

Transferee Information Form

This form accompanies the completed Transfer Form - all funds (Transfer Form). It must be completed by the transferee(s)/buyer(s) (Transferee(s) named in the Transfer Form). **The information to be provided is for the purpose of the registration of the transfer and the identification of the Transferee(s).** The Transferee(s) take the units in the Fund or Trust described in the Transfer Form subject to, and agree to be bound by the provisions of, the Constitution/Trust Deed governing the Fund or Trust.

***All applicants are required to provide this information under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.**

| | | |
|------------------------------|------------------------|------------------------|
| 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) |

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 2 individuals to include in this section (including trustees, company directors, partners, or beneficiaries), please download and complete an Additional Individuals Form at www.trilogyfunds.com.au/forms or call Investor Relations on **1800 230 099**

| | Applicant 1 | Applicant 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

Details of class, if any (beneficiaries only)

Tax file number (TFN) or specify your exemption category

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

YES NO YES NO

If YES, please download and complete a FATCA form - available at www.trilogyfunds.com.au/forms.

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

YES NO YES NO

If YES, please download and complete a Self-Certification Declaration Form available at www.trilogyfunds.com.au/forms.

Politically exposed person (PEP) details (if applicable)

YES NO YES NO

Please see www.austrac.gov.au for PEP definition

Address and contact details

Same as individual/Applicant 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
** A unique mobile and email is required for portal access for each individual.*
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 form to have your identification verified online, or attach certified copies of the documents outlined in the further identification checklist at the end of this 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 in relation to our use of your personal information.

Drivers Licence

Drivers licence no.

Drivers licence expiry date

Card number (must be completed)

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 passport.

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 or Company

Tax File Number (TFN)

Required for all Super Funds, Trusts and Companies.

If the company or trust is not formed or registered in Australia, please provide the country of formation or registration for tax purposes and download and complete a FATCA form available at www.trilogyfunds.com.au/forms

Address details

Do not complete if you are an individual trustee.

Street address

City, State, and Postcode

Country (if not Australia)

Registered office
Principal place of business

Same as the registered office

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 Individuals Form at 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 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 this form.

Company

ACN 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 or otherwise control the company. 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 if you are unsure what 'beneficial owner' or 'control' means. If there are more than 2 beneficial owners, please download and complete the relevant sections of an Additional Individuals Form at www.trilogyfunds.com.au/forms or call Investor Relations on **1800 230 099**.*

Beneficial owner 1

Same as Individual/Applicant 1

Beneficial owner 2

Same as Individual/Applicant 2

Title

Given Name(s)

Surname

Date of birth

Tax file number (TFN)

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

YES

NO

YES

NO

If YES, please download and complete a FATCA form available at www.trilogyfunds.com.au/forms.

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

YES

NO

YES

NO

If YES, please download and complete a Self-Certification Declaration Form available at www.trilogyfunds.com.au/forms.

Politically exposed person (PEP) details (if applicable)

YES

NO

YES

NO

Please see www.austrac.gov.au for PEP definition

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 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 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 in relation to our use of your personal information.

Drivers licence

Drivers licence no.

Drivers licence expiry date

Card number (must be completed)

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 passport.

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 - **1800 230 099** or investorrelations@trilogyfunds.com.au

Would you like to receive your Annual reports via

Email

Post

SMS distribution notifications

Yes

No

Section 4: Operating authority

For all applicants, please nominate the number of signatories who can authorise transactions on your investment such as redemptions and changes to investment details. If this section is left blank, then Trilogy Funds will assume all signatures are required to operate the investment.

Authorisation for account changes and redemptions.

One signatory

All signatories

Other (please specify):

Section 5: Nominated financial institution account details – for distributions and redemptions

Nominate a bank account into which your distributions are to be paid. If you elect to reinvest your income distributions (see option below), your financial institution account details are still required so we can directly credit any redemptions when the time comes. 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.

Financial institution Account holder name

Financial institution name

BSB

Financial institution account number

Indicate your distribution preference below:

Pay into nominated financial institution account

Reinvest my distribution (only if the Fund/Trust allows reinvestment. Please contact Investor Relations on 1800 230 0099 or email investorrelations@trilogyfunds.com.au if you are unsure).

Section 6: Declarations and acknowledgements

The units in the Fund/Trust as per the Transfer Forms are issued by Trilogy Funds Management Limited (Trilogy Funds) ABN 59 383 679 Australian Financial Services Licence Number 261425 (or the previous responsible entity of the Fund /Trust).

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 agree to be bound by the terms and conditions and provisions of the Fund/Trust's Constitution/Trust Deed (as amended) which governs the Fund/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 Fund/Trust.
- I/We acknowledge that Trilogy Funds (or its related entities) may use all information relating to this Transferee Information Form or any subsequent information I/we give you relating to my/our investment, for the purpose of administering my/our business relationship with Trilogy Funds and in doing so, Trilogy Funds may disclose my/our information to related entities and to any service provider (e.g. mail houses and data processors) to the Fund/Trust.
- In the case of joint applications, the Joint Investors agree that unless otherwise expressly indicated on this Transferee Information Form, the Units will be held as joint tenants.
- If this Transferee Information Form is signed under Power of Attorney, the Attorney declares that they have 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 this Transferee Information Form.
- Other than as disclosed in this Transferee Information 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.
- 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 Fund/Trust.
- I/We are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund/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 Fund/Trust, if Trilogy Funds is concerned that the request or transaction may breach any obligation of or cause Trilogy Funds to commit or participate in an offence, including under any AML/CTF law or any intergovernmental agreement to exchange financial account information.
- I/We acknowledge that investment in the Fund/Trust is subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested.
- I/We acknowledge that Trilogy Funds does not guarantee the repayment of capital or the performance of the Fund/Trust or any particular rate of return from the Fund/Trust.
- 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 (available on the Balmain Trilogy website www.balmaintrilogy.com.au).
- I/We acknowledge that I/we hold all necessary approvals I/we require to sign this Transferee Information Form to make the investment and hold Units in the Fund/Trust.

Declaration and Acknowledgements Continued on next page (ensure this page is submitted with your completed Application Form).

To the extent that the European General Data Protection Regulation (GDPR) applies to Trilogy Funds, Applicants located in the European Union make the following additional declarations:

- I/We acknowledge that the GDPR imposes specific obligations on Trilogy Funds in relation to its customers that are residents in the European Union.
- I/We provide my/our freely given, specific, informed and unambiguous consent for Trilogy Funds to collect, use and disclose my personal information as set out in Trilogy Funds' privacy policy when I/we make an investment in the Fund/Trust.
- I/We acknowledge that pursuant to the GDPR, I/we retain the right to refuse or withdraw my/our consent to the collection, use and disclosure of personal information at any time.
- I/We acknowledge that Trilogy Funds is required by law to verify and retain certain information in order to engage in its business activities and that exercising my/our right to refuse or withdraw my/our consent may prevent Trilogy Funds from being able to offer the products or services proposed.

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

Only complete if you are using the services of a Financial Adviser

If you are investing in the Fund /Trust with the assistance of a Financial Adviser, please have your Financial Adviser complete this section. By signing this section, you acknowledge 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).

Section 8: 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

As the licensed Financial Adviser of the Applicant, and by signing below, I declare that:

- My dealer group is lawfully authorised to advise on, and deal in, the financial product offered in the PDS under an AFSL as required by ASIC and the Corporations Act 2001.
- I hold the necessary authorisations under my authorised representative appointment as required by ASIC and the Corporations Act 2001 and I have complied with the financial services laws in respect of advice provided.
- I have identified the Applicant 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.
- 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.

Signature of the Financial Adviser

Date

Given name Surname

Investor to complete *(Financial Adviser clients only)*
Certification by Investor – consent to provide information to your Adviser

In relation to my/our Financial Adviser as noted on this Transferee Information Form, and by signing below, I/we declare that:

- I/We received personal financial product advice and wish to nominate my/our Financial Adviser 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 Transferee Information Form or my/our investment.
- I/We acknowledge that Trilogy Funds will provide all correspondence including reports, statements, personal information and data about my/our investment to my/our Financial Adviser and/or his or her dealer group, and that Trilogy Funds takes no responsibility for the compliance of my/our Financial Adviser/dealer group in respect of the privacy laws.

| Signature of Applicant 1 | | Signature of Applicant 2 | |
|--------------------------|---------|--------------------------|---------|
| Date | | 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 (download our document Certifier List at www.trilogyfunds.com.au/forms to see who can certify your documents). 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 | Category B |
|---|---|
| <ul style="list-style-type: none"> Australian Birth Certificate Australian Citizenship Certificate Pension Card issued by Department of Human Services | <ul style="list-style-type: none"> 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) |

Form checklist

Before submitting this 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 form

Please email or post your form and all required documents to:

Trilogy Funds Management Limited investorrelations@trilogyfunds.com.au
 GPO Box 1648, BRISBANE QLD 4001

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

Phone Investor Relations on 1800 230 099 (New Zealand callers phone +800 5510 1230) or email investorrelations@trilogyfunds.com.au