

Appointment of Financial Adviser

This appointment of Financial Adviser Form is issued by Trilogy Funds Management Limited ABN 59 080 383 679 AFSL 261425 (Trilogy) as responsible entity of the registered management investment schemes (Trust or Trusts) which you have an investment in and wish to apply this form to. Please fill in all relevant sections of this form and include an X in the appropriate boxes to indicate your response.

Account Name:	<input type="text"/>
Investor No:	<input type="text"/>

This notification confirms my request to add a licensed financial adviser on my current investments.

To be completed by your Financial Adviser

Name	<input type="text"/>		
Company	<input type="text"/>	Dealer Group	<input type="text"/>
Contact Name	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Telephone	<input type="text"/>

Financial Adviser account authority *(optional to be completed by the Investor)*

Information relating to your investment is provided to your Financial Adviser. You may wish to provide further authority for your Financial Adviser to transact on your account.

I/We authorise my/our Financial Adviser to transact on my/our account as if they were the legal and beneficial owner of the account including making further investments in, transfers within or withdrawals from my/our account.

Upfront Adviser Payment Instruction

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.

Upfront adviser service fee amount: \$

I/We give my/our express consent and instruction to direct Trilogy 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 followed.

Dealer Group financial institution account details

Account Name	<input type="text"/>		
Account Number	<input type="text"/>	BSB	<input type="text"/>
Financial Institution Name	<input type="text"/>		

As the licensed Financial Adviser of the investor, 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 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 in respect of my client:

SIGNATURE OF THE FINANCIAL ADVISER
<input type="text"/>
DATE
<input type="text"/>

Investor Declarations

- I/We wish to appoint our Financial Adviser as noted on this form to represent and deal with my accounts(s).
- 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 wish to nominate our Financial Adviser as noted on this 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
- 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 form to make the investment and hold Units in the Trust.
- and if I/we have made an instruction to TrilogY in 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.

SIGNATURE OF INVESTOR		SIGNATURE OF INVESTOR	
<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"/>

Send the Completed form to:

TrilogY Funds Management Ltd
 GPO Box 1648
 Brisbane QLD 4001

investorrelations@trilogyfunds.com.au