship Certificate
- Pension Card issued by Department of Human Services

CATEGORY B

- Notice from the Australian Taxation Office that shows your name and residential address (issued within the preceding 12 months)
- Notice from Commonwealth or State or Territory Government outlining financial benefits that shows your name and residential address (issued within the preceding 12 months)
- Document from local government body or utilities provider that shows your name and residential address (issued within the preceding 3 months)

How to certify your documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date, and the capacity in which they are signing (e.g. postal agent, Justice of the Peace).

Sample wording

I, [full name], a [category of personal listed below], certify that this [name of document] is a true and correct copy of the original. [Signature and date].

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

Who can certify copies of documents

Financial institutions (bank, building society, credit union)	<ul style="list-style-type: none"> • Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth)). • Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth)). • Officer with, or authorised representative of, a holder of an Australian financial services licence or an Australian credit licence, having two or more continuous years of service with one or more licensees.
Post office	<ul style="list-style-type: none"> • 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. • Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
JP	<ul style="list-style-type: none"> • Justice of the Peace.
Legal	<ul style="list-style-type: none"> • 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). • Judge of a court. • Magistrate. • Chief executive officer of a Commonwealth court. • Registrar or deputy registrar of a court. • Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth)).
Police	<ul style="list-style-type: none"> • Australian police officer.
Diplomatic service	<ul style="list-style-type: none"> • Australian consular officer. • Australian diplomatic officer (within the meaning of the Consular Fees Act 1993 Cth)).
Accountant	<ul style="list-style-type: none"> • Member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership.

Application checklist

Before submitting this Application Form, please ensure that you:

- Have completed all relevant Sections.
- Have signed where indicated in Section 9.
- Have enclosed certified copies of any identification required.

How to submit your application

Please email or post your application to:

Trilogy Funds Management Limited
GPO Box 1648, BRISBANE QLD 4001

investorrelations@trilogyfunds.com.au