

# Application Form

This is an Application Form for investment in the Trilogy Monthly Income Trust (Trust) issued by the responsible entity, Trilogy Funds Management Limited (Trilogy Funds, we, us, our) ABN 59 080 383 679, AFSL 261425. This Application Form accompanies the Product Disclosure Statement (PDS) and needs to be considered with reference to the Target Market Determination (TMD) for the Trust. The PDS contains important information about an investment in the Trust. Information in the PDS and TMD may change from time to time. Where information that changes in the PDS that is not materially adverse to investors, we may update this information by updating the relevant document or by publishing an update at [www.trilogyfunds.com.au](http://www.trilogyfunds.com.au). You can access a copy of the latest version of the PDS and TMD, any updated information and the Application Form free of charge from our website or by contacting us. The information provided in the PDS and TMD 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 and TMD in full and the declarations and acknowledgements contained in this Application Form before completing this Application Form.

Please fill in all relevant sections of this Application Form in blue or black pen using BLOCK letters.

Print X in the appropriate boxes to indicate your response. Do not use whiteout on this Application Form. If you need to correct a mistake, cross out the section to be corrected, accompanied with your full signature.

**If you are an existing Trilogy Funds 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](http://www.trilogyfunds.com.au/forms) or call Investor Relations on 1800 230 099.

### Individual 1

### Individual 2

Individual type	Individual / Joint investor	Individual / Joint investor
	Individual trustee	Individual trustee
	Company director	Company director
	Partner	Partner
	Beneficiary	Beneficiary

Title

Given name(s)

Surname

Preferred name

Date of birth

Tax file number (TFN)  
(Individual and Joint Investors only)

Politically exposed person (PEP) details (if applicable)	YES	NO	YES	NO
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Please see [www.austrac.gov.au](http://www.austrac.gov.au) for PEP definition

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

Taxpayer Identification Number (TIN):

YES NO

Taxpayer Identification Number (TIN):

YES NO

Details of class, if any (beneficiaries only)

If you have provided your TIN, please download and complete a FATCA form available at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms).

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

Specify country of tax residency:

Specify country of tax residency:

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](http://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

Phone

mandatory field

Email

mandatory field

## Identification requirements

There are two methods that may be used to verify your identity for Anti-Money Laundering and Counter Terrorism Financing (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 Funds is required by AML/CTF laws to identify and verify your identity before providing financial services to you. Please see Trilogy Funds' privacy policy on the website [www.trilogyfunds.com.au](http://www.trilogyfunds.com.au) in relation to our use of your personal information.

### Drivers Licence

Drivers licence no.

Drivers licence expiry date

Card number (if applicable in your State)

State of issue

Your name, exactly as it appears on your licence.

### Australian passport

Passport number

Expiry date

Your name, exactly as it appears on your licence.

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)

*Required for all Super Funds, Trusts and Companies.*

*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)

### 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

#### Name

#### Last Name

*If there are more than two beneficiaries for the Trust, please download an additional individual form at [www.trilogyfunds.com.au/forms](http://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](http://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](http://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)

Politically exposed person (PEP) details  
(if applicable)

Please see [www.austrac.gov.au/glossary](http://www.austrac.gov.au/glossary) for  
PEP definition

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

Taxpayer Identification Number (TIN):

Taxpayer Identification Number (TIN):

If you have provided your TIN, please download and complete a FATCA form available at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms).

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](http://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 Funds 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 Funds' privacy policy on the website [www.trilogyfunds.com.au](http://www.trilogyfunds.com.au) in relation to our use of your personal information.

## Drivers licence

Drivers licence no.

Drivers licence expiry date

Card number (if applicable in your State)

State of issue

Your name, exactly as it appears  
on your licence.

## Australian passport

Passport number

Expiry date

Your name, exactly as it appears  
on your licence.

Place of birth (as shown on your passport)

Country of birth

### Section 3: Communication preferences

Trilogy Funds' preference is to send monthly statement and adhoc communications via email. If you do not have an email address or would prefer to receive correspondence via post, please contact our Investor Relations team - [investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au) or **1800 230 099**

Would you like to receive your Annual reports via      Email      Post  
 SMS distribution notifications      Yes      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). If this section is left blank, then Trilogy Funds will assume one signature only is required to operate the investment.

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

### Section 5: Trust and distribution preference

Please indicate the amount that you would like to invest initially. 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	\$	EFT BPAY Direct Debit Cheque	Reinvest Cross reinvest into Trilogy Enhanced Income Fund ARSN 614 682 469 Pay into nominated financial institution account

### Trilogy Funds payment details

#### EFT

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**

#### 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](mailto:investorrelations@trilogyfunds.com.au)

Billers code:

**134 916**

#### Direct Debit

Please complete the Direct Debit form at the end of the application.

#### 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.

Please make payable to:

**The Trust Company (Australia) Limited ACF-TMIT**

## 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	Financial institution name
BSB	Financial institution account number

## Only complete if you are using the services of a Financial Adviser If investing directly, go to section 10

If you are investing in the Trilogy Monthly Income Trust with the assistance of a Financial Adviser, please have your Financial Adviser complete this section. By signing this section, you acknowledge for 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). If this Section 7 is not completed, then please ensure you answer the Design and Distribution Obligation (DDO) filtering questions at Section 10.

## Section 7: Financial Adviser details (Financial Adviser clients only)

### Adviser to complete

Licensee name

Business name

AFSL number

Adviser full name

Authorised representative number

Contact name

Business address

Contact phone

Contact email

### Licensee financial institution account details

Financial institution account name	Financial institution name
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BSB	Financial institution account number
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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 (the target market for which is described in the TMD) 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 Funds, 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:

I confirm I have reviewed the TMD in providing personal advice to the Applicant in relation to their investment in the Trust and I further represent that I:

- have product governance arrangements in place to ensure compliance with my distribution obligations in Part 7.8A of the Corporations Act;
- will provide to Trilogy Funds the reports specified in the TMD within the timeframes specified in the TMD;
- will not knowingly do anything to put Trilogy Funds in breach of Part 7.8A of the Corporations Act;
- and will notify Trilogy Funds immediately if I become aware of anything that would, or may potentially, put Trilogy Funds in breach of Part 7.8A of the Corporations Act.

**Signature of the financial adviser**

**Date**

### **Investor to complete (Adviser clients only)**

#### **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/our investment.
- I/We hereby release, discharge and agree to indemnify Trilogy Funds from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from Trilogy Funds 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 Funds may deliver reports, statements and other communications to my/our Financial Adviser.

**Signature of applicant 1**

**Signature of applicant 2**

**Date**

**Date**

### **Section 8: Upfront Adviser payment instruction (Adviser clients only)**

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 Funds 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 please complete Section 9.

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**

**Signature of applicant 2**

**Date**

**Date**

## Section 9: Ongoing Adviser Payment Instruction - Investor to complete

### Ongoing monthly fee – Trilogy Monthly Income Trust

Complete this section to instruct Trilogy Funds to pay the Financial Adviser an ongoing monthly fee:

I/We acknowledge Trilogy Funds has agreed to lower its management fees to me/us via a rebate (calculated based on my/our daily unitholding, paid monthly), which I/we would usually receive at the time monthly distributions are paid; and

Option 1 I/We request and instruct Trilogy Funds to pay my/our Adviser's Licensee, on my/our behalf, an ongoing advice fee of 0.50%pa inclusive of GST (being the whole amount of the fee rebate, calculated based on my/our daily unitholding, paid monthly), to be paid following the end of each calendar month, until I/we otherwise advise.

**OR**

Option 2 I/We request and instruct Trilogy Funds to pay my/our Adviser's Licensee, on my/our behalf, an ongoing advice fee of %pa inclusive of GST (being all or part of the rebate together with a deduction from my/our distribution to the extent required, calculated based on my/our daily unitholding, paid monthly), to be paid following the end of each calendar month, until I/we otherwise advise.

## Investor declarations and acknowledgements - Investor to complete

### In relation to any ongoing monthly Adviser fee payment instruction for the Trust:

- I/We give my/our express consent and instruction to direct Trilogy Funds to pay the above ongoing amount, on a monthly basis, as set out above, and acknowledge this by signing below.
- I/We wish to nominate my/our Financial Adviser as noted on this form to represent my investment.
- I/We hereby release, discharge and agree to indemnify Trilogy Funds from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from Trilogy Funds acting upon the instructions of my/our Financial Adviser.
- Trilogy Funds (or its related entities) may use my/our personal information for the purpose of administering my/our business relationship with Trilogy Funds and to send me/us additional information from time to time concerning products or services of Trilogy Funds. In doing so, Trilogy Funds may disclose my/our information to related entities and service providers (e.g., mail houses and data processors).
- 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 Funds may deliver reports, statements and other communications to my/our Financial Adviser.
- I/We acknowledge that Trilogy Funds will not pay the monthly adviser fee if to do so would be a breach or potential breach of the Constitution of the Fund, the Corporations Act 2001 or any other law to which Trilogy Funds is or becomes subject.
- I/We acknowledge that any further contributions (or redemptions) which add to (or reduce) my/our unit balance will increase (or decrease) the basis of the adviser fee payment, calculated as at the date that Trilogy Funds processes the addition to (or redemption of) units.
- Trilogy Funds and/or its related entities will not be liable to me/us or other persons (including my/our Financial Adviser) for any loss suffered (including consequential loss) where adviser fee payments are delayed or applications for or redemptions of units in the Trusts become frozen or suspended or where there is a refusal to process a transaction, or where Trilogy Funds does not accept an application or redemption from me/us for any reason.
- I/We acknowledge that where the aggregate of the ongoing adviser fee and the management fee is greater than the distribution in a month, I/we will not receive a distribution for that month.
- The basis for the calculation of any ongoing adviser fee is dependent on my/our unitholding and the management fee rebate, therefore I/we acknowledge the fee will increase (or decrease) with any further contributions (or redemptions) which add to (or reduce) my/our unit balance, calculated as at the date that Trilogy Funds processes the addition to (or redemption of) units, and the fee will cease if Trilogy Funds does not receive a management fee for that month for any reason and is therefore unable to pass on a rebate.

### In relation to all adviser fee payments instructed on this form:

- I/We understand that I/we may revoke this adviser fee payment request at any time by giving written notice to Trilogy Funds.
- I/We confirm that I/we have read and understood the PDS and TMD and agree to be bound by the terms and conditions and provisions as amended in the PDS and TMD and the Constitution of the Trust.
- I/We indemnify Trilogy Funds for the actions taken to direct the payment in accordance with the instruction on this form to the Financial Adviser nominated by me/us.

Signature of applicant 1

Date

Signature of applicant 2

Date



**Adviser confirmations and acknowledgements - Adviser to complete**
**I/We confirm, acknowledge and agree that:**

1. I/We am/are only authorised to submit applications that I am/we are the nominated financial adviser at the time of application and on an ongoing basis. Under no circumstances will I/we submit applications on behalf of others.
2. I/We hold the necessary authorisations under our authorised representative appointment as required by ASIC and the Corporations Act 2001 and I/we have complied with the financial services laws in respect of advice provided.
3. I/We confirm that I/my Licensee am/is lawfully authorised to advise on, and deal in, the financial product offered in the PDS under my/its AFSL as required by ASIC and the Corporations Act 2001.
4. I/We have identified the Investor pursuant to the anti-money laundering and counter terrorism financing (AML/CTF laws) and will make available to Trilogy Funds, on request, original verification and identification records in respect of the Investor.
5. 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 in respect of the Investor.
6. The ongoing adviser fees described in this form are paid to the Adviser's Licensee by the Investor and the Investor may cancel or revoke the adviser fee payment by providing written notice to Trilogy Funds at any time, in which case Trilogy Funds will only arrange for payment of the fee to my Licensee up until the date the Investor's notice is received by Trilogy Funds and Trilogy Funds is not liable to my Licensee for any future payments or any other amounts.
7. The basis for the calculation of any ongoing adviser fee is dependent on the Investor's unitholding and the management fee rebate, therefore I/we acknowledge the fee will increase (or decrease) with any further contributions (or redemptions) which add to (or reduce) the Investor's unit balance, calculated as at the date that Trilogy Funds processes the addition to (redemption of ) units, and the fee will cease if Trilogy Funds does not receive a management fee for any reason and is therefore unable to pass on a rebate.
8. I/We acknowledge that where the aggregate of the ongoing adviser fee and the management fee is greater than the distribution in a month, I/we will not receive a distribution for that month.
9. Trilogy Funds and/or its related entities will not be liable to our Licensee or other persons for any loss suffered (including consequential loss) where adviser fees are delayed or applications for redemptions of units in the Trust become frozen or suspended or where there is a refusal to process a transaction, or where Trilogy Funds does not accept an application or redemption from the Investor for any reason.
10. Trilogy Funds will not be liable to me/us for invoicing the Investor for any adviser fee and for any GST responsibility under A New Tax System (Goods and Services Tax) Act 1999 (Cth) as any taxable supply is between me/us and the Investor, with Trilogy Funds appointed as my/our agent for the limited purpose of collection and directing the Investor's payment of the adviser fee only.

**Signature**
**Date**

## Section 10: Design & Distribute Obligation (DDO) filtering questions

This section only needs to be completed if you are investing directly. If you are using the services of a Financial Adviser, please skip to Section 11: Declarations and acknowledgments.

From 5 October 2021, financial product issuers need to comply with Design and Distribution Obligations (DDO) as regulated by the Australian Securities and Investment Commission (ASIC). These obligations are intended to help customers obtain the financial products that are appropriate for them. To assist us identify whether you are likely to be within the target market for the Trust, please answer the following questions prior to submitting your application.

- |   |  |  |    |
|---|--|--|----|
| 1 | While the Responsible Entity expects to process withdrawals on four months' notice, the Fund has a typical minimum holding period of six months for all new investments. Are you prepared to hold units for at least six months from the date of issue of the units?   | Yes                                      | No |
| 2 | Do you understand that in extreme cases withdrawals from the Trust might be paused temporarily until markets return to normal?   | Yes                                      | No |
| 3 | While the Trust does not have any current borrowings, the Trust may use some debt to meet liquidity needs as and when required. Do you understand that when the Trust uses debt (or gearing) there is a risk that surplus income might be used to repay borrowings as opposed to being used to make distributions or fund withdrawals? | Yes                                      | No |
| 4 | While the unit price of the Trust has historically been \$1.00, capital losses can occur where an asset of the Trust incurs a capital loss. Do you understand the capital value of your investment is not guaranteed?  | Yes                                      | No |
| 5 | The income paid by this Trust is not guaranteed and may vary. Are you able to accept some fluctuation in your income distributions?  | Yes                                      | No |
| 6 | Diversification is an important principal of investing. Do you understand you should not invest all your savings in a single investment or asset type and this investment should form part of a broader investment portfolio?  | Yes                                      | No |
| 7 | Please indicate the percentage your investment in the Trust represents of the assets you have available for investment, excluding your residential home:   | < 25%                                    |    |
|   |  | 25 - 75%                                 |    |
|   |  | 75 - 100%                                |    |
|   |  | I prefer not to provide this information |    |

**If you have answered 'NO' to one or more of the above questions or if you are investing more than 25% of your assets available for investment in the Fund, then this Fund may not be suitable for you.**

Before proceeding with your investment, we recommend you do one or more of the following:

- Review the Target Market Determination for the Fund which can be found at [www.trilogyfunds.com.au](http://www.trilogyfunds.com.au)
- Review the PDS.
- Seek personal advice from your financial adviser, stockbroker or other professional advisers.

## Section 11: Declarations and acknowledgements

An investment in the Trilogy Monthly Income Trust (ARSN 121 846 722) is offered by Trilogy Funds Management Limited (Trilogy Funds) ABN 59 080 383 679 Australian Financial Services Licence Number 261425. Before signing this Application Form it is important that you have read and understood the PDS and TMD.

### **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 acknowledge that I/We have read and understood the relevant TMD.
- I / We have read the PDS and TMD 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 and TMD 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 Funds' 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 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 a Unit who is a US Person or a tax resident of any country other than Australia.
- I / We consent to Trilogy Funds 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.

### **Declaration and Acknowledgements Continued on next page**

- 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 Funds 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 Funds with all additional information and assistance that Trilogy Funds may request in order for Trilogy Funds to comply with any aml/ctf law, or to comply with the intergovernmental agreements to exchange financial account information.
- 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 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 confirm my answers to the Design and Distribution Obligation (DDO) filtering questions at Section 10 of this Application Form are correct.
- I/We acknowledge that I/we wish to proceed with this investment notwithstanding I may have answered 'No' to some or all of the filtering questions in Section 10. I/We recognise that should I meet the requirements of a retail investor, a cooling off period may be available to me as per the terms of the PDS.

**I/We acknowledge that:**

- If this application is made through my / our Financial Adviser:
  - and if I / we have made an instruction to Trilogy Funds in Section 7, 8 and 9 of this form, then I / we may have agreed with our Financial Adviser to pay an upfront service fee or ongoing adviser 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 Funds takes no responsibility for the compliance of my Financial Adviser/dealer group in respect of the privacy laws.
- Investments in the respective Funds 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 respective Trust or any particular rate of return from the respective Trust.
- If I / we have made a direction for Trilogy Funds to pay an ongoing amount, on a monthly basis, to my / our Financial Adviser, then I / we may have agreed with our Financial Adviser to pay an ongoing fee for this Trilogy Funds Product; and
- 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.
- I / We hold all necessary approvals I / we require to sign this Application Form to make the investment and hold Units in the Funds.

Signature of applicant 1		Signature of applicant 2	
Signature	Date	Signature	Date
Given name	Surname	Given name	Surname

## Further identification checklist (if needed)

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"> <li>• 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)).</li> <li>• 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)).</li> <li>• 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.</li> </ul>
Post office	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.</li> </ul>
JP	<ul style="list-style-type: none"> <li>• Justice of the Peace.</li> </ul>
Legal	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Judge of a court.</li> <li>• Magistrate.</li> <li>• Chief executive officer of a Commonwealth court.</li> <li>• Registrar or deputy registrar of a court.</li> <li>• Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth)).</li> </ul>
Police	<ul style="list-style-type: none"> <li>• Australian police officer.</li> </ul>
Diplomatic service	<ul style="list-style-type: none"> <li>• Australian consular officer.</li> <li>• Australian diplomatic officer (within the meaning of the Consular Fees Act 1993 Cth)).</li> </ul>
Accountant	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

### Application checklist

**Before submitting this Application Form, please ensure that you:**

Have completed all relevant Sections.

Have where indicated signed all relevant Sections.

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

## Direct Debit Request

This Direct Debit Request is issued by Trilogy Funds Management Limited (Trilogy) ABN 59 080 383 679 AFSL 261425 is the Responsible Entity for the purposes of investing in Trilogy Monthly Income Trust.

### Section 1: Details of Holding

Investor ID

Account Name

Street or PO Box

City, State, and Postcode

Country

Email

Phone (mobile preferred)

### Section 2: Bank Information

#### Details of Account to be Debited

BSB

Account Number

Account name

#### Financial Institution

Institution Name

Street

City, State, and Postcode

Country

### Section 3: Direct Debit Details

I request that you debit my/our account in accordance with the terms and conditions contained within the declarations section of this Direct Debit Request

First Deposit Amount     \$

Regular Deposit Amount     \$

#### When would you like the deposit to be processed?

Immediately

Weekly

Fortnightly

Monthly

Other Date

Day of Week

One Off Date

## Section 4: Declarations

### By signing this Direct Debit Form I/We declare that:

- You authorise Trilogy Funds Management Limited (we/us) to debit your nominated account in the name and in the manner specified in the Direct Debit Request.
- By signing a Direct Debit Request or by providing us with a valid instruction, you have authorised and are providing a valid instruction to Trilogy Funds Management Limited, in respect of any investment amount, to arrange for funds to be debited from the account nominated above.
- We will only arrange for funds to be debited from your account as authorised on this Direct Debit Request Form.
- If the due date for payment falls on a day which is not a business day in Queensland, then a Debit transaction will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the Debit transaction will be processed to your account.
- You will need to check with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions. If you are uncertain, you should check with your financial institution before signing a Direct Debit Request, to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
- You will need to give us at least 14 working days notice in writing if you wish to defer or alter any of the debit arrangements. This can be done by
  - writing to [investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au); or
  - by phoning us on 1800 230 099.
- You will need to advise us in writing if you wish to stop a payment being processed or cancel a Direct Debit Request. Such notice should be delivered to us at least 14 working days before the due date for payment or as otherwise stipulated in our Terms and Conditions. All requests for stops or cancellations must be referred to us in the first instance.
- We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the debit arrangement in place between us.
- It is your responsibility to ensure that there are sufficient clear funds available in your account to enable a debit payment to be made in accordance with the Direct Debit Request.
- If there are insufficient clear funds in your account to meet a debit payment:
  - you may be charged a fee and/or interest by your financial institution;
  - you may also incur fees or charges imposed or incurred by us; and
  - you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- Before completing the Direct Debit Request, you should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
- If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit for payment, notwithstanding that this may exceed the maximum amount stated in the Direct Debit Request.
- If you believe that there has been an error in debiting your account, you should notify us directly on 1800 230 099 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up directly with your financial institution.
- If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding in writing.

- If we cannot resolve the dispute you can contact your financial institution at which your nominated account is held. Your financial Institution will then commence a formal claims procedure on your behalf.
- We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed.
- We will only disclose information that we have about you:
  - to the extent specifically required by law; or
  - for the purposes of this agreement (including disclosing information in connection with any query or claim).

Signature of Applicant 1		Signature of Applicant 2	
Date		Date	
Given name	Surname	Given name	Surname