Trilogy Funds

Individuals / Joint Investors Self Certification Declaration

Regulations based on the OECD Common Reporting Standard ("CRS") require Financial Institutions such as Trilogy Funds, to collect and report certain information about an Account Holder's tax residence. If your tax residence is located outside Australia, we may be legally obliged to pass on the information provided in this form (and other financial information with respect to your financial account(s)) to the Australian Taxation Office ("ATO"). The ATO may exchange this information with tax authorities of other jurisdictions.

Section 1: Individual information

| Given name(s) | | | | |
|---|---------|-------|--|--|
| Surname | | | | |
| Date of Birth | | | | |
| Country of Birth | | | | |
| Residential address (The address provided below must be your residential address) | | | | |
| Street | | | | |
| Suburb | | State | | |
| Postcode | Country | | | |
| | | | | |

| Section 2: Tax Residence | | | |
|--|--|--------------------|--|
| Please enter the your jurisdiction of tax resider detail all jurisdictions of tax residence and asso | nce for CRS purposes (if your residency is in more than one ju ociated tax identification numbers ("TIN")). | risdiction, please | |
| Jurisdiction of Tax Residence 1 | | | |
| Taxpayer Identification Number (TIN): | YES | NO | |
| Jurisdiction of Tax Residence 2 | | | |
| Taxpayer Identification Number (TIN): | YES | NO | |
| Jurisdiction of Tax Residence 3 | | | |
| Taxpayer Identification Number (TIN): | YES | NO | |

Reason TIN is unavailable (Please provide explanation



Section 3: Declarations and acknowledgements

- I acknowledge and agree that information contained in this form may be reported to the ATO, who may exchange this information with the country or countries in which I may be resident for tax purposes.
- I undertake to advise Trilogy Funds Management Limited (ACN 080 383 679 AFSL 261425) within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, by providing Trilogy Funds Management Limited with a suitably updated Self-Certification Declaration Form within 30 days of such change in circumstances.
- · I certify that I am the Account Holder of all the account(s) to which this form relates.
- · I certify that the tax residence jurisdictions provided above represent all jurisdictions in which I am considered tax resident.
- I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

| Signature of applicant 1 | Date |
|--------------------------|---------|
| | |
| Given name | Surname |

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney and certified photo ID.

Capacity

Further Information

For further information please contact us. Phone Investor Relations on 1800 230 099 (New Zealand +800 5510 1230) or email investorrelations@trilogyfunds.com.au.

Please refer to Common Reporting Standard - Guidance and Defined Terms available at www.trilogyfunds.com.au/forms.

Your tax adviser may be able to assist you in answering specific questions on this form. Alternatively you can find further information on the OECD Automatic Exchange of Information Portal or at the ATO's Foreign Tax Resident Reporting - Guide for Customers, Investors or other Account-Holders.

If an investor does not provide us with the required documentation, or wishes to remain undocumented for CRS purposes, Trilogy Funds Management Limited (ACN 080 383 679 AFSL 261425) will nevertheless be obliged to report the investor data (such as account balances and financial income) to the ATO.INV Definitions