



## Application Form - Wentworth Williamson Stable Income Fund

This Application Form accompanies the Information Memorandum dated 26 April 2018 (IM) issued by Wentworth Williamson Management Pty Limited ACN 164 774 814 (Issuer) in its capacity as trustee of the Wentworth Williamson Stable Income Fund (**Fund**).

It is important that you read the IM in full and the acknowledgements contained in this Application Form before applying for Units.

Unless otherwise defined, capitalised terms used in this Application Form have the same meaning given to them in the IM.

Any person who gives another person access to this Application Form must at the same time and by the same means, give the other person access to the IM. The Offer to which the IM relates is only available to eligible Investors receiving a copy of the IM (electronically or otherwise) in Australia and any other jurisdiction where the Offer may lawfully be made. Unless the context requires otherwise, capitalised terms used in this Application Form have the meaning given to them in the IM.

### APPLICATION OPTIONS:

#### OPTION A: APPLY ONLINE AND PAY ELECTRONICALLY (RECOMMENDED)

Apply online at: <https://investor.automic.com.au/#/w/WWSIF>

- ✓ **Pay electronically:** Applying online allows you to pay electronically at the time of making your application.
- ✓ **Get in first, it's fast and simple:** Applying online is very easy to do, it eliminates any postal delays and removes the risk of your Application being potentially lost in transit.
- ✓ **It's secure and confirmed:** Applying online provides you with greater privacy over your instructions and is the only method which provides you with immediate confirmation that your Application has been successfully processed.



To apply online, simply scan the barcode to the right with your tablet or mobile device or you can enter the URL above into your browser.

#### OPTION B: STANDARD PAPER-BASED APPLICATION AND PAYMENT

Please complete this form in accordance with the instructions below.

##### 1. COMPLETE THIS APPLICATION FORM:

Please write in BLOCK letters, using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistake and initial your changes.

##### 2. CERTIFY AND PROVIDE THE IDENTIFICATION DOCUMENTS.

Please refer to Appendix A 'Identification and verification' and complete the relevant identification document attached to this Application Form.

##### 3. SEND YOUR DOCUMENTS TO OUR UNIT REGISTRY.

Return your Application Form and certified documents to:



**By Post:**  
Wentworth Williamson Fund  
C/- Automic Group  
GPO Box 5193  
SYDNEY NSW 2001



**By Hand Delivery:**  
Wentworth Williamson Fund  
C/- Automic Group  
Level 5, 126 Phillip Street  
SYDNEY NSW 2000

OR.. Save time and apply  
online:

[See details above](#)

#### 4. MAKE YOUR PAYMENT.

To make payment, please return your Form with your email provided in section 1.2. When your Application is processed by our unit registry you will be sent an automated email confirmation which will provide you with your personalised payment instructions to make your payment.



**IMPORTANT:** You must ensure that you use the unique payment ID that is provided in this confirmation otherwise we may not be able to identify your funds and your application will be rejected.

#### ASSISTANCE:

Need help with your Application, then please contact us on:



**PHONE:**

1300 288 664 within Australia  
+61(2) 8072 1400 from outside Australia



**LIVE WEBCHAT:**

Go to [www.automicgroup.com.au](http://www.automicgroup.com.au)

#### 1. INVESTMENT DETAILS

**1.1 Investment Amount:** I/We apply to invest in the Wentworth Williamson Fund (enter amount below)

Minimum of A\$100,000

\$A  ,  ,  .

**1.3 SOURCE OF INVESTMENT FUNDS:** Please specify below the source of funds being used to make this investment

<input type="checkbox"/> Gainful employment	<input type="checkbox"/> Inheritance / gift	<input type="checkbox"/> Business activity
<input type="checkbox"/> Superannuation savings	<input type="checkbox"/> Financial investments	
<input type="checkbox"/> Other – Please specify:	<input type="text"/>	

**1.4 PURPOSE OF INVESTMENT:** Select below the option which best represents the purpose of your investment

<input type="checkbox"/> Savings	<input type="checkbox"/> Growth	<input type="checkbox"/> Income
<input type="checkbox"/> Retirement	<input type="checkbox"/> Business account	

#### 2. INVESTOR DETAILS

To comply with Australia’s Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) legislation, we must confirm the identity of each investor and collect certain information from prospective investors and their beneficial owners supported by certified copies of relevant identification documents (listed below).

If the Investment Manager is not able to do so, it may not be able to accept your application.

##### 2.1 Please provide your email address in the box below.

When your Application is processed by our unit registry you will be sent an automated email confirmation which will provide you with your personalised payment instructions to make your payment.

Email Address:

By providing your email address, you elect to receive all communications electronically (where legally permissible).

## 2.2 INVESTOR DETAILS: INDIVIDUALS

Please complete if you are investing individually, jointly or you are an individual or joint trustee.

INVESTOR 1:

Title  First Name(s)

Surname

Date of Birth  /  /

Address: Unit / Street Number / Street name

Suburb  State

Postcode  Country

INVESTOR 2:

Title  First Name(s)

Surname

Date of Birth  /  /

Address: Unit / Street Number / Street name

Suburb  State

Postcode  Country

Select the primary address for the investment account – only 1 address can be made the primary address. If no selection is made or the selection is invalid, the investor 1 address will be applied.

Investor 1 address above is the primary address

Investor 2 address above is the primary address

### TAX DETAILS:

If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or exemption code. If you are an Australian resident and do not provide your TFN, or exemption code, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN or Exemption Code (Investor 1)

TFN or Exemption Code (Investor 2)

Non-Australian residents: If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes.

Foreign tax domicile (Investor 1)

Foreign tax domicile (Investor 2)

SOLE TRADERS – Additional Information required if a Sole Trader

Full Business Name

Australian Business Number (ABN)

If there are more than two individual investors, please provide the full name, date of birth, and residential address of each on a separate sheet and attach to this Form

### IDENTIFICATION DOCUMENTS:

Please refer to Appendix A at the end of the Application Form for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select one of the following options to verify each investor.

Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or

Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

## 2.3 INVESTOR DETAILS: COMPANY/CORPORATE TRUSTEE

Complete this section if you are investing for, or on behalf of, a company.

Full Company Name

Country of Formation, Incorporation or Registration

ARBN (if registered with ASIC)

ACN/ABN (if registered in Australia)

Tax File Number or Exemption Code (Australian residents)

AFS Licence Number (if applicable)

Name of Regulator (if licenced by an Australian Commonwealth, State or Territory statutory regulator)

Registered Business Address

Suburb

State

Postcode

Country

Principal Place of Business (not a PO Box address)

Suburb

State

Postcode

Country

If an Australian Company, registration status with ASIC.

Proprietary Company

Public Company

If a Foreign Company, registration status with the relevant foreign registration body

Proprietary Company

Public Company

Other - Please Specify

Name of Relevant Foreign Registration Body

Foreign Company Identification Number

Tax File Number or Exemption Code (Australian residents)

AFS Licence Number (if applicable)

Is the Company Listed?

No

Yes - Name of Market/Stock Exchange

Is the Company a majority-owned subsidiary of an Australian listed company?

No

Yes - Name of Australian Listed Company

- Name of Market/Stock Exchange

DIRECTORS OF THE COMPANY/CORPORATE TRUSTEE

If the company is registered as a proprietary company by ASIC or a private company by a foreign registration body,

please list the name of each director of the company.

Director 1 - Full Name

Director 2 - Full Name

Director 3 - Full Name

Director 4 - Full Name

Director 5 - Full Name

Director 6 - Full Name

**BENEFICIAL OWNERS OF THE COMPANY/CORPORATE TRUSTEE**

Please provide details for those persons own or control more than 25% of the company. If a Beneficial Owner is a company or trust and not an individual, please contact the Investment manager to request a separate form to provide further details on the company or trust.

Beneficial Owner 1:

Title First Name(s)

Surname

Date of Birth

**Residential Address (not a PO Box):**

Suburb

State

Postcode

Country

Beneficial Owner 2:

Title First Name(s)

Surname

Date of Birth

**Residential Address (not a PO Box):**

Suburb

State

Postcode

Country

Beneficial Owner 3:

Title First Name(s)

Surname

Date of Birth

**Residential Address (not a PO Box):**

Suburb

State

Postcode

Country

Beneficial Owner 4:

Title First Name(s)

Surname

Date of Birth

**Residential Address (not a PO Box):**

Suburb

State

Postcode

Country

IDENTIFICATION DOCUMENTS:

Please refer to Appendix A at the end of the Application Form for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application.

Select one of the following options to verify a company

- Perform a search of the ASIC database (unit registry to perform on behalf of the investor); or
- Provide a certified copy of the certification of registration issued by ASIC or the relevant foreign registration body

Select one of the following options to verify the Officeholders who have signed the Application Form and Beneficial Owners identified above.

- Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or
- Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

**2.4 INVESTOR DETAILS: TRUST/SUPERANNUATION FUND**

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund.

**Please note: SMSF's do not have to complete under AUS law.**

Full Name of Trust/Superannuation Fund

Country of Establishment

Tax File Number or Exemption Code

Australian Business Number (if any)

TYPE OF TRUST

(Please tick ONE box from the list below to indicate the type of Trust and provide the required information)

Type A:  Regulated Trust (e.g. self-managed superannuation fund)

Name of regulator (e.g. ASIC, APRA, ATO)

Registration/Licensing details

Type B:  Government Superannuation Fund

Name of the legislation establishing the fund

Type C:  Foreign Superannuation Fund

Name of regulator

Registration/Licensing details

Type D:  Other Type of Trust/Unregulated Trust

Trust Description (e.g. family, unit, charitable)

If **Type C or D**, please complete the below Beneficiary details. Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

**Yes**

Describe the class of beneficiaries below (e.g. unit holders, family members of named person, charitable purposes)

No

Provide the full names of each beneficiary in respect of the trust:

Full given name(s)                      Surname

- 1.
- 2.
- 3.
- 4.
- 5.

If a trustee is an individual, please also complete Section 2.2. If a trustee is a company, please also complete Section 2.3.

IDENTIFICATION DOCUMENTS:

Please refer to Appendix A at the end of the Application Form for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

For Trusts identified as Type A & Type B – select one of the following options to verify the Trust.

Perform a search of the relevant regulator’s website e.g. ‘Super Fund Lookup’ (unit registry to perform);

Provide a copy of an offer document of the managed investment scheme e.g. a copy of a Product Disclosure Statement; or

Provide a copy of the legislation establishing the government superannuation fund sourced from a government website.

For Trusts identified as Type C & Type D – select one of the following options to verify the Trust.

Provide a certified copy or a certified extract of the Trust Deed containing the cover page, recitals and signature page;

Provide an original letter from a solicitor or qualified accountant that confirms the name of the Trust; or

Provide a notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).

For Trusts identified as Type C & Type D – select one of the following options to verify the Beneficiaries and the Beneficial Owners identified in Section 5.7.

Provide a certified copy of a driver’s licence that contains a photograph of the licence/permit holder; or

Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

AND relevant identification documents for the trustee as specified in Section 2.1 or 2.2 (as applicable).

### 3. CONTACT DETAILS

**3.1 EXISTING ACCOUNT:** Please provide contact details below for the primary account contact

Contact Name

Contact Telephone Number

### 4. DIRECT CREDIT PAYMENT INSTRUCTIONS

Please provide your EFT details below for all cash payments

Payments will only be made electronically. We will not make any payments into third party bank accounts.



**PLEASE NOTE:** Distribution payments will be made by EFT only to Australian resident investors that hold an account with an Australian bank. Overseas registered investors may also provide EFT instructions if they hold an account with an Australian bank.

BSB

-

Account Number



**DO NOT USE YOUR CARD NUMBER**

If you are unsure of your BSB or account number, please check with your bank, building society or credit union

Name in which the account is held (e.g. John Smith)

## DISTRIBUTION INSTRUCTIONS:

Would you like your distribution reinvested as additional Units? [yes] / [no]

Reinvest in Full participation

## 5. TAX DECLARATION (FATCA AND CRS)

The certification is being used to comply with the U.S. Foreign Account Tax Compliance Act (FATCA) and OECD Common Reporting Standards (CRS).



**IMPORTANT:** Failure to complete this section will result in your Application being rejected.

Australia is a participant in the Automatic Exchange of Information (AEOI) regime concerning the automatic exchange of financial account information with foreign jurisdictions. The regime aims to address tax evasion at a global level. The relevant laws are the Foreign Account Tax Compliance Act (FATCA) in the case of exchange by Australia with the United States of America (U.S.) and the Common Reporting Standard (Standard) in the case of exchange by Australia with other countries that have implemented the Standard. The Standard commenced operation in Australia on 1 July 2017.

Further information about this regime is available at the website URL shown below:

<https://www.ato.gov.au/General/International-tax-agreements/In-detail/International-arrangements/Automatic-exchange-of-information---CRS-and-FATCA/>

As a result of Australia's participation in the regime applicants must certify their country of tax residency. Where required the information will be reported to the Australian Taxation Office (ATO) which will report to various global tax authorities.

If you are unable to complete this form, please seek appropriate advice relating to the tax information required.

The account holder is the persons listed or identified as applicant in Section 2 (Account Holder).

The Account Holder's Country of Tax Residence, Taxpayer Identification Number (TIN) or Tax File Number (TFN), Global Intermediary Identification Number (GIIN), FATCA Status, CRS Status and Controlling Persons (includes Beneficial Ownership details) must be provided in this section. If the person opening the account is not a Financial Institution and is acting as an intermediary, agent, custodian, nominee, signatory, investment advisor or legal guardian on behalf of one or more other account holders, this form must be completed by or on behalf of that other person who is referred to as the Account Holder.



### PLEASE NOTE – If you are applying:

- As an Individual/Joint Investors/Sole Trader please complete Section 5.1 and 5.6.
- All other types of entities please complete Sections 5.2, 5.3, 5.4, 5.5, 5.6 and 5.7 (if required).
- SMSF's not to complete under AUS Law.

## 5.1 TAX RESIDENCE – INDIVIDUAL/SOLE TRADER

### 5.1.1 INVESTOR 1: Provide all jurisdictions where the investor is a tax resident

If no TIN is available, please select one of the reasons below against the appropriate country.

- Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number
- Reason C – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Country of Tax Residence	TIN/TFN	Reason if no TIN:		
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>



I certify the tax residence countries provided represent all countries in which I am considered a tax resident.  
 If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

Is the account holder a U.S. Person? A U.S. person includes a U.S. citizen or resident alien of the U.S. even if residing outside the U.S.

Yes - If 'Yes', the Account Holder's U.S. country of residence and U.S. Tax Identification Number must be provided above.  
 No

*(If Joint Investor, please also complete section 5.1.2)*

**5.1.2 INVESTOR 2:** Provide all jurisdictions where the investor is a tax resident

If no TIN is available, please select one of the reasons below against the appropriate country.

- Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number
- Reason C – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:		
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.  
 If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

Is the account holder a U.S. Person? A U.S. person includes a U.S. citizen or resident alien of the U.S. even if residing outside the U.S.

Yes - If 'Yes', the Account Holder's U.S. country of residence and U.S. Tax Identification Number must be provided above.  
 No

**5.2 ACCOUNT HOLDER'S GIIN – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES**

Account Holder's GIIN (if any)

Sponsoring Entity's Name (if the Account Holder is a sponsored entity, please provide the sponsor's GIIN)

### 5.3 TAX RESIDENCE – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

**Provide all jurisdictions where the Account Holder is a tax resident**

If no TIN is available, please select one of the reasons below against the appropriate country.

- Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number
- Reason C – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	A	B	C
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	A	B	C
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	A	B	C
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You certify the tax residence countries provided represent all countries considered a tax resident.  
 If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

### 5.4 FATCA STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

Is the Account Holder a specified U.S. person?

Yes Provide a U.S. Taxpayer Identification Number (TIN):  *(Proceed to Section 5.5)*

No *(Continue the non U.S Person Certification below)*

**Non U.S Person Certification**

Select only a single category. Select a classification that matches your FATCA status:

- Exempt Beneficial Owner (includes self-managed superannuation fund) *(Proceed to Section 5.5)*
- Active NFFE *(Proceed to Section 5.5)*
- Passive NFFE *(Complete Section 5.5 and 5.7)*
- Direct Reporting NFFE *(Provide GIIN in Section 5.2 then proceed to Section 5.5)*
- Participating FFI *(Provide GIIN in Section 5.2 then proceed to Section 5.5)*
- Local/Partner Jurisdiction FFI *(Provide GIIN in Section 5.2 then proceed to Section 5.5)*
- Deemed-Compliant FFI. Select deemed-complaint category:
  - Passive NFFE *(Complete Section 5.5 and 5.7)*
  - Direct Reporting NFFE *(Provide GIIN in Section 5.2 then proceed to Section 5.5)*
  - Participating FFI *(Provide GIIN in Section 5.2 then proceed to Section 5.5)*
  - Local/Partner Jurisdiction FFI *(Provide GIIN in Section 5.2 then proceed to Section 5.5)*

- Nonparticipating FFI *(Proceed to Section 5.5)*
- Sponsored Direct Reporting NFFE *(Provide GIIN and Sponsor’s name in Section 5.2 then proceed to Section 5.5)*
- Other – describe the FATCA status *(Proceed to Section 5.5)*

## 5.5 CRS STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

Is the entity an Investment Entity managed by another Financial Institution?

- Yes - If any tax residence country provided is not a participating CRS jurisdiction, then complete Section 5.6 and 5.7
- No (*Proceed to the NFE section that follows below*)

If the Account Holder is a Non-Financial Entity (NFE), select a classification that matches your CRS status:

- Non-Reporting Financial Institution (*Proceed to Section 7*)
- Other Active NFE (*Proceed to Section 7*)
- Passive NFE (*Complete Section 6.7*)
- Government Entity, International Organisation and Central Bank (*Proceed to Section 7*)
- A corporation, the stock of which is regularly traded on an established securities market

Name of Securities Market:

Name of Related Entity:

(*Proceed to Section 7*)

- Other – describe the CRS status (*Proceed to Section 7*)

## 5.6 DECLARATIONS AND SIGNATURE

- You acknowledge and agree that information contained in this form and information regarding the account(s) set out above may be reported to the Australian Taxation Office (ATO) as required under the relevant laws and the ATO may provide the information to the country or countries in which I/We/Account Holder am/are/is resident for tax purposes.
- You undertake to advise the relevant trustee/ Authorised Intermediary and/or their relevant agent of any change in circumstances which causes the information contained herein to become incorrect and to provide them with a suitably updated certification within 30 days of such change in circumstances.
- You certify that you are the Account Holder (or I/you are authorised to sign for the Account Holder) of all the account(s) to which this form relates.
- You declare that all statements made on this form/in this declaration are, to the best of my/our knowledge and belief, true correct and complete.

Signature

Name of Signer

Capacity in which Signing (if not signed by account holder)

Date

Signature

Name of Signer

Capacity in which Signing (if not signed by account holder)

Date

## 5.7 CONTROLLING PERSONS (INCLUDES BENEFICIARY DETAILS UNDER SECTIONS 2.3 AND 2.4)

If there is a change in Controlling Persons/Beneficial Ownership, please submit an updated form within 30 days

<input type="checkbox"/> CONTROLLING PERSON 1	AND/OR	<input type="checkbox"/> BENEFICIAL OWNER 1	
First Name	Family Name/Surname		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Current Residential Address			
<input style="width: 100%;" type="text"/>			
Suburb	State	Postcode	Country
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
DOB (DD/MM/YYYY)	City/Town of Birth	Country of Birth	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Provide all jurisdictions where the Account Holder is a tax resident

If no TIN is available, please select one of the reasons below against the appropriate country.

- Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number
- Reason C – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

You certify the tax residence countries provided represent all countries considered a tax resident.

If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

<input type="checkbox"/> CONTROLLING PERSON 2	AND/OR	<input type="checkbox"/> BENEFICIAL OWNER 2	
First Name	Family Name/Surname		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Current Residential Address			
<input style="width: 100%;" type="text"/>			
Suburb	State	Postcode	Country
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
DOB (DD/MM/YYYY)	City/Town of Birth	Country of Birth	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Provide all jurisdictions where the Account Holder is a tax resident

If no TIN is available, please select one of the reasons below against the appropriate country.

- Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number
- Reason C – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

You certify the tax residence countries provided represent all countries considered a tax resident.

If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

If there are more than 2 Controlling Persons or Beneficial Owners or Countries of Tax Residence, please provide the details on a separate page and attach to this Application Form.

## 6. FINANCIAL ADVISER DETAILS

Use this section to tell us about your registered financial adviser. If you change your financial adviser, it's important to let us know immediately.

**6.1 ADVISER AND DEALER GROUP:** This section is to be completed by your financial adviser



**NOTE:** The details below are to be completed by your financial adviser

Notice to financial adviser: by completing this section of the Application form, you are confirming that you are an ASIC registered financial adviser and hold a current Australian Financial Services Licence (AFSL).

Financial Adviser's full name

Financial adviser/authorised representative number (given by ASIC)

Dealer group name

AFS Licence number

ABN

Contact details

Phone number

Email address:

Financial Adviser's Signature

Date

**6.2 ADVISER ACCOUNT OPERATING AUTHORITY:** This section is to be completed the investor

Operating your account – do you want your financial adviser to be able to operate your account?

Yes

No

In general, an appointed financial adviser can do everything you can do with your investment, except appoint another person to operate your account. It is important to tell us promptly if you no longer wish your financial adviser to operate your account, or if your financial adviser changes. We will keep accepting their instructions until you or they advise us that the appointment has terminated.

We may suspend or terminate their appointment for any reason considered reasonable and may change the terms on which they operate your account. If no instruction is provided above, then your instruction will be deemed to be "no".

You indemnify us from any loss you or we suffer as a result of the actions of your appointed financial adviser and agree to ratify their actions if we ask.

## 7. WHOLESALE & PROFESSIONAL INVESTORS

To Investment in Wentworth Williamson Stable Income Fund as a wholesale or professional investor, investors need to qualify. A Wholesale or Professional investor generally need to fall within one of the categories below. If you don't fall into one of these categories please contact us, as a subject to the law we may still be able to accept your application.

### 7.1 HOW INVESTORS QUALIFY TO BE WHOLESALE OR PROFESSIONAL INVESTORS

The investor will choose, tick and provide the necessary documents;

- The Investor provides a **Qualified Accountant's Certificate** which certifies that the investor has net assets of at least \$2.5 million and/or gross income for each of the last two financial years of at least \$250,000. A Qualified Accountant's Certificate is included with the Application form.
- The investor is a company or trust controlled by someone who has a Qualified Accountant's Certificate.
- The Investor has or controls gross assets of at least \$10 million (including assets held by an associate or under a trust).
- The Investor holds an AFSL.
- The Investor is a body regulated by APRA (other than a trustee of a superannuation fund, an approved deposit fund, a pooled Superannuation fund or a public sector superannuation scheme).
- The Investor is a body registered under the Financial Corporations Act 1974.
- The Investor is a trustee of a superannuation scheme in circumstances where the fund, trust or scheme has net assets of at least \$10 million.
- The Investor is a listed entity or a related body corporate of a listed entity.
- The Investor is an exempt public authority.

## 8. DECLARATIONS, ACKNOWLEDGMENTS AND SIGNATURES

**8.1 DECLARATIONS AND ACKNOWLEDGEMENTS:** By signing this Application form, you (the applicant(s)) confirm:

- a) you have received, read, and understood the current IM and agree to be bound by the terms and conditions contained in the IM,
- b) monies deposited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association,
- c) you are not bankrupt or a minor,
- d) you acknowledge that due to anti-money laundering requirements, we may ask you to provide additional verification information before your Application can be processed which may result in delays in the processing of your Application with the application being processed at the applicable unit price at which such information has been received and verified and we will be held harmless and indemnified for any loss due to any delay or failure to process this Application,
- e) you authorise us to apply the TFN or ABN included on this Application form and authorise it to be applied to all further applications and redemptions in respect of any of our funds,
- f) you declare that all details provided on the Application form and in any verification information are true and correct and will hold us harmless and indemnify us for any loss due to the details and information provided being or ceasing to be true and correct,
- g) you agree to be bound by the constitution of the Fund and the IM as supplemented, replaced or re-issued from time to time, and,
- h) you consent to the handling of your personal information in accordance with the Privacy Act 1988 and relevant privacy policies.
- i) you consent to the IM Intermediary disclosing your personal information to any service providers, in relation to any identification and verification that the IM is required to undertake on you, as required under the AML/CTF Act. This shall include any information:
  - required by any third-party document verification service provider; and/or
  - provided to any third-party document verification service provider.

- j) you will promptly notify the Unit Registry of any change to the information you have previously provided, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in you;
- k) you consent to the IM and its agents disclosing any information it has in compliance with its obligations under the U.S. Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standards for Automatic Exchange of Financial Account Information (CRS) and any related Australian law and guidance implementing the same. This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the relevant tax authorities as required;
- l) you acknowledge that the collection of your personal information may be required by the 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. Otherwise, the collection of information is not required by law, but I/we acknowledge that if you do not provide personal information, the Authorised Intermediary may not allow you to invest in the Fund;
- m) you will provide the IM and its agents with all additional information and assistance that the Authorised Intermediary may request in order for the Authorised Intermediary to comply with the AML/CTF Law, FATCA and CRS;
- n) you acknowledge that the IM may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of investment in the Trust, if the Authorised Intermediary is concerned that the request or transaction may breach any obligation of, or cause the IM to commit or participate in an offence (including under the AML/CTF Law, FATCA and CRS);
- o) you understand that the IM reserves the right to reject any Application in its absolute discretion;
- p) you understand that an investment in the Fund is subject to investment risk, including the total loss of capital invested and there may be delays in the repayment of any capital invested;
- q) if, in this Application, you have authorised a financial adviser to operate your account, you agree to indemnify, release and hold harmless the Unit Registry, from and against any and all losses, liabilities, actions, claims, proceedings and demands arising from the unit registry or any of their related bodies corporate acting on the instructions of the financial adviser set out in this Application.

**7.2 SIGNING:** Applicants must sign in accordance with the instructions below in the boxes provided

INSTRUCTIONS – Who needs to sign this form:

Individual	Where the investment is in one name, the sole investor must sign.
Joint Holding	Where the investment is in more than one name, all investors must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.
Companies	Where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.
Trust	The trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.
Power of Attorney	If signing under a Power of Attorney and you have not already lodged the Power of Attorney document, please attach a certified copy of the Power of Attorney annotated with the following: I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of investor 1, director or authorised signatory

Please print full name

Date

/ /

Company officer (please indicate company capacity):

- Director
- Sole director and company secretary
- Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date

/ /

Company officer (please indicate company capacity):

- Director
- Company secretary
- Authorised signatory

## APPLICATION FORM – APPENDIX A

All copies of documents forwarded must be originally certified as a correct copy by a person who in the State or Territory of certification has the power to witness a Statutory Declaration.

Please note, that this must be the originally certified document marked with the ink or the signing certifier.

### People who can certify documents or extracts are:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>▪ A lawyer, being 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)</li><li>▪ A judge of a court</li><li>▪ A magistrate</li><li>▪ A chief executive officer of a Commonwealth court</li><li>▪ A registrar or deputy registrar of a court</li><li>▪ A Justice of the Peace</li><li>▪ A notary public (for the purposes of the Statutory Declaration Regulations 1993)</li><li>▪ A police officer</li><li>▪ An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li><li>▪ 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</li></ul> | <ul style="list-style-type: none"><li>▪ An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)</li><li>▪ An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)</li><li>▪ 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 1993)</li><li>▪ 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</li><li>▪ A member of the Institute of Chartered Accountants in Australia, CPA Australia or the Institute of Public Accountants with 2 or more years of continuous membership</li></ul> |
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