



Transferee Information Form for Companies

This Transferee Information Form accompanies the completed Transfer Form. It must be completed by the transferee(s)/buyer(s) (Transferee(s) named in the Transfer Form).

The form is to be used by Transferee(s) of units in a Trust or Fund who are a company. The information to be provided is for the purpose of the registration of the transfer and the identification of the Transferee(s).

The Transferee(s) take the units in the Fund or Trust described in the Transfer Form subject to, and agree to be bound by the provisions of, the Constitution governing the Fund or Trust.

Transfer process – 4 simple steps

STEP 1 : COMPLETE AND SIGN FORMS

Complete and sign this form and the Transfer Form, filling in all relevant sections in blue or black pen and using BLOCK letters. Print X in the appropriate boxes to indicate your response. Do not use whiteout on this form. If you need to correct a mistake cross out the section to be corrected and accompany it with your full signature.

STEP 2 : ATTACH DOCUMENTS

Attach any required documentation. Please note they must be certified copies. To obtain a list of certifiers please visit our website www.trilogyfunds.com.au/forms.

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* requires us to identify and verify your identity and the identity of each beneficial owner. As a result, you will need to provide certified copies of relevant identification document(s) for us to verify your identity and that of each beneficial owner. The documentation required is specified in Part 8 of this Form.

STEP 3 : SEND YOUR FORMS

Post your forms to:

Trilogy Funds Management Limited
GPO Box 1648
Brisbane QLD 4001

STEP 4 : FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) INFORMATION

Are any of the beneficial owners of proprietary companies US citizens or US citizens for tax purposes?

- | | | |
|------------|---|--|
| Yes | → | Please complete the FATCA Self Certification Declaration in addition this application. The declaration is available at www.trilogyfunds.com.au/forms or call 1800 230 099 and request a copy. |
| No | → | Complete this form. |

Please contact us if you have any questions about the transfer process.

Phone Investor Relations on 1800 230 099 or email investorrelations@trilogyfunds.com.au

PART 1: Company details

Company details

Full name (as registered with ASIC for Australian Companies)

Australian Business Number (ABN)

Australian Company Number (ACN)

Tax File Number (TFN)

Registered office address *(The address supplied below must not be a PO Box)*

Street

Suburb

State

Postcode

Country

Principal place of business *(The address supplied below must not be a PO Box)*

Please indicate if the principal place of business is the same as the registered office address:

OR complete this section.

Street

Suburb

State

Postcode

Country

Mailing address

Please indicate if the mailing address is the same as the registered office address:

OR Please indicate if the mailing address is the same as the principal place of business address:

OR complete this section.

Street/PO Box

Suburb

State

Postcode

Country

Contact phone number(s) and email *(Please supply at least one contact phone number and an email address)*

Home

Business

Mobile

Fax

Email

DIRECTOR 1 (Please note Directors' names are only required for proprietary companies.)

Title Given name(s)
Surname
Mobile Fax
Phone Date of Birth
Email

DIRECTOR 2

Title Given name(s)
Surname
Mobile Fax
Phone Date of Birth
Email

If there are more than two Directors please download an Additional director form at www.trilogyfunds.com.au/forms or call Investor Relations on 1800 230 099.

Provide details of all individuals who are beneficial owners of the proprietary company through one or more shareholdings of more than 25% of the company's issued capital. If you are unsure of this definition, please contact Investor Relations on 1800 230 099 or email investorrelations@trilogyfunds.com.au.

BENEFICIAL OWNER 1

Title Given name(s)
Surname
Date of Birth

Residential address

Street
Suburb State
Postcode Country

BENEFICIAL OWNER 2

Title Given name(s)
Surname
Date of Birth

Residential address

Street
Suburb State
Postcode Country

If there are more than two Beneficial Owners please download an Additional beneficial owner form at www.trilogyfunds.com.au/forms or call Investor Relations on 1800 230 099.

POLITICALLY EXPOSED PERSON (PEP)

Is any Director or beneficial owner a PEP? If you are unsure of this definition, please contact Investor Relations on 1800 230 099 or email investorrelations@trilogyfunds.com.au.

Yes → Please provide: Name

Description of PEP's position

No

PART 2: Bank account details and distribution preference

Nominate a bank account into which your distributions are to be paid. If you are an overseas Investor please download an *Overseas bank details* form at www.trilogyfunds.com.au/forms or call Investor Relations on +61 7 3039 2828.

2A Bank account details

Financial institution name

Account name

BSB

Account number

2B Distribution preference

Pay my distribution to the account noted above

OR

Reinvest my distribution
**(only if the Fund/Trust allows
reinvestment.** Please contact Investor
Relations on 1800 230 099 or email
investorrelations@trilogyfunds.com.au
if you are unsure).

PART 3: Operating authority

When giving instructions to us about your investment, please indicate who has the authority to operate your account.
If no box is ticked we will assume all signatories must sign.

Sole signatory to sign

OR

Either signatory to sign

OR

Both signatories must sign

OR

Other, please specify:

PART 4: Communication preferences

Indicate your communication preferences below. Should you wish to receive correspondence via email, please ensure you have provided your email address in Part 1. If you wish to receive distribution notifications via text message, please fill out your mobile number in Part 1. *If you do not indicate your preferences, you will continue to receive printed Investor communication via post. However, annual reports will only be available to you via our website unless you request otherwise.*

→ **Investor communication** Receive by email **OR** Receive by post

→ **Annual reports** Receive by email **OR** Receive by post

→ **Distribution notifications via SMS** Yes **OR** No

PART 5: Adviser details and certifications

ONLY COMPLETE IF YOU WISH TO HAVE AN ADVISER ASSOCIATED WITH YOUR HOLDING.

Adviser details

If you have an overseas financial adviser please email investorrelations@trilogyfunds.com.au to confirm what details you will need to supply.

Licensee name

Business name

Adviser's full name

ABN

AFSL or AR number

Street/PO Box

Suburb

State

Postcode

Country

Business phone

Email

PART 6: Declarations and acknowledgements

The units in the Fund or Trust as per the Transfer Form are issued by Trilogy Funds Management Limited ACN 080 383 679 Australian Financial Services Licence Number 261425 (or the previous responsible entity of the Fund or Trust).

By signing this Transferee Information Form in Part 7:

I/We declare that:

- All details in this form and any other information provided by me/us are complete and accurate.
- I/We agree to be bound by the provisions of the Constitution (as amended) governing the Fund or Trust.
- I/We acknowledge that all information provided or any subsequent information I/we give you relating to my/our investment may be disclosed to any service provider to the Fund or 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 units, the joint Investors agree that unless otherwise expressly indicated on this form, the units will be held as joint tenants.
- If this 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 form).
- I/We have all requisite power and authority to execute and perform the obligations and this form.
- Other than as disclosed in this form, no person or entity controlling, owning or otherwise holding an interest in me/us is a United States citizen or resident of the United States for taxation purposes (US Person).
- I/We will promptly notify Trilogy Funds of any change to the information I/we have previously provided to Trilogy Funds, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us who is a US Person.
- I/We consent to Trilogy Funds disclosing any information it has in compliance with its obligations under the Inter-Governmental Agreement between the Government of Australia and the Government of the United States of America to Improve International Tax Compliance and to implement FATCA 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 US IRS.
- I/We acknowledge that the collection of my/our personal information may be required by the 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, the IGA 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 Funds may not allow me/us to hold units in the Fund or Trust.
- I/We are not aware and have no reason to suspect that the monies used to fund my/our investment in the 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 AML/CTF Law or regulations or otherwise prohibited under any international convention or agreement.
- I/We will provide Trilogy Funds with all additional information and assistance that Trilogy Funds may request in order for Trilogy Funds to comply with any AML/CTF Law and the IGA.
- I/We acknowledge that Trilogy Funds may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of any investment in the Trust, if Trilogy Funds is concerned that the request or transaction may breach any obligation of, or cause Trilogy Funds to commit or participate in an offence, including under the IGA and any AML/CTF Law.

I/We acknowledge that:

- Investments in the Fund or Trust are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested.
- Trilogy Funds does not guarantee the repayment of capital or the performance of the Fund or Trust or any particular rate of return from the Fund or Trust.
- I/We agree to the collection, use and disclosure of my/our personal information as set out in Trilogy Funds' privacy policy (available on our website www.trilogyfunds.com.au/about/policies).
- I/We acknowledge that Trilogy Funds may deliver and make reports, statements and other communications available in electronic form, such as email or by posting on its website.

PART 7: Transferee signatures

I/We hold all necessary approvals I/we require to sign this form to hold units in the Fund or Trust.

Director 1

Given name(s)

Surname

Signature

Date

Director 2

Given name(s)

Surname

Signature

Date

PART 8: AML/CTF and ID requirements

The information below is required under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Source of investment funds

If you purchased the units, please identify the source the company's investment assets or wealth:

Business Activity

Financial investments

Other



Please specify:

What is the purpose of this investment?

Growth

Business Account

Income

Please complete the relevant sections below to finalise the form.

Any required documents must be certified copies, not original documents. To ensure your documents are correctly certified, please visit our website www.trilogyfunds.com.au/forms. Any document not in English must be accompanied by an English translation prepared by an accredited translator. If you are an overseas company please email investorrelations@trilogyfunds.com.au to confirm what details you will need to supply.

Please indicate which requirement you will satisfy:

ACN and/or ABN provided in Part 1 **OR**

Certificate of registration issued by ASIC supplied.

IF YOU HAVE COMPLETED PART 8 THE FORM IS NOW COMPLETE.

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