

Application Form for TPT Wealth Growth Funds

How to open your investment account with us

If you are an existing investor please do not use this form. Please complete the Additional application form available at tptwealth.com.au

This form enables us to create your investment account and provides us with details of the people who are authorised to transact on the account. This form also sets out identification information required from you to enable us to comply with Australian anti-money laundering and counter-terrorism financing laws.

In this Application form, 'I/we', 'you', 'your' and 'my/our' refers to the investor/joint investors.

Before you begin

You must ensure that:

- (a) you have read the relevant PDS and any Target Market Determination for the product and Additional Information booklet which contains important information about investing in the relevant Fund(s). You can access these on our website, tptwealth.com.au or request a copy free of charge by calling our Client Relations team on 1300 138 044.
- (b) you have received this Application form and PDS in Australia. (We will not accept an application from a person who we believe received the documents outside Australia).
- (c) you are not:
 - an individual who is a US citizen or US resident for tax purposes; or
 - an entity that has any Controlling Person/s* who is/are US citizens or residents of the US for tax purposes

Applications from US citizens or US residents who have an obligation to pay tax to the US tax authorities on their worldwide income will not be accepted.

* A Controlling Person is any individual who directly or indirectly exercises control over the entity. For a company, this includes any beneficial owners controlling more than 25% of the shares of the company. For a Trust, this includes Trustees, Settlers or Beneficiaries. For a Partnership this includes any partners.

Five steps to open your investment account

Step 1 Complete the relevant sections of this Application form

Step 2 Sign and date this Application form

Step 3 Collect and certify your identification documents

Step 4 Send your documents to us by post:
 TPT Wealth Unit Registry
 PO Box 3721
 Rhodes NSW 2138

Step 5 Transfer your application money to us. Refer to Section I 'Application payment method'

If you have any questions about investing in our Funds, please contact our Client Relations team on 1300 138 044 or email investments@tptwealth.com.au

What type of investor are you?

Investor type (select one below)	Description	Complete the following sections
<input type="checkbox"/> Individual and Joint investors	A natural person or persons.	<ul style="list-style-type: none"> • Section A • Sections G through P
<input type="checkbox"/> Sole trader	A natural person operating a business under their own name with a registered business name.	<ul style="list-style-type: none"> • Section A • Section B • Sections G through P
<input type="checkbox"/> Company	A company registered as an Australian public company, an Australian proprietary company, or a foreign company.	<ul style="list-style-type: none"> • Section C • Sections G through P
<input type="checkbox"/> Custodian of an investment platform	This is directed at custodians opening an account on behalf of a superannuation fund, managed investment scheme, investor directed portfolio service (IDPS), IDPS-like scheme or managed discretionary account service.	<ul style="list-style-type: none"> • Section C • Sections G through P

What type of investor are you? continued

Investor type (select one below)	Description	Complete the following sections
<input type="checkbox"/> Trust	Types of trusts include self-managed superannuation funds, registered managed investment schemes, unregistered wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts).	<ul style="list-style-type: none"> • Section A (if applicable) • Section C (if applicable) • Section D • Sections G through P
<input type="checkbox"/> Partnership	A partnership created under a partnership agreement.	<ul style="list-style-type: none"> • Section E • Sections G through P
<input type="checkbox"/> Association	Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements. The member(s) of the association seeking to open the account will be deemed to be the legal owner of the account.	<ul style="list-style-type: none"> • Section A • Section F • Sections G through P
<input type="checkbox"/> Registered co-operative	An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative.	<ul style="list-style-type: none"> • Section A • Section F • Sections G through P
<input type="checkbox"/> Government body co-operative	The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country.	<ul style="list-style-type: none"> • Section F • Sections G through P

A Investor details

Individuals and sole traders are to complete all details below. Each of the individual trustees and the beneficial owners, as well as each public officer (if any), chairperson, secretary and treasurer (or equivalent officer) of incorporated or unincorporated associations and registered co-operatives are required to complete the below section with the exception of Tax File Number (TFN). Please use a separate sheet if necessary.

Investor 1

Title: Given name(s):

Surname:

Date of birth:

Country of birth:

Residential address:
(Note: PO Box is not acceptable)

Suburb: State: P/Code:

Country of residence: Country of citizenship:

Business/occupation:

We only require you to provide your TFN below if you are completing this section in the capacity of an individual or sole trader.

Tax File Number or exemption:

Purpose of investment:

Source of funds:

Savings
 Inheritance
 Superannuation
 Proceeds from asset sale
 Gift
 Spouse or other family
 Other (please specify below):

Capacity:

Individual
 Secretary
 Chairperson
 Individual Trustee
 Beneficial owner
 Director
 Other office-holder (please specify below):

A Investor details continued

Investor 2

Title:	<input type="text"/>	Given name(s):	<input type="text"/>		
Surname:	<input type="text"/>				
Date of birth:	<input type="text" value="DD / MM / YYYY"/>				
Country of birth:	<input type="text"/>				
Residential address: (Note: PO Box is not acceptable)	<input type="text"/>				
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="P/Code"/>		
Country of residence:	<input type="text"/>	Country of citizenship:	<input type="text"/>		
Business/occupation:	<input type="text"/>				
We only require you to provide your TFN below if you are completing this section in the capacity of an individual or sole trader.					
Tax File Number or exemption:	<input type="text"/>				
Purpose of investment:	<input type="text"/>				
Source of funds:	<input type="checkbox"/> Savings <input type="checkbox"/> Inheritance <input type="checkbox"/> Superannuation <input type="checkbox"/> Proceeds from asset sale <input type="checkbox"/> Gift <input type="checkbox"/> Spouse or other family <input type="checkbox"/> Other (please specify below): <input type="text"/>				
Capacity:	<input type="checkbox"/> Individual <input type="checkbox"/> Secretary <input type="checkbox"/> Chairperson <input type="checkbox"/> Individual Trustee <input type="checkbox"/> Beneficial owner <input type="checkbox"/> Director <input type="checkbox"/> Other office-holder (please specify below): <input type="text"/>				

B Sole traders

This section applies to sole traders only.

Business name:	<input type="text"/>		
ABN:	<input type="text"/>		
Principal place of business: (Note: PO Box is not acceptable)	<input type="text"/>		
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="P/Code"/>

C Companies and custodians of an investment platform

This section applies to all companies, including corporate trustees. For corporate trusts with multiple corporate trustees please provide full details as set out in Section C for each corporate trustee on a separate sheet. Custodians of managed investment schemes, superannuation funds, investor directed portfolio service (IDPS), IDPS-like schemes or managed discretionary account services should complete Section C with their own details, as well as completing Section Custodian of an investment vehicle or platform (if applicable).

Full company name as registered by ASIC:	<input type="text"/>		
Principle business/ industry in which the company operates:	<input type="text"/>		
Tax File Number or exemption:	<input type="text"/>		
ASIC registered office street or C/- address (Note: PO Box is not acceptable)	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="P/Code"/>

C

Companies and custodians of an Investment platform continued

Principal place of business address, or (for registered foreign companies) the full name and address of the company's local agent in Australia, if any:

(Note: PO Box is not acceptable)

Suburb	State	P/Code

Country of formation/ incorporation/registration (if not Australia):

Company type:

<input type="checkbox"/> Public company	<input type="checkbox"/> Proprietary or Private company
<input type="checkbox"/> Public company listed on a securities exchange	<input type="checkbox"/> Other (please specify below):
<div style="border: 1px solid black; height: 20px;"></div>	

Please answer all of the following questions:	Investor type (select one below)
<p>Are you a foreign company that is not registered with ASIC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name of relevant foreign registration body (if applicable): <div style="border: 1px solid black; height: 20px;"></div></p> <p>Identification number (if any): <div style="border: 1px solid black; height: 20px;"></div></p> <p>Full registered office street address of the company in its country of formation/incorporation/registration: <div style="border: 1px solid black; height: 40px;"></div></p> <p>Full street address of the principal place of business in its country of formation/incorporation/registration: <div style="border: 1px solid black; height: 40px;"></div></p>
<p>Are you a foreign company that is registered with ASIC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name of relevant foreign registration body (if applicable): <div style="border: 1px solid black; height: 20px;"></div></p> <p>Identification number (if any): <div style="border: 1px solid black; height: 20px;"></div></p> <p>Full registered office street address of the company in its country of formation/incorporation/registration or its Agent in Australia: <div style="border: 1px solid black; height: 40px;"></div></p> <p>Full street address of the principal place of business in its country of formation/incorporation/registration: <div style="border: 1px solid black; height: 40px;"></div></p>
<p>Are you a company licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company, e.g. AFSL, RSL or RSE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Regulator name: <div style="border: 1px solid black; height: 20px;"></div></p> <p>Licence details: <div style="border: 1px solid black; height: 20px;"></div></p>

C Companies and custodians of an Investment platform continued

Please answer all of the following questions:	Investor type (select one below)
Are you a company that is listed on a securities exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of market/exchange: <input type="text"/> Exchange Code: <input type="text"/>
Are you a majority-owned subsidiary of a company that is listed on a securities exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No	Australian listed parent company name: <input type="text"/> Exchange Code: <input type="text"/> Name of market/exchange of parent company: <input type="text"/>

Directors

To be completed for a proprietary company or a private foreign company.

How many directors are there?

Please provide the full name of each director below:

Given name(s)	Surname
1.	
2.	
3.	
4.	

If there are more than four directors please provide their details on a separate sheet.

Shareholders/Beneficial owners

To be completed by:

- (a) unlisted public companies and proprietary companies that are not licensed and subject to the regulatory oversight of a Commonwealth, state or territory statutory regulator in relation to its activities as a company, and
- (b) foreign private companies.

Please provide details of each individual who ultimately owns 25% or more of the issued capital of the company through direct or indirect shareholdings OR any individual who is entitled (directly or indirectly) to exercise 25% or more of the voting rights. If no one satisfies either of these categories, it applies to the most senior managing official(s) (or equivalent) of the company (such as the managing director or directors who are authorised to sign on behalf of the company). All individuals below will be required to provide identification as listed in 'Section O – Individuals, sole traders, individual trustees, beneficial owners or individual governing member of an association or registered co-operative, or beneficiaries' page 19.

Individual 1

Title: Given name(s):

Surname:

Date of birth:

Country of birth:

Residential street address or C/-:

(Note: PO Box is not acceptable)

Suburb: State: P/Code:

Individual 2

Title: Given name(s):

Surname:

Date of birth:

Country of birth:

Residential street address or C/-:

(Note: PO Box is not acceptable)

Suburb State P/Code

Individual 3

Title: Given name(s):

Surname:

Date of birth:

Country of birth:

Residential street address or C/-:

(Note: PO Box is not acceptable)

Suburb State P/Code

Individual 4

Title: Given name(s):

Surname:

Date of birth:

Country of birth:

Residential street address or C/-:

(Note: PO Box is not acceptable)

Suburb State P/Code

Custodian of an investment vehicle or platform (if applicable)

Please provide details of the operator/issuer of the relevant managed investment scheme, superannuation fund, IDPS or IDPS-like scheme for which you are the custodian.

Full company name:

ACN/ABN:

Registered office street address or C/-:

(Note: PO Box is not acceptable)

Suburb State P/Code

Licence number:

(e.g. AFSL or RSE)

Name of investment platform:

Type of investment platform:

Registered managed investment scheme Superannuation fund

IDPS IDPS-like scheme

Other (please specify):

Registration details: (e.g. ARSN, Super Fund Registration No.)

D Trusts

Trustee

Please select the relevant category below:

- Individual trustee(s)** Complete Section A for each individual trustee.
- Corporate trustee(s)** Complete Section C for each corporate trustee.
- Individual and corporate trustees** Complete Section A for each individual and Section C for each corporate trustee.

Trustee

Full name of trust:	<input type="text"/>
Business name of trustee: (if applicable)	<input type="text"/>
Tax File Number or exemption:	<input type="text"/>
Principal business/industry in which the Trust operates:	<input type="text"/>
Country of establishment:	<input type="text"/>

Type of trust (select one of the following types of trusts):

<input type="checkbox"/> Self-managed superannuation fund	Specify the SMSF's ABN: <input type="text"/>
<input type="checkbox"/> Registered managed investment scheme	Specify ARSN: <input type="text"/>
<input type="checkbox"/> Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings to which Section 1012E of the <i>Corporations Act 2001</i> applies	
<input type="checkbox"/> Government superannuation fund established by legislation	Specify the name of the legislation establishing the fund: <input type="text"/>
<input type="checkbox"/> Other regulated trust (i.e. registered and subject to the regulatory oversight of a Commonwealth statutory regulator)	Specify the name of the regulator (e.g. ASIC, APRA, ATO, ACNC): <input type="text"/> Specify the trust's ABN or registration/licensing details: <input type="text"/>

Next – If you have made a selection from the types of trust above, please proceed to Section G. If not please continue below.

<input type="checkbox"/> Other trust type (a) Is the contribution to the trust by the settlor less than \$10,000? <input type="checkbox"/> Yes <input type="checkbox"/> No (a) Is the settlor deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No * If you have answered 'Yes' to either of the questions above, please proceed to Beneficiary details below. If not, please provide the full name of the settlor.	Trust description (e.g. family trust or charitable trust): <input type="text"/> Full name of settlor*: <input type="text"/>
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Next – Proceed to Beneficiary details below.

Beneficiary details

Please complete this section if you have selected 'other trust type' above.

Do the terms of the trust identify the beneficiaries by reference to a membership of a class?

- Yes** Describe the class or classes of beneficiaries below
- No** Provide details of each beneficiary of the trust overleaf.

Please describe the class or classes of beneficiaries (e.g. holders of different classes of units, family members or named person):

D Trusts continued

Please provide details of each beneficiary of the trust:

Beneficiary 1

Title:

Given name(s):

Surname:

Date of birth:

Residential street address or C/- (Note: PO Box is not acceptable):

Beneficiary 3

Title:

Given name(s):

Surname:

Date of birth:

Residential street address or C/- (Note: PO Box is not acceptable):

Beneficiary 2

Title:

Given name(s):

Surname:

Date of birth:

Residential street address or C/- (Note: PO Box is not acceptable):

Beneficiary 4

Title:

Given name(s):

Surname:

Date of birth:

Residential street address or C/- (Note: PO Box is not acceptable):

Appointer/Beneficial owners

Does the trust have an appointer? (An appointer is an individual who has been granted specific powers by the trust deed, e.g. the power to appoint or remove trustees.)

- Yes** Please provide the name, address and date of birth of the appointer in Section A. Identification as listed in 'Section O – Individuals, sole traders, individual trustees, beneficial owners or individual governing member of an association or registered co-operative, or beneficiaries' page 19 will also need to be provided.
- No** Continue below.

Is there anyone else who directly or indirectly controls the trust that is different from the trustees/appointer already provided? (This includes control by acting as trustee by means of agreements, arrangements, understandings and practices or by exercising control through the capacity to direct the trustees.)

- Yes** Please provide their names, addresses and dates of birth in Section A. Identification as listed in 'Section O – Individuals, sole traders, individual trustees, beneficial owners or individual governing member of an association or registered co-operative, or beneficiaries' page 19 will also need to be provided.
- No** Proceed to Section G.

E Partnerships

Full name of partnership:	<input type="text"/>		
Registered business name of partnership (if any):	<input type="text"/>		
Country of establishment:	<input type="text"/>		
ABN:	<input type="text"/>	Tax File Number or exemption:	<input type="text"/>

If partnership is regulated, provide details of regulator and/or association in which the partnership is a member, including identifying number:

- Yes** Please provide details of one of the partners in this partnership below.
- No** Please provide full names, residential street addresses and dates of birth of all partners in Section A, or if the partners are a company, please use Section C.

Please provide details of one partner in this partnership:

Title:	<input type="text"/>	Given name(s):	<input type="text"/>	
Surname:	<input type="text"/>			
Date of birth:	<input type="text" value="DD / MM / YYYY"/>			
Residential street address or C/-:	<input type="text"/>			
(Note: PO Box is not acceptable)	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="P/Code"/>	

Beneficial owners

Are the beneficial owners different to the partners already entered in the section above? (Beneficial owners are those who ultimately own 25% or more of the partnership or are entitled, either indirectly or directly, to exercise 25% or more of the voting rights of the partnership, including power of veto. If no one satisfies either of these categories, it applies to each individual who directly or indirectly control the partnership through the capacity to determine decisions about financial or operating policies or by other means. If none of the above, then it applies to each of the most senior managing official(s) of the partnership.)

- Yes** Please provide the name, address and date of birth of the beneficial owners in Section A and ensure you tick 'Beneficial owner' under the 'Capacity' section. Identification as listed in 'Section O – Individuals, sole traders, individual trustees, beneficial owners or individual governing member of an association or registered co-operative, or beneficiaries' page 19 will also need to be provided.
- No** Please proceed to Section G.

F Associations, registered co-operatives and government bodies

This section applies to incorporated and unincorporated associations, registered co-operatives and government bodies. Each of the public officer (if any), chairperson, secretary and treasurer (or equivalent officer) of incorporated or unincorporated associations and registered co-operatives must provide their full name, residential address and date of birth in Section A of this form. If applying in your capacity as a member of an unincorporated association Section A must be completed in respect of yourself.

Entity name:	<input type="text"/>		
ABN:	<input type="text"/>	Tax File Number or exemption:	<input type="text"/>
Principal place of administration/operations or registered office street address or C/-:	<input type="text"/>		
(Note: PO Box is not acceptable)	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="P/Code"/>
Country of establishment:	<input type="text"/>		

For associations and registered co-operatives:

Are the beneficial owners (those who have direct or indirect control of the association or registered co-operative) different to the public officer, chairperson, secretary or treasurer already completed in Section A?

- Yes** Please provide the name, address and date of birth of the beneficial owners in Section A and ensure you tick 'Beneficial owner' under the 'Capacity' section. Identification as listed in 'Section O – Individuals, sole traders, individual trustees, beneficial owners or individual governing member of an association or registered co-operative, or beneficiaries' page 19 will also need to be provided.
- No** Please proceed to Section G

F Associations, registered co-operatives and government bodies continued

For government bodies:

Is the government body established under Commonwealth or state/territory legislation? (please select one)

Yes Please provide specify the legislation:

No Please specify other legislation or method of establishment (If you are a foreign government body, we may also ask you for information about the ownership or control of you as a foreign government body):

Specify the state/territory (or Commonwealth) of establishment:

G Investment details

Please select the fund(s) you wish to invest in. Please include the Australian dollar amount you wish to invest in the table below. You may elect to receive distributions as cash or reinvest them as additional units in the fund(s). Please indicate your preference below. If you do not select a distribution method, distributions will be reinvested in the fund(s) from which the distribution was made.

Fund Name	ARSN	Amount	Distribution option	
			Reinvest	Deposit in nominated account
TPT Australian Share Fund	093 457 955	\$	<input type="checkbox"/>	<input type="checkbox"/>
TPT International Share Fund	120 944 470	\$	<input type="checkbox"/>	<input type="checkbox"/>
TPT Diversified Property Fund	120 944 318	\$	<input type="checkbox"/>	<input type="checkbox"/>
TPT Balanced Fund	093 458 461	\$	<input type="checkbox"/>	<input type="checkbox"/>

H Product suitability – Mandatory

This section should be completed by all applicants based on the product you are applying for. Please choose only one answer for each question. Where the product will form part of a portfolio you should answer these questions for the relevant portion the product will be in the portfolio notwithstanding what the risk/return profile of the portfolio or consumer as a whole is. In making this assessment, you should consider all features of the product. For further information on these questions see the Target Market Determination available at www.tptwealth.com.au/important-information

What is your primary investment objective?

Please note that none of our growth funds are capital guaranteed or offer capital preservation.

Capital Growth Capital Preservation Capital Guaranteed Income Distribution

What is your intended use of this investment in your investment portfolio?

Solution/Standalone (75-100%) Core Component (25-75%) Satellite/small allocation (<25%)

What is your intended investment timeframe?

Please note that none of our growth funds are considered short term investments (2 years or less).

Short (≤ 2 years) Medium (> 2 years) Long (> 8 years)

What is your risk (your ability to bear loss) and return profile?

Please note that none of our growth funds have a low risk return profile.

Low Medium High Very High

What do you anticipate your withdrawal needs may be?

Please note that none of our growth funds offer daily or weekly withdrawals.

Daily Weekly Monthly Quarterly Annually or longer

Have you received personal financial advice from a licensed financial adviser in relation to this investment?

Yes No

Is so, did your financial adviser consider you to be within the Target Market Determination (TMD) for the product(s) you are investing in?

Yes No Not Applicable

I Application payment method

Electronic funds transfer payable to:

Please transfer funds, with your investor name as a reference, at the same time you post your application to avoid delays in the account opening process.

Account Name: TPT Wealth Funds Application Account
BSB: 062-000
Account Number: 17257060
Reference*: <Your Name>

Cheque: Please make your cheque payable to 'TPT Wealth Funds Application Account' and send with this application form.

J Bank account details

The bank account details you provide below will be held on record and maintained to pay any future redemption proceeds and income distributions (if applicable).

This must be an Australian account and be in the name of the investor. TPT Wealth will not pay to a third party bank account. If you wish to make any changes to these instructions please complete the Change of Payment form available at tptwealth.com.au.

Institution:	<input type="text"/>		
Account name:	<input type="text"/>		
BSB:	<input type="text"/>	Account number:	<input type="text"/>

K Keeping you informed

Contact details (mandatory)

Please provide your contact details below. This is where we will send all correspondence such as transaction, distribution and tax statements, on-going disclosures and other materials according to your chosen method of communication below. If you would like your financial adviser to also receive a copy please include their details in Section K.

Contact name:	<input type="text"/>		
Company name (if applicable):	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Suburb	State	P/Code
Telephone (home):	<input type="text"/>	Telephone (business):	<input type="text"/>
Telephone (mobile): (mandatory)	<input type="text"/>		
Email address: (Investor/ trustee 1) (mandatory)	<input type="text"/>		
Email address: (Investor/ trustee 2) (mandatory)	<input type="text"/>		

Secure website access

Access to TPT Wealth's secure website enables you to view your account details online, including your current valuation and transaction history as well as access your statements. Please note you will need to provide your email address in the contact details above in order to register for access. Joint investors/trustees are required to register separately. Once your application has been processed and your account is set-up, you will receive the necessary login details.

Method of communication

Our preferred method of communication is via the TPT Wealth secure website for which you will be required to register to access your statements. A notification email will be sent to your nominated email address as soon as a new statement is ready to view.

Alternatively, you may elect to receive all communications from us by post. If you do not make an election, you agree to receive all communications via the default option of TPT Wealth secure website.

K Keeping you informed continued

Please indicate your preference below by ticking one of the following boxes.

Secure website (default)
I consent to receive all investor correspondence from you via the email address provided in Section J. I acknowledge that I can only access my statements via the TPT Wealth secure website for which I will be required to register.

Post
I elect to receive all communications from you by post to the address provided in Section J.

Financial reports

All of our funds issue financial report(s). Please indicate your preference below by ticking one of the boxes. If no election is made, you may access the financial report(s) free of charge on our website at tptwealth.com.au. This will be a standing request until we have received further notice from you.

Email I wish to receive the financial reports for those fund(s) in which I am invested by email.

Post I wish to receive the financial reports for those fund(s) in which I am invested by post.

Website I do not wish to receive the financial reports for those fund(s) in which I am invested and will access them via the TPT Wealth website.

Investment and marketing updates

TPT Wealth produces a range of regular investment and market updates which you may find useful in managing your investments.

Please tick the box if you would like to receive regular investment and market updates as well as updates on new TPT Wealth products and services. This will be in addition to your regular account statements and notifications.

L Adviser details (if applicable)

Complete this section with your financial adviser if you have one.

Would you like us to provide your financial adviser with information about your investments and do you consent for them to make enquiries on your behalf?

Yes By ticking yes, you acknowledge and agree that they will have access to information about your investment and may receive copies of your statements via post, secure web or other electronic means. In order for us to provide this service to your financial adviser, you are also consenting to TPT Wealth and Link Market Services disclosing information about your investment to other third party service providers. **Please complete your adviser's details below.**

No Please proceed to Section L.

Note: Your financial adviser must hold a current Australian Financial Services Licence (AFSL) and be authorised to advise on this product. They will only be able to access client statements via the TPT Wealth secure website for which they must be registered. Details on how to register can be found on our website tptwealth.com.au.

Adviser details

TPT Wealth adviser number: (if known)	<input type="text"/>		
Adviser name:	<input type="text"/>		
Adviser office name:	<input type="text"/>		
Adviser office address: (Note: PO Box is not acceptable)	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Suburb	State	P/Code
Email address: (mandatory)	<input type="text"/>		
Telephone (business):	<input type="text"/>	Telephone (mobile):	<input type="text"/>
Fax number:	<input type="text"/>		
AFSL number:	<input type="text"/>		
Dealer group name:	<input type="text"/>		
Adviser stamp:	<input type="text"/>	Dealer stamp:	<input type="text"/>

M Self-certification tax form (mandatory)

Why are we asking you to complete this self-certification tax form?

The collection of tax status is in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Organisation for Economic Cooperation and Development (OECD) Common Reporting Standard (CRS).

Under the CRS, we are required to determine where an account holder is 'tax resident' (this will usually be where you are liable to pay income taxes). If you are tax resident outside the country where your account is held, we may need to give the national tax authority this information, along with information relating to your accounts. That may then be shared between different countries' tax authorities. (You can find more information on the OECD automatic exchange of information website: oecd.org/tax/automatic-exchange).

Completing this form will ensure that we hold accurate and up to date information about your tax residency. If your circumstances change and any of the information provided in this form becomes incorrect, please let us know immediately and provide an updated self-certification tax form.

If you do not provide the below information, we will not be able to accept your application.

Please note, applications from US citizens or US residents who have an obligation to pay tax to the US tax authorities on their worldwide income will not be accepted.

Which section should I complete?

If you are an individual, joint individual or sole trader please complete 'Section L – Individual self-certification tax form'.

If you are an entity (e.g. company, trust, partnership, association, registered co-operative or government body) please complete 'Section L – Entity self-certification tax form'.

If the account is held for a deceased estate, a child or another individual, also complete 'Section L – Individual self-certification tax form'.

Individual self-certification tax form

Please complete this section if you are an individual or sole trader or the account is held beneficially for a deceased estate, a child or another adult. The certification you provide should be for the beneficial owner not the registered/legal owner of the investment. If you are making an application for a deceased estate, please provide proof of death with the application documents e.g. death certificate, grant of probate or letters of administration. If your account is held on behalf of an entity e.g. a company, trust, partnership etc. please proceed to Section L – Individual self-certification tax form'

Individual 1

Title:	<input type="text"/>	Given name(s):	<input type="text"/>
Surname:	<input type="text"/>		
Date of birth:	<input type="text" value="DD / MM / YYYY"/>		
Residential street address or C/-:	<input type="text"/>		
(Note: PO Box is not acceptable)	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="P/Code"/>

Are you a tax resident of Australia? Yes No

Are you a tax resident of another country? Yes Please provide your Tax Identification Number (TIN) or equivalent below. If they are a tax resident of more than one country, please list all relevant countries below.

No Your tax certification is complete please proceed to Section M.

A TIN is the number assigned by each country for the purpose of administering tax laws. This is the equivalent of a Tax File Number in Australia. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Reason A The country of tax residency does not issue TINs

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the collection of TINs

1. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
2. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
3. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box:

Individual 2Title: Given name(s): Surname: Date of birth: Residential street address or C/-:

(Note: PO Box is not acceptable)

Suburb State P/Code Are you a tax resident of Australia? Yes NoAre you a tax resident of another country? Yes Please provide your Tax Identification Number (TIN) or equivalent below. If they are a tax resident of more than one country, please list all relevant countries below. No Your tax certification is complete please proceed to Section M.

A TIN is the number assigned by each country for the purpose of administering tax laws. This is the equivalent of a Tax File Number in Australia. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Reason A The country of tax residency does not issue TINs**Reason B** The individual has not been issued with a TIN**Reason C** The country of tax residency does not require the collection of TINs1. Country: TIN: If no TIN list reason A,B or C: 2. Country: TIN: If no TIN list reason A,B or C: 3. Country: TIN: If no TIN list reason A,B or C: If there are more countries, provide details on a separate sheet and tick this box:

Your tax self-certification is complete, please proceed to Section M.

Entity self-certification tax form

Please complete this section if you are entity e.g. company, trust, partnership, association, registered co-operative or government body. Complete the ACN, ABN or other registration number field below so that we can check your details to the regulator's details.

Identification of entityLegal name of entity: ACN, ABN or other registration number: Residential street address or C/-:

(Note: PO Box is not acceptable)

Suburb State P/Code

M Self-certification tax form (mandatory) continued

Tax status

Please provide the entity's status by ticking one of the following boxes:

<input type="checkbox"/> An Australian regulated superannuation fund (including a complying SMSF retirement or pension fund)	If you selected this option, your tax certification is complete, please proceed to Section M.
<input type="checkbox"/> Financial institution Includes: <ul style="list-style-type: none"> • Investment entity • Specified insurance company • Custodian institution • Depository institution 	Please answer the following: Provide the Entity's Global Intermediary Identification number (GIIN), if applicable: <input style="width: 100%; height: 20px;" type="text"/> If you do not have a GIIN, what is your financial institution status? (Tick one): <ul style="list-style-type: none"> <input type="checkbox"/> Deemed Compliant FFI (foreign financial institution) <input type="checkbox"/> Excepted FFI <input type="checkbox"/> Non-Participating FFI <input type="checkbox"/> Other (please specify below): <input style="width: 100%; height: 20px;" type="text"/> If you are an Investment Entity (financial institution) are you located in a non-CRS participating jurisdiction and professionally managed by another financial institution? <ul style="list-style-type: none"> <input type="checkbox"/> Yes Please complete 'Country of tax residency' and 'Beneficial owners or controlling persons (individuals)' overleaf <input type="checkbox"/> No Your tax certification is now complete, please proceed to Section M.
<input type="checkbox"/> A public listed company or a majority owned subsidiary of a public listed company (that is not a financial institution)	Please provide the name of the market or stock exchange where your company is listed: <input style="width: 100%; height: 20px;" type="text"/> Please provide your company's unique exchange code here e.g. ASX Code, ticker code: <input style="width: 100%; height: 20px;" type="text"/> Your tax certification is now complete, please proceed to Section M.
<input type="checkbox"/> Governmental entity, international organisation, central bank or deceased estate	Your tax certification is now complete, please proceed to Section M. If you represent a deceased estate, please provide proof of death.
<input type="checkbox"/> Non-financial entity (NFE) or (NFFE). This includes the following entity types: <ul style="list-style-type: none"> • Private or proprietary company that is NOT a financial institution • Public unlisted company that is NOT a financial institution • Partnership • Trust • Co-operative • Association or club • Registered or non-registered charitable organisations • Other type of entity 	Is the NFE/NFFE active or passive? An entity is an active NFE if less than 50% of its income is passive and less than 50% of its assets produce or are held for the production of passive income. An NFE is passive if it does not fit the description of an active entity. <ul style="list-style-type: none"> <input type="checkbox"/> Active If active, please complete Country of tax residency overleaf <input type="checkbox"/> Passive If passive, please complete 'Country of tax residency' and 'Beneficial owners or controlling persons (individuals)' overleaf

M Self-certification tax form (mandatory) continued

Country of tax residency

Is the entity a resident for tax purposes in a country other than Australia?

Yes Please provide the entity's country of tax residency and tax identification number (TIN) or equivalent below. If the entity is a tax resident of more than one other country, please list all relevant countries.

No Please proceed to the next applicable section.

Reason A The country of tax residency does not issue TINs

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the collection of TINs

1. Country: TIN: If no TIN list reason A,B or C:
2. Country: TIN: If no TIN list reason A,B or C:
3. Country: TIN: If no TIN list reason A,B or C:

If there are more countries, provide details on a separate sheet and tick this box:

Beneficial owners or controlling persons (individuals)

Does the entity have any beneficial owners or controlling persons (i.e. any individual who directly or indirectly exercises control over the entity) who are tax residents of countries other than Australia?

For a trust, this includes all trustees, settlors, appointers or beneficiaries. For a company this includes any beneficial owners controlling more than 25% of the shares in the company or senior managing officials. For a partnership this includes partners.

Yes Please provide details of all these individuals below, including their foreign taxpayer Identification Number (TIN) or reason for not providing one from the list below.

No Your tax self-certification is complete, please proceed to Section M.

Individual 1

Title: Given name(s):
Surname:
Date of birth:
Residential street address or C/-:
(Note: PO Box is not acceptable) Suburb State P/Code

Reason A The country of tax residency does not issue TINs

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the collection of TINs

1. Country: TIN: If no TIN list reason A,B or C:
2. Country: TIN: If no TIN list reason A,B or C:
3. Country: TIN: If no TIN list reason A,B or C:

If there are more countries, provide details on a separate sheet and tick this box:

Individual 2

Title: Given name(s):
Surname:
Date of birth:
Residential street address or C/-:
(Note: PO Box is not acceptable) Suburb State P/Code

M Self-certification tax form (mandatory) continued

Reason A The country of tax residency does not issue TINs

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the collection of TINs

1. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
2. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
3. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box:

Individual 3

Title:	<input type="text"/>	Given name(s):	<input type="text"/>		
Surname:	<input type="text"/>				
Date of birth:	<input type="text" value="DD / MM / YYYY"/>				
Residential street address or C/-:	<input type="text"/>				
(Note: PO Box is not acceptable)	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="P/Code"/>		

Reason A The country of tax residency does not issue TINs

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the collection of TINs

1. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
2. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
3. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box:

If there are more beneficial owners/controlling persons provide details on a separate sheet and tick this box:

N Terms and conditions

By signing this application the investor acknowledges and confirms that they:

- Are 18 years of age or over (otherwise applications must be made in the name of parent/guardian and signed by parent guardian).
- Received an electronic or paper copy of the PDS and Additional Information Booklet (if applicable) before or at the same time as you received this Application Form and have read and understood the PDS and Additional Information Booklet (if applicable) to the relevant Fund(s) to which this Application Form relates.
- Agree to be bound by the terms and conditions of the PDS, Additional Information Booklet, this Application Form and the terms of the Constitution of the relevant Fund(s) in which you are invested (which may be amended from time to time).
- Acknowledge that TPT Wealth reserves the right to refuse an application for units or interests at its discretion.
- Acknowledge that neither TPT Wealth nor any other person guarantees the return of capital, or the performance of any Fund.
- Acknowledge that telephone conversations with TPT Wealth may be recorded.
- Authorise TPT Wealth to apply the Tax File Number or Australian Business Number quoted to all investments in the name of the investor.
- Authorise TPT Wealth to collect, hold, use and disclose personal information about the investor in accordance with TPT Wealth's Privacy Policy including direct marketing.
- Confirm that they have the proper authority as detailed in the signatories terms and conditions section of the PDS, Additional Information Booklet and Application Form.
- Are not a politically exposed person

Signatures

By signing below, this document is executed by you as a deed.

Investor type	Who should sign
Individual	Where the investment is in one name, the investor must sign.
Joint investors	Where the investment is in more than one name, all investors must sign or unless otherwise authorised.
Company	Two directors or a director and a company secretary, unless you are a sole director and sole company secretary or an authorised signatory previously noted by the registry.
Trust	Each trustee must sign unless otherwise authorised or, if a corporate trustee, then as for a company.
Partnership	Each partner.
Association or Registered co-operative	Each office bearer.
Government body	Relevant principal office/authorised signatory.
Power of attorney	If signed under power of attorney, the power of attorney must have been previously noted by the registry. Alternatively, provide a certified copy of the power of attorney with this application and photographic identification for the power of attorney e.g. driver's licence or passport.

Signature 1

Name

Date

Title

- Investor 1 (individual) Director
 Secretary Sole director or secretary
 Non-corporate trustee Partner
 Other office bearer or attorney (please specify)

Signature 2

Name

Date

Title

- Investor 2 (individual) Director
 Secretary Sole director or secretary
 Non-corporate trustee Partner
 Other office bearer or attorney (please specify)

Company seal (if applicable)

If you wish to appoint more than two authorised signatories, please provide an original certified copy of a power of attorney or board resolution evidencing the authority of signatories to transact on this account. If there are more than two trustees, partners or office bearers please provide their signature and details on a separate sheet.

To enable us to comply with the Australian anti-money laundering and counter-terrorism financing laws and other regulatory requirements you will need to provide us with some identification documents as outlined below.

Please DO NOT send original documents. Send only certified copies of original documents as documents will not be returned. Documents cannot be sent to us by fax or email.

How to certify your documents

On the first page of the copy of the original document, the acceptable independent certifier must complete in writing the following information:

I (insert name) of,
(insert address),
(insert occupation), certify on this (insert day) day of (insert month and year) that this document is a complete and accurate copy of the original document sighted by me.
Signed (insert signature) (insert contact number)

The date on the certification should be no longer than 12 months when it is received by us.

Who can certify your documents

A number of persons can certify a document under anti-money laundering and counter-terrorism financing laws, including any of the following persons:

- A legal practitioner who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia
- A judge or master of a court
- A magistrate
- A registrar or deputy registrar of a court
- A clerk of a court
- A Justice of the Peace
- A notary public
- A police officer
- A sheriff or sheriff's officer
- A Member of an Australian parliament or legislature
- An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public
- An Australian Consular Officer or an Australian Diplomatic
- Officer (within the meaning of the Consular Fees Act)
- A bank officer, credit union officer or building society officer with two or more continuous years of service
- A finance company officer with two or more continuous years of service
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one of more licencees
- An officer with, or authorised representative of, a holder of an Australian credit licence, having two or more continuous years of service with one of more licencees
- A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising
- Accounts or the National Institute of Accountants
- A member of the Association of Taxation and Management Accountants
- A fellow of the National Tax Accountants' Association
- A teacher employed on a full-time basis at a school or tertiary education institution
- Any other person as permitted by the anti-money laundering and counter-terrorism financing laws

P Investor identification documents

Individuals, sole traders, individual trustees, beneficial owners or individual governing member of an association or registered co-operative, or beneficiaries (if required)

This section is to be completed by individual investors, including both investors if a joint holding, sole traders, individual trustees, beneficial owners or an individual governing member of an association or registered co-operative, or beneficiaries (if required). Please complete either Option 1 or Option 2 and attach the applicable document(s). Note that, for an applicant that is a natural person or a beneficiary (if required), a document produced by you must not have expired (other than in the case of a passport issued by the Commonwealth that expired within the preceding two years).

Option 1

Please attach at least one certified document from the list below.

Select one	Primary photographic identity documents
<input type="checkbox"/>	Driver's licence or permit under a State/Territory government or an equivalent authority of a foreign country
<input type="checkbox"/>	Australian passport (that is current or expired within the last two years)
<input type="checkbox"/>	Foreign passport or other international travel document that has a photograph and signature of the individual
<input type="checkbox"/>	Proof of age card issued by a State/Territory government
<input type="checkbox"/>	National identity card issued by a foreign government that has a photograph and signature of the individual

OR Option 2

Please attach at least one primary non-photographic document AND one secondary non-photographic document from the lists below.

Select one	Primary non-photographic identity document
<input type="checkbox"/>	Australian birth certificate or birth extract
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Foreign citizenship certificate
<input type="checkbox"/>	Foreign birth certificate
<input type="checkbox"/>	A Centrelink Pension card or a Centrelink Healthcare card

AND

Please attach at least one primary non-photographic document AND one secondary non-photographic document from the lists below.

Select one	Secondary non-photographic identity document
<input type="checkbox"/>	A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months that contains the name and address of the individual
<input type="checkbox"/>	An income tax assessment notice issued within the last 12 months that contains the name and address of the individual
<input type="checkbox"/>	A local government notice (e.g. council rates) or utilities notice (e.g. electricity, gas or phone bill) issued within the last 3 months

Company and corporate trustees

If a company or corporate trustee, we will perform the verification process to establish your identity. However, we may request that you provide us with further information if we are unable to access the information to complete our verification process.

Select	Identity document
<input type="checkbox"/>	A certificate of registration issued by ASIC or other regulator
<input type="checkbox"/>	A licence or other records issued by a domestic or foreign regulator
<input type="checkbox"/>	Other (please specify):

Custodians

If you are a custodian of a managed investment scheme, superannuation fund, investor directed portfolio service (IDPS), IDPS-like scheme or managed discretionary account service, please provide one of the documents below to confirm your appointment as custodian.

Select	Identity document
<input type="checkbox"/>	An extract of the custody agreement
<input type="checkbox"/>	Letter from the operator/issuer of the relevant fund/scheme

P Investor identification documents continued

Trust or partners (this includes self-managed superannuation funds)

All individual trustees or partners are required to attach documentation as listed in 'Section O – Individuals, sole traders, individual trustees, beneficial owners or individual governing member of an association or registered co-operative, or beneficiaries' and for corporate trustees or corporate partners documentation as listed in 'Section Section O – Company and corporate trustees'.

Select	Individual or corporate identity document
<input type="checkbox"/>	Individual trustee or partner – Attach documentation as listed in 'Section O – Individuals, sole traders, individual trustees, beneficial owners or individual governing member of an association or registered co-operative, or beneficiaries'
<input type="checkbox"/>	Corporate trustee or corporate partner – Attach documentation as listed in 'Section Section O – Company and corporate trustees'.

Trust or partnership (this excludes self-managed superannuation funds)

Please attach at least one identification document from the list below which verifies the identity of the trust or partnership.

Select one	Trust or partnership identity document
<input type="checkbox"/>	A certified copy of the trust deed or a certified copy of an extract or extracts from the trust deed that identifies the name of the trust, the name(s) of the trustee(s), the name of the settlor (if applicable), the place of establishment of the trust and the identity of the beneficiaries, including cover page and signing page
<input type="checkbox"/>	A certified copy or certified extract of a current partnership agreement or minutes of a partnership meeting. Either copy must include the full name of the partnership; the registered business name; the country in which the partnership was established; and the full name and residential address of each partner
<input type="checkbox"/>	A certificate issued to the trust by ASIC or other regulator
<input type="checkbox"/>	Other (please specify):

Associations and registered co-operatives

Please attach at least one identification document from the list below which verifies the association or co-operative. If you are an unincorporated association please attach documentation listed in 'Section O – Individuals, sole traders, individual trustees, beneficial owners or individual governing member of an association or registered co-operative, or beneficiaries' for all the individual governing members.

Select one	Association and registered co-operatives identity document
<input type="checkbox"/>	A certified copy of the constitution or rules of the association or co-operative
<input type="checkbox"/>	A certificate issued to the association or co-operative by ASIC or other regulator
<input type="checkbox"/>	A certified copy of the minutes of an association or co-operative meeting
<input type="checkbox"/>	Other (please specify):

Select	Individual governing members identity document
<input type="checkbox"/>	If you are an unincorporated association please attach documentation listed in 'Section O – Individuals, sole traders, individual trustees, beneficial owners or individual governing member of an association or registered co-operative, or beneficiaries' for all the individual governing members

Government body

Please attach at least one identification document from the list below which verifies the identity of the government body.

Select	Government body identity document
<input type="checkbox"/>	A certified copy of the constitution, the government gazette or legislation under which the body was established or is governed
<input type="checkbox"/>	Other (please specify):

Power of Attorney

Please also complete this section if one or more attorneys are completing and signing this form under power of attorney and attach the applicable documents.

Select	Power of Attorney identity document
<input type="checkbox"/>	A certified copy of the Power of Attorney's driver's licence, passport or other photographic identification which confirms the full name and the residential address and contains your signature
<input type="checkbox"/>	Certified copy of the Power of Attorney which confirms that any attorney completing and signing this form is authorised to do so under the power of attorney. If the power of attorney does not contain a sample of each attorney's signature, please also provide a list containing the name of each attorney and a sample of each attorney's signature

All foreign language documents must be accompanied by an English translation prepared by an accredited translator.



Checklist

Before sending this form, make sure you have:

- Completed each section that applies to you
- Signed and dated the form (Section M)
- Provided all applicable certified investor identification documents (Section O)
- Attached your cheque or transferred your funds electronically

Once completed

Once complete, please return this form to



TPT Wealth Limited Unit Registry
C/- Link Market Services
PO Box 3721
Rhodes NSW 2138
Fax: 02 9287 0328
email: tpt@linkmarketservices.com.au

Please note: We require the original application, therefore faxed or emailed copy will not be accepted.