

Additional Individuals Form

Please use this form if there are more than two (2) individuals to include in Section 1 of the Application Form (including trustees, company directors or partners)

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"/> Individual / Joint investor <input type="checkbox"/> Individual trustee <input type="checkbox"/> Company director <input type="checkbox"/> Partner
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"/>
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"/>
<p><i>If you have provided your TIN, please download and complete a FATCA form available at www.trilogyfunds.com.au/fforms.</i></p> <p><i>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/fforms.</i></p>		
Address and contact details	<input type="checkbox"/> SAME AS INDIVIDUAL 1	
Residential street address	<input type="text"/>	<input type="text"/>
City, State, and Postcode	<input type="text"/>	<input type="text"/>
Country (if not Australia)	<input type="text"/>	<input type="text"/>
PO Box or Postal address <i>Only complete if different to your residential address</i>	<input type="text"/>	<input type="text"/>
Home phone	<input type="checkbox"/> PRIMARY CONTACT <input type="text"/>	<input type="checkbox"/> PRIMARY CONTACT <input type="text"/>
Business phone	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

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 the 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: Declarations and acknowledgements

Before signing this form, which is in addition to the Application Form, it is important that you have read and understood the PDS.

By signing the Application Form I / we declare that:

- All details in the 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 the Application Form, the Units will be held as joint tenants.
- If the 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 the Application Form.
- Other than as disclosed in the 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 the Application 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 the Application Form to make the investment and hold Units in the Trust.

SIGNATURE OF APPLICANT 1		SIGNATURE OF APPLICANT 2	
<input type="text"/>		<input type="text"/>	
DATE		DATE	
<input type="text"/>		<input type="text"/>	
GIVEN NAME	SURNAME	GIVEN NAME	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>