

Application Form

Individual/Joint investor/Sole Trader

Issued by Copia Investment Partners Limited (ABN 22 092 872 056, AFSL 229316), referred to as Copia in this Form.

This Application form can only be used by the following types of **investors**:

- Individual Investor
- Joint Investor
- Sole Trader

Each person should obtain and consider the Fund's Target Market Determination (TMD) and the Fund's Product Disclosure Statement (PDS) before making a decision about whether to make an investment in the Fund. A copy of any TMD and PDS can be obtained from your financial adviser, our Client Services team or on the relevant Fund Manager website.

Before completing this Application Form, please ensure you have read the current PDS and TMD and any information incorporated into the PDS. Copia or your financial adviser will send you a paper copy of the current PDS and TMD, any information incorporated into the PDS and any updates and application form free of charge if you so request.

Information in a PDS and TMD may change from time to time and we will update this information by updating the relevant document or by publishing an update on our website.

Checklist

Before sending us your application, please ensure you have:

- Read the relevant Fund's PDS, any incorporated information and the Fund's Target Market Determination (TMD) all available from your financial adviser, our Client Services team or on our website.
- Completed this Application Form in full.
- Provided required Customer Identity Verification documents as outlined in Section 15.
- If paying by electronic funds transfer, ensure ALL bank account signatories have signed in Section 9.
- If paying by direct credit, ensure funds are transferred at the same time as lodging your Application Form and using your investor name as a reference.
- Read the declaration and provided all relevant signatures.

Contact details

You can return your completed application form and identity verification documents by email or post.

Email:

copia.transactions@boardroomlimited.com.au

Post:

Copia Investment Partners GPO Box 3993 Sydney NSW 2001

If you have any questions regarding this form please contact our Client Services team:

P: 1800 442 129 (free call from AU)

P: 03 9602 3199

E: clientservices@copiapartners.com.au

Application Form

Individual Investor/Joint Investor/Sole Trader





| 1 | Investment of | letails | | | | |
|----------|--|---|--|--|--|--|
| Please | Please indicate (X) if this is a new investment or an additional investment. | | | | | |
| | w investor - Please prosisting investor | oceed to section 2. | | | | |
| Existin | g account name | | | | | |
| | g account number of your information ha | s changed since your prior investment, please complete sections 2-6, otherwise, proceed to section 7 | | | | |
| 2 | Investor type | | | | | |
| | indicate (X) the invest | or type. | | | | |
| ☐ Ind | dividual Investor | ☐ Joint Investors ☐ Sole Trader | | | | |
| 3 | Investor deta | | | | | |
| 3A. I | nvestor 1 - Indiv | idual Investor or Sole Trader | | | | |
| Title (N | //r/Mrs/Miss/Ms) | Surname | | | | |
| Full giv | ven name(s) | | | | | |
| Date o | f birth | What other names are you known by? | | | | |
| | | your TFN, ABN or specific exemption, then tax will be deducted from your distributions at the highest marginal tax and any other levies we are required to deduct from time to time). | | | | |
| TFN | | Tax exemption | | | | |
| If you a | are an overseas investo | or, please indicate your country of residence for tax purposes. | | | | |
| Countr | у | | | | | |
| Reside | ential address | | | | | |
| Street | name and number | | | | | |
| Suburb |) | State Post code | | | | |
| Countr | У | If your country of residence is not Australia, please ensure that you also complete section 10. | | | | |
| Postal | address | | | | | |
| Is the p | oostal address the sam | e as the residential address? Yes No Please provide below. | | | | |
| Street | name and number | | | | | |
| Suburk | | State Post code | | | | |
| Countr | y | | | | | |

| Contact details | |
|--|---|
| Telephone (home) | Telephone (work) |
| Mobile | |
| Email address | |
| Complete the following of | questions if you are investing as a sole trader. |
| Business name of Sole Trader | |
| ABN | |
| Principal place of business | of Sole Trader (cannot be a PO Box) |
| C/- (if applicable) | |
| Street name and number | |
| Suburb | State Post code |
| Country | |
| Country | |
| 3B. Investor 2 - Joint | Investor |
| Complete this section if the | ere is a joint owner. |
| Surname | |
| Full given name(s) | |
| Title (Mr/Mrs/Miss/Ms) | Date of birth |
| What other names are you known by? | |
| TFN | Tax exemption |
| ABN | |
| If you choose not to provide you Medicare levy, and any other I | our TFN, ABN or specific exemption, then tax will be deducted from your distributions at the highest marginal tax rate (plus the levies we are required to deduct from time to time). |
| Non-residents | If you are an overseas investor, please indicate your country of residence for tax purposes. |
| Country | |
| Residential address (can | not be a PO Box) |
| C/- (if applicable) | |
| Street name and number | |
| Suburb | State Post code |
| Country | |
| | If your country of residence is not Australia, please ensure that you also complete section 10. |
| Contact details | |
| Telephone (home) | Telephone (work) |
| Mobile | |
| Email address | |

| 4 Signing authority (for joint investors) |
|--|
| Indicate signing requirements for additional investments, withdrawal requests or to change details. |
| Any one signatory to sign |
| Both signatories must sign |
| If no selection is made, we will assume both signatories are required to sign future instructions. |
| 5 Source of funds (Required) |
| Please indicate (X) the source of funds being invested. |
| Income from employment – regular and/or bonus Income from employment – regular and/or bonus Business income |
| One-off payment (e.g. matured investment, court settlement, redundancy, inheritance) Sale of assets (e.g. shares, property) |
| Windfall (e.g. gift, lottery winnings) Borrowed funds Charitable donations Government benefits (e.g. family tax benefits) |
| Savings |
| |
| 6 Payment of initial investment amount |
| Please indicate (X) how you will make your payment of the initial investment amount by selecting one of the following: |
| Direct debit - Please ensure you also complete section 9. |
| Electronic funds transfer. The bank account to transfer funds is listed in sections 17. Transfer your funds, with your investor name as reference, at the same time as posting your application to ensure there are no delays in opening your account. |
| □ BPAY® |
| The Biller Code is in section 17. Please contact us to request a BPAY reference number and ensure the reference number is included below. |
| Provide BPAY reference number here: |

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Nominated bank account (must be an Australian financial institution)

| If you are making your in Please indicate (X) the no | | | , please prov | ide deta | ils of the bank account y | ou wish us to debit. | | |
|---|--|--|--|---|---|--|---|--|
| Please use existing b | oank account o | on file. | | | | | | |
| Please use bank acco | ount provided | below. | | | | | | |
| Unless requested otherw be paid to you and not re pay the withdrawal proce investor and all investors details for all future trans section overrides any preserved. | einvested. Plea eeds to the ac must sign thi saction reque | ase note, if count that see section. Bests that you | you make a v was debited v y providing y | vithdraw when ma our nom | al within the first three aking the investment. Th inated account details ir | months of making you e nominated accoun n this section you aut | our investme at must be in thorise Copia | ent, we will only the name of the a to use these |
| Financial institution | | | | | | | | |
| Branch | | | | | | | | |
| Account name | | | | | | | | |
| Branch number (BSB) | | | | | Account number | | | |
| I/we request Boardroom Pti 092 872 056) (collectively re which Copia may direct deb 1. St George Bank, a Division schemes may, in its absolute at any time by notice in writ 2. Copia may, by prior arran 3. The Bank may, by prior ar 4. The Bank will provide to re the operation of accounts, be 5. The information which I/A 6. This direct debit arranger (available on our website) we 7. Should the Bank charge a charges. | eferred to as 'Co oit or charge me n of Westpac Ba e discretion, de- ting to me/us, ti gement and no rrangement and me/us upon req panking facilitie, we have provide ment is governe which I/we have | pia'), until fu /us though the anking Corpo termine the derminate the tice to me/us notice to me uest general s and cheque ed on this for d by the term read and agi | arther written in the Bulk Electron ration (ABN 33 prider of priority request as to so, vary the amodelus, vary the adescriptive infects. If you is accurate a so of the Bulk Electron. | notice is g nic Cleari 007 457 y of paym future del ount or fre amount o ormation and not m Electronic | given Copia, to debit my/oung System. I/we understan 141) ('Bank'), who provides the total by it of any monies purbits. If the company of future debits of the kind referred to in Considerating System Procedure | r account described on ad and acknowledge that is the bank accounts for resuant to this request of the Banking aware that Copia is relyes and the Direct Debit | the previous pat: the Copia mair any authorite ang Code of Pra ving on it. Request Servio | page, any amounts maged investment y or mandate, and actice, concerning ce Agreement |
| Bank account signator | ry 1 | | | | Bank account sign | atory 2 | | |
| Signature Date Surname Given name(s) | | | | | Signature Date Surname Given name(s) | | | |

Investment and distribution method

Please write the full fund name, APIR code, investment amount and distribution options. Refer to section 17 for the listing of funds, APIR codes and minimum initial investment amounts.

| Fund Name | APIR Code | Minimum | Distribution Options (Select (X) one per Fund) ² | |
|-----------------|-----------|-------------------------|---|--------------|
| T diffd T diffe | | Investment ¹ | Reinvest | Cash Payment |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |

¹ The minimum initial investment is listed in section 17.

Copia may, in its absolute discretion, refuse any application for units. Persons external to Copia or other entities who market Copia products are not agents of Copia but are independent investment advisers. Copia will not be bound by representations or statements which are not contained in information disseminated by Copia. Application monies paid by cheques from investment advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act 2001 (Cth).

Target Market Determination

| Before investing in a Fund, investors should ensure they meet the description of the Fund's Target Market as outlined in its Target Market Determination (TMD). TMDs for each Fund are available from your financial adviser, our Client Services team or on our website. |
|---|
| 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. Is your minimum investment timeline 5 years or more? |
| Yes |
| □ No |
| 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 |
| Extremely high |
| |

 $^{2\} Nominate one distribution option per fund if applicable. If no nomination is made, distributions will be automatically re-invested.$

| 9 Target Market Determination (continued) |
|---|
| 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. |
| 10 Additional information |
| Only complete this section if: • any one of your addresses (residential, postal) or tax residency is outside Australia or New Zealand; and/or • you are investing \$1 million or more. |
| Investor 1 - Sole Trader |
| What is your country of citizenship? What is your occupation? (If retired, please provide prior occupation). |
| |
| If you are a sole trader, please provide details of your business activities. |
| |
| Which option best describes the primary means by which your total wealth is generated? |
| Incomefrom employment -regular and/or bonus Investment income (e.g. rent, dividends, pension) Business income |
| One-off payment (e.g. matured investment, court settlement, redundancy, inheritance) Sale of assets (e.g. shares, property) |
| Windfall (e.g. gift, lottery winnings) Borrowed funds Government benefits (e.g. family tax benefit) |
| Investor 2 - Joint Investor |
| What is your occupation? (If retired, please provide prior occupation). |
| |
| If you are a sole trader, please provide details of your business activities. |
| |

Which option best describes the primary means by which your total wealth is generated?

Incomefrom employment -regular and/or bonus Investment income (e.g. rent, dividends, pension) Business income
One-off payment (e.g. matured investment, court settlement, redundancy, inheritance) Sale of assets (e.g. shares, property)

Windfall (e.g. gift, lottery winnings) Borrowed funds Government benefits (e.g. family tax benefit)

Global Tax Reporting Requirements (CRS/FATCA)

Information about investors that are foreign tax residents must be reported to the Australian Taxation Office (ATO) in accordance with international tax reporting standards and laws to which Australia is subject. These include the OECD Common Reporting Standard (CRS) and United States Foreign Account Tax Compliance Act (FATCA). If you require further information on Australia's obligations under CRS or FATCA, please visit the ATO website www.ato.gov.au

Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in

| aTIN. | mber in the US. If a TIN is not provided, | please list one of the three reasons sp | ecified (A, B or C) for not providing |
|---------------------------------|---|---|---------------------------------------|
| Investor 1 Tax information - | please answer BOTH tax residency q | uestions | |
| Are you an Australian resident | t for tax purposes? Yes Yes | No | |
| Are you a tax resident of anoth | her country? | No | |
| | ountry other than Australia, please prov ne country, please list all relevant countr | | I) or equivalent below. If you are |
| 1. Country | | TIN | If no TIN, list reason A, B or C |
| 2. Country | | TIN L | If no TIN, list reason A, B or C |
| 3. Country | | TIN | If no TIN, list reason A, B or C |
| 4. Country | | TIN | If no TIN, list reason A, B or C |
| Reason B - I have not been issu | residency does not issue TINs to tax residued with a TIN. residency does not require the TIN to be | | |
| Investor 2 Tax information - | please answer BOTH tax residency q | uestions | |
| Are you an Australian resident | t for tax purposes? | No | |
| Are you a tax resident of anoth | her country? | No | |
| • | ountry other than Australia, please prov country, please list all relevant countrie | · · · · · · · · · · · · · · · · · · · | l) or equivalent below. If you are a |
| • | ountry other than Australia, please prov ne country, please list all relevant countr | , | I) or equivalent below. If you are |
| 1. Country | | TIN | If no TIN, list reason A, B or C |
| 2. Country | | _ TIN | If no TIN, list reason A, B or C |
| 3. Country | | TIN | If no TIN, list reason A, B or C |
| 4. Country | | TIN | If no TIN, list reason A, B or C |
| Reason B - I have not been issu | residency does not issue TINs to tax residued with a TIN. residency does not require the TIN to be | | |

| 12 Significant Investor Visa (if applic | rable) |
|---|--|
| | gnificant InvestorVisa application. For information on the Australian Government ing which of our Funds are compliant, please refer to our website. |
| 13 Customer identity verification | t complete this section. If you are lodging this application through a financial |
| adviser, they are reguired to provide us with copies of the iden | ntity verification documents. If you are not lodging this application through a copies of the identity verification documents. Please see below for a list of who can |
| Please provide either A or B A. A valid copy of one of the following documents: Australian driver's licence containing your photograph and Australian passport containing your photograph and A card issued under an Australian State or Territory B. If none of the above can be provided, please provide one | d signature; or |
| Group 1 A copy of one of the following documents: Australian birth certificate or birth extract; or Australian citizenship certificate; or Pension or Health care card issued by Centrelink or Department of Veterans' Affairs. | Group 2 (The document must contain your full name and current residential address as shown in section 3 of this application form) A copy of one of the following documents issued to you: a notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of services to you, e.g.: council rates notice electricity bill gas bill water rates notice telephone bill internet services bill a letter or notice issued within the preceding 12 months from a Commonwealth or State/Territory government department that records the provision of financial benefits to you, e.g.: • pension statement • rent assistance statement • mobility allowance statement • utilities allowance statement a letter or notice issued to you within the preceding 12 months from the ATO that records a debt or refund payable by or to you, e.g.: • notice of assessment • payment reminder |
| foreign passport, or similar travel document bearing | or B, please provide a valid copy of ONE of the following: g your signature and photograph; nt that contains your photograph, and either your signature or your unique |

foreign driver's license that contains your photograph. Please note:

- documents are required to be certified copies of the original;
- documents such as passports, driver's licences and other cards that have an expiry date must not have expired (however, only Australian passports that have expired within the preceding two years may be accepted);
- if any document is in a language other than English, then it must be accompanied by an English translation prepared by an accredited translator; and
- if any document is in a previous name, then it must be accompanied by evidence of the change of name (e.g. a marriage certificate)

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Customer identity verification (continued)

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 (eg postal agent, Justice of the Peace).

Sample wording

I, [full name], a [category of persons 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 documents?

| Financial corporations (bank, building society, credit union) | 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)) 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)) Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees |
|---|---|
| Post office | 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 Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public |
| JP | Justice of the Peace |
| Legal | 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) Judge of a court Magistrate Chief executive officer of a Commonwealth court Registrar or deputy registrar of a court Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) A person authorised as a notary public in a foreign country |
| Police | Australian police officer |
| Diplomatic service | Australian consular officer Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth)) |
| Accountant | • Member of the Institute of Chartered Accountants in Australia, Certified PractisingAccountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership |

Declaration and applicant(s) signature(s)

Please read the declarations below before submitting this application.

I/We declare that:

- I/we have received and accepted this offer in Australia;
- all details in this application (including all related documents provided) are true and correct and I/we indemnify the responsible entity of the fund(s) I/we am/are investing in against any liabilities arising from acting on any of the details or any future details provided by me/us in connection with this application which are deliberately false or misleading;
- I/we have received a copy of the current PDS and TMD and all information incorporated into the PDS to which this application applies and have read them and agree to the terms contained in them and to be bound by the provisions of the current PDS (including the incorporated information) and current constitution (each as amended from time to time);
- If I/we have received this PDS from the internet or other electronic means, that I/we have received it personally or a print out of it, accompanied by or linked to this application form;
- I/we have legal power to invest in accordance with this application and have complied with all applicable laws in making this application;
- unless alternative authority is notified to and accepted by Copia, the person/persons that has/have completed the application is/are authorised to operate the account on behalf of the investor and bind the investor for future transactions, including in respect of additional applications and withdrawals;
- the details of my/our investment can be provided to the adviser group or adviser named in this application;
- if investing as trustee, on behalf of a superannuation fund or trust I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993;
- in the case of superannuation funds with two or more trustees, the trustees agree that unless otherwise expressly indicated on this application form, either investor is able to operate the account and bind the other investor/s for future transactions, including additional deposits and withdrawals (including withdrawals by fax);
- if the application is made 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 should be submitted with the application unless we have already sighted it);
- I/we have read and understood BoardRoom's Terms of Use for the use of the online service and release and indemnify Copia from and against any liabilities whatsoever arising out of it acting on any communications received by BoardRoom under those terms or in connection with the use of the online service;
- By providing my email and/or mobile number, I agree to be notified of and receive important disclosure documents and communications electronically (which include via email, SMS, a link to a website, an application or other online channels);
- I/We agree that any notice, document or other information required to be given to me/us under law (or the agreement with you), including but not limited to Product Disclosure Statements, Financial Services Guides, periodic statements, confirmations of transactions and ongoing disclosures, may be given in one of the following ways (where permitted by law): (i) by sending it to an email address I/we have provided for me/us or my/our adviser; (ii) by sending me/us or my/our adviser an email or other electronic communication providing a website reference or hypertext link to the notice, document or information; or (iii) by making the notice, document or information available on the website or an application or other online facilities as notified to me/us or my/our adviser from time to time.
- I/we acknowledge that Copia does not guarantee the performance of the Fund(s) or the repayment of capital or any particular rate of return or any distribution;
- I/we acknowledge that Investments in the Fund(s) are subject to investment risk, including possible delays in repayment and loss of income or principal invested. Accordingly, the performance, the repayment of capital or any particular rate of return on your investments are not guaranteed by Copia;
- The Responsible Entity accepts no responsibility for any failure to receive application amounts or payments before or after the transaction date arising as a result of, among other things, processing of payments by financial institutions.

 In relation to my/our personal information:
- I/we acknowledge that I/we have read and understood the information relating to privacy and personal information contained in the relevant PDS and Additional Information Booklet (AIB);
- I am/We are aware that until I/we inform Copia otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) as described in the PDS and AIB and I/we have consented to my/our financial adviser providing such further personal information to Copia as is required or reasonably deemed necessary by Copia under applicable law. Any personal information provided about a third party (if any) in connection with this application has been provided with their knowledge and informed consent;
- I/we understand that if I/we fail to provide any information requested in this application form or do not agree to any of the possible uses or disclosures of my/our information as detailed in the PDS and AIB (except in relation to direct marketing), my/our application may not be accepted by Copia and I/we agree to release and indemnify Copia in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided.

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Declaration and applicant(s) signature(s) (continued)

| Refer to list of signatories in section 16 | | | | | |
|--|--|---|---|--|--|
| Investor 1/Sole T | rader | Investor 2 - Joint Investor | | | |
| | | | | | |
| Signature | | Signature | | | |
| Date | | Date | | | |
| Surname | | Surname | | | |
| Given name(s) | | Given name(s) | | | |
| Capacity | Director Company Secretary | Capacity | Director Company Secretary | | |
| | Primary Trustee (Individual) | | Secondary Trustee (Individual) | | |
| | | | COMPANY SEAL | | |
| to the application form Market Determination of any TMD and PDS of is Copia Investment Pa | bisclosure Statement (PDS) includes information about purcha in must also give the person access to the PDS and any incorpo in (TMD) and the Fund's Product Disclosure Statement (PDS) be an be obtained from your financial adviser, our Client Services artners Limited (ABN 22 092 872 056, AFSL 229316), referred cation form free of charge if you so request. | orated information. Eac efore making a decision s team or at copiapartn | h person should obtain and consider the Fund's Target about whether to make an investment in the Fund. A copy ers.com.au. The responsible entity of each of the Funds | | |

16 Signatories

The table below provides guidance on completing the 'Declaration and applicant(s) signature's section of the application form. Before signing the application form please ensure you have read the declaration.

| Type of investor | Names required | Signature required | TFN/ABN or exemption to be provided |
|--|--|---|--|
| Individual and/or Joint Investors | i. Full name of each Investor (please do not use initials). | Individual Investor; or each Joint Investor | Individual Investor; or each Joint Investor |
| Sole Trader | i. Full name of Sole Trader; and ii. Full business name. | Sole Trader | Sole Trader |
| If the investment is being made on behalf of other person | Name(s) of the responsible adult(s), as the Investor. | Adult(s) investing on behalf of the person/minor | Adult(s) |
| If the investment is being made under Power of Attorney (POA) Please ensure an original certified copy of the POA is attached to the application form. Each page of the POA must be certified. | i. Full name of each Investor(s) (as listed in section 3); and ii. Full name of person holding POA (underneath signature). | Person holding Power of Attorney. In the case that the POA document does not contain a sample of the POA's (i.e. Attorney's) signature, please provide a certified copy of either the POA's driver'slicence or passport containing sample of their signature. | Individual Investor; or each Joint Investor. |

Fund listing

Below is a listing of the Funds available for investment. Refer to section 8 to indicate your investment and distribution choices. If making your payment via electronic funds transfer for the Funds listed below, please use the following bank account:

Account Name: Boardroom Pty Ltd ITF COPIA Funds - Application A/C

BSB: 332-027 Account: 556074208 Reference*: <Investor Name>

*This reference allows us to confirm receipt of payment on our bank statement

| Fund Name | APIR | Minimum Investment | BPay Biller Code |
|---|-----------|--------------------|------------------|
| Artisan Global Discovery Fund | OPS8304AU | \$5,000.00 | 387837 |
| Chester High Conviction Fund | OPS7755AU | \$20,000.00 | 387852 |
| ECP Growth Companies Fund | OPS2991AU | \$20,000.00 | 387886 |
| HSBC Global Infrastructure Equity Fund (Hedged) | OPS8578AU | \$20,000.00 | 387688 |
| OC Dynamic Equity Fund | OPS0001AU | \$20,000.00 | 387928 |
| OC Micro-Cap Fund | OPS0004AU | \$5,000.00 | 387944 |
| OC Mid-Cap Fund | OPS0472AU | \$20,000.00 | 387985 |
| OC Premium Small Companies Fund | OPS0002AU | \$20,000.00 | 387902 |
| TT Global Environmental Impact Fund | OPS4597AU | \$5,000.00 | 387951 |
| Vertium Equity Income Fund | OPS1827AU | \$20,000.00 | 387969 |

18 Adviser use only

By signing this section, I declare that the attached document(s) are true copies of the document(s) used to satisfy the identity verification requirements and I have complied with my obligations under the Anti-Money and Counter-Terrorism Financing Act 2006. All details in section 11A are true and correct and I indemnify the responsible entity of the Fund(s) against any liabilities arising from acting on any of the information provided by me in connection with my clients application which are deliberately false or misleading.

| Adviser number | | | | | |
|-----------------------------|--|------------------------|--|--|--|
| Office name | | | | | |
| Surname | | | | | |
| Given name(s) | | Title (Mr/Mrs/Miss/Ms) | | | |
| Email | | Phone (business hours) | | | |
| Adviser group | | | | | |
| Adviser group AFSL | | | | | |
| Adviser signature | | | | | |
| | | | | | |
| Date | | | | | |
| Investment Link information | | | | | |
| ILGN (Group) | | | | | |
| Important notes | | | | | |

This application must not be handed to any person unless the relevant PDS and TMD and access to the information incorporated into the PDS is also being provided. Copia may in its absolute discretion refuse any application for units. Persons external to Copia or other entities who market Copia products are not agents of Copia but are independent investment advisers. Copia will not be bound by representations or statements which are not contained in information disseminated by Copia. Application monies paid by cheques from investment advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act 2001 (Cth). Personal information collected on this form will be handled in accordance with our privacy policy available on our website.