

Enquiries

Mon-Fri 8.30am to 5pm (AEST)

clientservices@copiapartners.com.au

1800 442 129 (free call within Australia) or +61 3 9602 3199



Application Form | SMSF

ECP Growth Companies Fund | ARSN 638 323 001

WHO SHOULD COMPLETE THIS FORM?

This application form is for investments made by trustees of Self Managed Superannuation Funds (SMSF).

HOW TO COMPLETE THIS FORM

Step 1 This application form relates to and accompanies the Product Disclosure Statement (PDS) for the ECP Growth Companies Fund (Fund) as listed on the cover page. Each PDS contains important information about investing in the relevant Fund and you should read the applicable PDS before making an application to invest in a Fund. The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS.

Before submitting this form, please read the PDS. If you are unable to access the PDS or print the document, contact us on 1800 442 129 and we will provide a paper or electronic copy of a current PDS and any document which updates a PDS on request and without charge. Units in a fund will only be issued following acceptance of an application form issued with the relevant PDS, with all required documents attached.

Please complete this form in CAPITAL LETTERS using a black pen. If you make a mistake, simply cross out and initial your change. Do not use correction fluid. For assistance with this form, contact Investor Services on 1800 442 129 (free call).

Note: Please ensure all fields are completed including those in **sections A** and **B**.

Step 2 Tell us your foreign tax status

Please complete the **Global Tax Reporting (FATCA/CRS)** information in **section 9**.

Step 3 Sign and send your documents to the below address.

Please ensure you sign **section 11** of the form in accordance with the instructions provided.

You can return your forms by post to:

Copia Investment Partners
GPO Box 804
Melbourne, Victoria 3001

Email: copia_transactions@unitregistry.com.au

Step 4 Make your payment

Please refer to **section 4** of the application form and follow the instructions on how to pay the application amount.

Your application cannot be processed until all relevant identification documents and cleared funds are received.

IMPORTANT INFORMATION

- Please ensure all relevant fields are completed. If you do not complete all relevant sections your application may be rejected and returned to you for completion, resulting in a delay in processing your application.
- If you have any questions as you complete this form, please refer to the FAQs at the end of this form, or contact us on 1800 442 129.

Section A | Your investment objectives

In line with the Design and Distribution Obligations (DDO) under the Corporations Act, we require the below information.

Investor Attributes

A. What is your primary investment objective? (select only one option)

Capital growth (increased value of your investment over time)

Capital preservation (preserving the value of your investment and preventing loss)

Capital guaranteed (shielding your investment from any losses)

Income distribution (receiving regular income from your investment)

B. What is the intended use of this fund in your investment portfolio? (select only one option)

Solution / standalone (your primary investment - 75% - 100% of portfolio)

Core component (a large proportion of your investment - 25% - 75% of portfolio)

Satellite / small allocation (a small part of your investment - less than 25% of portfolio)

C. What is the intended investment timeframe? (select only one option)

Short term (less than 2 years) Medium term (more than 2 years) Long term (more than 8 years)

D. What is your tolerance for risk / return? (select only one option)

(How much of a loss you are willing to tolerate within your portfolio when assessed against the possibility of greater returns).

Low Medium High Very high

E. What is your anticipated frequency of withdrawals? (select only one option)

Daily Weekly Monthly Quarterly Annually or longer

F. Have you received advice prior to applying to invest in this fund(s)? (select only one option)

Yes - I/We have received personal advice in relation to my investment in this fund (financial product advice provided to you by a person who has considered one or more of your investment objectives).

No - I/We have not received personal advice in relation to my investment in this fund.

Note: Acceptance of your application should not be taken as a representation or confirmation that an investment in the fund is, or is likely to be, consistent with your intentions, objectives and needs as indicated in your responses to these questions.

Section B | Investor details

What is the full legal name of the entity that will hold title to the units?

Full name of account designation

If you are an existing investor, please provide your account number

I/We confirm there are no changes to our identification documents previously provided and that these remain current and valid.

I/We confirm there are no changes to the information in our previous application provided and that it remains current and valid.

Now complete **Section C**.

Section C | Are you investing using funds borrowed under a margin loan?

No - go to **section 1** Yes - if yes, please complete the details below

Name of margin lender

Name of borrower

Borrower's TFN

Loan number

If the person who will hold legal title to the units will be the borrower granting Power of Attorney to the margin lender or its nominee, please complete this form as an individual.

1. TRUST/FUND DETAILS

Full name of trust/superannuation fund

Full business name (if any) of the trustee in respect of the trust/superannuation fund

Country of establishment

Tax file number or exemption code

Australian Business Number (if any)

2. TRUSTEE DETAILS

Are you?

Individual trustee

Corporate trustee (complete **section 2.1 & 2.2**)

Individual trustee

Title Given name(s) Surname

Date of birth (DD/MM/YYYY) / /

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit Street number Street name

Suburb State Postcode Country

Phone Mobile

Email

2.1 Corporate trustee details

Full business name as registered by ASIC ACN

Registered Office Address - (PO Box is not acceptable)

Unit Street number Street name

Suburb State Postcode Country

Principal place of business (if any) (PO Box is not acceptable)

Unit Street number Street name

Suburb State Postcode Country

2.2 What type of company is the corporate trustee?

Public (companies whose name does NOT include the word Pty or proprietary; generally listed companies), proceed to **2.3**.

Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies), proceed to **2.3**.

Please complete the director details below if you are an Australian proprietary company. Do not complete for public companies.

Directors details

How many directors are there?

Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate sheet and attach to this application form.

Director 1

Title Given name(s) Surname

Director 2

Title Given name(s) Surname

Director 3

Title Given name(s) Surname

Director 4

Title Given name(s) Surname

2.3 Verification procedure

A search of the ATO website showing that the trustee is a trustee of a SMSF registered with the ATO.
 (This may be accessed at <https://superfundlookup.gov.au/>).

3. INVESTMENT & DISTRIBUTION INSTRUCTIONS

Fund name	APIR	Fund minimum AUD\$	Investment amount AUD\$	Distribution option <small>(indicate (X) one option per fund)</small>	
				Direct deposit	Reinvest
ECP Growth Companies Fund	OPS2991AU	\$20,000	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: The minimum investment is noted in the table above (per fund). However, we may waive or vary the investment minimums. Please nominate one distribution option for each fund you are investing in. If no selection is made, distributions will be automatically re-invested.

3.1 Source of funds (required)

Please indicate the source & origin of funds being invested

Savings	<input type="checkbox"/>
Superannuation contributions	<input type="checkbox"/>
Income from employment - regular and/or bonus	<input type="checkbox"/>
Normal course of business	<input type="checkbox"/>
Investment	<input type="checkbox"/>
Donation/gift	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>
Sale of assets (e.g. shares, property)	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>

4. PAYMENT OF APPLICATION AMOUNT

Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

EFT
 Direct debit
 BPAY®
 Cheque

EFT	Electronic Funds Transfer
Account name:	NNL ANF Copia Investment Partners Ltd – Copia Application Account
BSB:	083-043
Account number:	717-649-704
Your reference:	Please use the name of the investor and investor number

Direct debit authority – Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

We use OneVue Fund Services Pty Ltd as our external service provider to process your application and payment. By completing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and OneVue Fund Services Pty Ltd, as set out in this request and in your [Direct Debit Request Service Agreement](#), also available here - www.iress.com.

Financial institution name Branch name

Account name

BSB number Account number

I/We request and authorise OneVue Fund Services Pty Ltd ABN 18 107 333 308 (User ID 411595) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by our administrator.

Signature of primary account holder

Please print full name

Date (DD/MM/YYYY) / /

Signature of joint account holder (if applicable)

Please print full name

Date (DD/MM/YYYY) / /

BPAY® – Telephone & internet banking

You can make your payment using telephone or internet banking.

You will need to quote the biller code and your account number (for reference) when making this payment.

If this is a new investment, we will notify you of your account number once this is available. Please make your payment within 14 days of this notification.

Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account.

More info www.bpay.com.au ®Registered to BPAY Pty Ltd ABN 69 079 137 518.

Fund name	BPAY® details
ECP Growth Companies Fund	Biller code: 339416 Reference number: Investor number

Cheque

Please make your cheque payable to 'NNL ANF Copia Investment Partners Ltd – Copia Application Account'. Attach the cheque with your original application forms when posting. Please cross and write 'non-negotiable' on Australian cheques only.

5. FINANCIAL INSTITUTION ACCOUNT DETAILS**Australian bank account details**

Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts.

Financial institution name

Branch name

Name of account holder(s)

BSB number

Account number

Foreign bank account details

Financial institution name

Financial institution address

Account number

Account name

SWIFT/BIC

ABA/FED (US)

IBAN (Europe)

6. COMMUNICATION

Automatic online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

Annual & semi-annual report options

The annual and any semi-annual financial statements of the fund are available free on our website. If you would like to receive a copy by post or email, please indicate below. (This refers to annual and semi-annual reports only. This will not affect communication instructions regarding general correspondence for your fund).

By email By post

Marketing material

You may receive information from us via mail, telephone, email or other electronic messaging service relating to market commentary, services or information that may be of interest to you. By providing us with your contact details you consent to being contacted by these methods for these purposes. Please indicate if you do not wish to receive marketing information from us or any companies within our group.

7. FINANCIAL ADVISER DETAILS

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Adviser email address

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Details

AFSL name

AFSL number

Adviser name

Authorised representative licence number

ABN

Address

Property/building name

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone

Mobile

Performance of investor identification & verification procedures

Please indicate below whether client identification and verification procedures have been performed.

No - I have not performed the applicable customer identification procedure on this investor

Yes - I have completed the applicable customer identification procedure on this investor.

Financial adviser declaration

Notice to financial adviser: please note that reliance on the KYC performed by the financial adviser is only acceptable if all the criteria below is met.

I hold an AFSL in my own name or have been appointed as an authorised representative by the licensee.

I am a reporting entity for AML/CTF purposes.

The issuer has reasonable grounds to believe that it is appropriate to rely on the KYC procedure I have undertaken.

I have attached the KYC documents to this form.

AFSL full legal entity name

AFSL number

Please print full name

Signature

8. AGENT ACTING UNDER POWER OF ATTORNEY

Please complete this section if you wish to appoint an individual or individuals to act on your behalf in relation to your investment in the fund (this may include a margin lender or their nominee).

8.1 Agent details

Agent 1

Title Given name(s) Surname

Name of company by whom the agent is employed (if any) Phone

Email

Signature

Agent 2

Title Given name(s) Surname

Name of company by whom the agent is employed (if any) Phone

Email

Signature

If you wish to appoint more than two agents, please complete the details on a separate sheet and attach to this application form.

8.2 How agents may act in relation to the account?**Tick applicable**

Each agent listed above may provide instructions in relation to the investment individually without the consent of the other

All agents must act jointly to provide instructions in relation to the investment

Other arrangement – please provide details

8.3 Verification procedure for agents who are individuals

Please provide a certified copy of your ID. In addition, please provide evidence of each agent's authority to act on behalf of the investor. Please tick which document you have provided.

A certified copy of a power of attorney

A certified copy of a will, a death certificate and probate or letters of administration

A certified copy of Australian Driver's Licence or Australian Passport

A certified copy of a guardianship order

Other arrangement – please provide details

Please tick to confirm that the document authorising each agent is still valid and has not been revoked

9. GLOBAL TAX REPORTING REQUIREMENTS (FATCA/CRS)

Why you need to complete this section?

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and a number of other foreign Governments have an agreement which requires us to obtain certain information from investors, including taxation information. You may be liable to a penalty if you provide information that is false or misleading that is material. We may decide not to open an account without first receiving the required information. For more information, visit www.ato.gov.au.

If you are unsure of any of the answers, please contact a legal or accounting professional.

9.1 Regulated Superannuation Funds

Are you a regulated superannuation fund?

I am the trustee of a regulated superannuation fund, (this includes a self-managed superannuation fund).

HELP

Regulated superannuation fund means self-managed superannuation funds, APRA regulated superannuation funds, Australian Government or semi-government superannuation funds and pooled super trusts.

10. DECLARATIONS & ACKNOWLEDGMENTS

Please read the declarations below before signing this form. The required signature(s) are detailed at the bottom of this form. When you apply to invest, you (the applicant) are telling us:

- to the best of your knowledge, all details in this application (including all related documents provided) are true, correct and complete
- you have received, read and understood the current PDS. You agree to be bound by the constitution of the fund, the PDS as supplemented, replaced or re-issued from time to time
- you are not bankrupt or a minor, and are authorised to sign this form
- you have received and accepted this offer in Australia
- you have read and understood the information relating to privacy in the PDS
- I consent to the issuer disclosing my personal information to any issuer's service providers, in relation to any identification and verification that the issuer is required to undertake on me, as required under the AML/CTF Act. This shall include any information:
 - o required by any third party document verification service provider, and/or
 - o provided to any third party document verification service provider.

By applying to invest you also acknowledge that:

- monies deposited are not associated with crime, money laundering and/or financing terrorism. We may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of units. If we are concerned that the request or transaction may breach any obligation of, or cause us to commit or participate in an offence under any AML/CTF and Sanctions Law and FATCA/CRS obligations, we will incur no liability to you if we do so
- we may take other action we reasonably believe is necessary to comply with AML/CTF and Sanctions Law and FATCA/CRS obligations, including disclosing any information held about you to any of our related bodies corporate or service providers whether in Australia or outside Australia, or to any relevant Australian or foreign regulator, and
- we collect additional information about you from time to time, from you or from third parties, for the purposes of satisfying AML/CTF and Sanctions Law and FATCA/CRS obligations, and that any such information may be used and disclosed as described in the Copia Investment Partners privacy policy available online at <https://www.copiapartners.com.au/privacy-policy/> or by contacting us.

Important information

- nothing in this form is advice and 'help' is general guidance only. Seek professional advice to be sure of your answers.
- it is a condition of investing that you keep your details (including tax detail) with us, up to date. We recommend that you review this tax information form at the end of the financial year and update your details if required. You must contact us when you learn new things about the matters in this form. Failing to update us can have tax and other consequences. You can update us by requesting and completing this form and emailing, faxing or posting it to our Administrator.

By completing and signing this form:

- you represent having read and understood this form
- you represent this form is complete and accurate
- if you have applied for but not received your TIN or GIIN, you undertake to inform us within 30 days of receiving it
- you undertake that if information in this form changes, you will tell us within 30 days
- you declare that to the best of my knowledge and belief the information provided in the Global Tax Reporting section is true and correct
- you agree to notify Copia Investment Partners of any changes to my tax residency or that of any beneficial owners or controlling person.

11. SIGNATURE(S)

For individual trustees, at least the primary trustee must sign this section. For Australian corporate trustee we require the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signature 1

Signature

Date (DD/MM/YY) / /

Full name

CapacityDirector Company Secretary Trustee (individual) **Signature 2**

Signature

Date (DD/MM/YY) / /

Full name

CapacityDirector Company Secretary Trustee (individual) **Signature 3**

Signature

Date (DD/MM/YY) / /

Full name

CapacityDirector Company Secretary Trustee (individual) **Signature 4**

Signature

Date (DD/MM/YY) / /

Full name

CapacityDirector Company Secretary Trustee (individual) **If signed under Power of Attorney**

Attorneys must attach a certified copy of the Power of Attorney. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form. Power of Attorney documents cannot be accepted by fax or email.

FAQs

Translating documents by an accredited translator	<p>In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters at or above professional level.</p> <ul style="list-style-type: none"> • NAATI (https://www.naati.com.au/) <p>In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent authority. For these, escalate to the AML Compliance Officer for assistance.</p>
Getting your copies certified	<p>Any document(s) requiring to be certified for verification purposes must be certified by an eligible person to be a true copy of the original document. Documents must be either certified on all pages or certified on the front page with a clear reference to the number of subsequent pages that are included.</p>
Example of certification	<p>I certify that this is a true and correct copy of the original document</p> <p>Signature of Certifier</p> <p>Name of Certifier</p> <p>Capacity of certifier – e.g. Justice of the Peace</p> <p>Date of certification (DD/MM/YYYY)</p>
List of occupations that can certify (from the Statutory Declaration Regulations 2018)	<ul style="list-style-type: none"> • Architect • Chiropractor • Dentist • Financial adviser or financial planner • Legal practitioner • Medical practitioner • Midwife • Migration agent registered under Division 3 of Part 3 of the Migration Act 1958 • Nurse • Occupational therapist • Optometrist • Patent attorney • Pharmacist • Physiotherapist • Psychologist • Trade marks attorney • Veterinary surgeon.
List of persons who can certify	<ul style="list-style-type: none"> • a 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) • a judge of a court • a magistrate • a chief executive officer of a Commonwealth court • a registrar or deputy registrar of a court • a Justice of the Peace • a notary public (for the purposes of the Statutory Declaration Regulations 2018) • a police officer • an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public • a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public • an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955) • an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018) • a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 2018) • an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees • a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.