Transfer Request Form

for transferring to Individuals and Sole Traders

To transfer all or part of your units to another person or entity (this includes transfers by way of a gift), please ensure you complete the following steps:

- 1. Complete the Transfer Request Form attached with the details of the transferor(s)/seller(s) and transferee(s)/buyer(s).
- 2. Mail the following to Fidante Partners:
 - completed original Transfer Request Form;
 - completed, in full, relevant application form attached. The application form is to be completed by the transferee(s)/buyer(s); and
 - all the necessary identity verification documents of the transferee(s)/buyer(s) as outlined in the 'Identity Verification Form Individuals and Sole Traders' attached.

Please post all documentation to:

Fidante Partners Reply Paid 86049 Sydney NSW 2001 (No stamp required)

If you have any questions regarding how to transfer your investment, please contact your financial adviser or call our Investor Services team on 13 51 53.

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Transfer Request Form



PLEASE USE BLOCK LETTERS AI	ND BLACK INK TO COMPLETE THIS APPLICATION FORM details Office use only											
1. Italisteror(s)/seller(s)	Office use only											
Account number												
	1A. Investor 1/Company/Partnership or other entity											
Surname/Company/ Partnership name												
Full given name(s)												
Title (Mr/Mrs/Miss/Ms) Full business name	Date of birth											
(if applicable)												
	1B. Investor 2											
Surname/Company/ Partnership name												
Full given name(s)												
Title (Mr/Mrs/Miss/Ms)	Date of birth											
	1C. Account designation or full name of Company/Partnership or other entity											
	rovide name of the person for whom account is designated or full name registered with ASIC for ompanies.											
Full name												
	Transfers of N (brusser(s) datasile											
2. Transferee(s)/buyer(s)	i) details											
Transfer to my existing accou	ant number (if applicable)											
Account number												
☐ Individual ☐ Joint	Superannuation Company Trust											
	2A. Investor 1/Company/Partnership or other entity											
Surname/Company/												
Partnership name												
Full given name(s)												
Title (Mr/Mrs/Miss/Ms) Full business name (if applicable)	Date of birth											
(ii applicable)	2B. Investor 2											
Surname/Company/ Partnership name												
Full given name(s)												
Title (Mr/Mrs/Miss/Ms)	As) Date of birth											
	2C. Account designation or full name of Company/Partnership or other entity											
	Provide name of the person for whom account is designated or full name registered with ASIC for companies.											
Full name												

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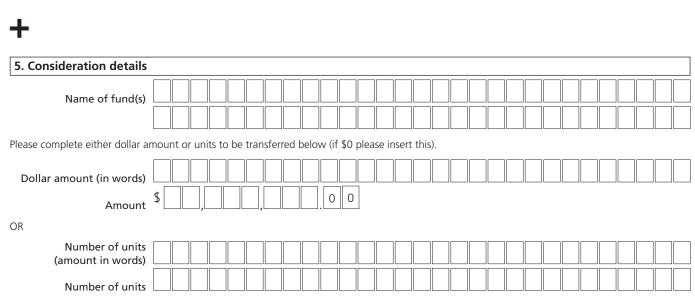
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	. Transferee(s)/buyer(s) contact details	
	3A. Investor 1/Company/Partnership or other entity	3B. Investor 2

3. Hansteree(s)/ Bayer(s)																														
	34	۱. In	nvestor 1/Company/Partnership or other entity												3B. Investor 2															
	Res	ider	ntial	ado	dress	s (m	ust	not	t be	аP	O I	Вох))						ss () dress			ox if	ad	dre	ss is	the	sar	ne a	s th	e
C/- (if applicable)																														
Unit number																														
Street number																														
Street name																														
Suburb																										╬				
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Country															L									L	Ļ	L				
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Phone (business hours)				L	Ļ	<u> </u>	ļL	ļ											ļL				ļL	ļĻ		[_			
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Facsimile																														
Email																														
4. Tax information																														
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	take	en oi	ut o	f you	ır di	strib	utio	ns a	at th	ne h	igh	est r	nar	gina	ıl tax	x ra	ate (p	olus	Med	icare	e lev	y).	ı yo	u ue	ciue	= 110	. 10,	tax	IIIa	, ne
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	п у	ou a	ire a	re an overseas investor, please indicate your country of residen											uen	Le TO	זכ נם	x b	urp	ose:	›.]	7	7	1						

N	on-	resi	den	ts																		
lf y	If you are an overseas investor, please indicate your country of residence for tax purposes.																					

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The number of units which aggregate the consideration at the first price determined by the manager at the redemption price for units in the Trust after the date of this transfer. If the number does not exactly equal the consideration then the number will be rounded down.

6. Declaration and signatures

Please note that joint investments must be signed by both investors.

If you are a corporate investor, this form must be signed either by:

- two directors under seal;
- two directors;
- · director and company secretary; or
- a sole director/sole secretary (where applicable).

Please state your name and role in the company beneath your signature (e.g. Director, Company Secretary, Sole Director).

Where signing under Power of Attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the Power of Attorney, including the appointed Power of Attorney's signature, must be lodged with this form if it has not previously been supplied.

6A. Declaration and signature of transferor(s)/seller(s)

I/We, as the registered holder(s) and undersigned transferor(s)/seller(s) for the above consideration noted in section 5:

- transfer to the transferee(s)/buyer(s) the units held in my/our name(s) in the register of the above fund(s).
- agree that this transfer is subject to the same conditions on which I/we held them at the time of signing this transfer.

_			
Investor 1	Signature	Date Date	
	Surname		
	Given name(s)		
	Capacity	Sole Director Secretary	Company seal
Investor 2			
	Signature	Date /	
	Surname		
	Given name(s)		
	Capacity	Director Secretary	Company seal





6B. Declaration and signature of transferee(s)/buyer(s)

I/We, the transferee(s)/buyer(s):

- agree to accept the above units subject to the same conditions as applicable to the transferor(s)/seller(s) and acknowledge being bound by the provisions of the constitution(s) of the fund(s).
- confirm that I/we have received and read a copy of the current Product Disclosure Statement for the fund(s).

Investor 1			
	Signature	Date Date	<u> </u>
	Surname		
	Given name(s)		
	Capacity	Sole Director Secretary	Company seal
Investor 2			
	Signature	Date /	
	Surname		
	Given name(s)		
	Capacity	Director Secretary	Company seal

Please forward the completed form and the relevant application form and identity verification documentation for the transferee(s)/buyer(s) to:

Fidante Partners Reply Paid 86049 Sydney NSW 2001 (no stamp required)





Application Form for Individuals and Sole Traders

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS APPLICATION FORM																													
1. Investment details																													
Oo you have an existing investment in a managed fund for which Fidante Partners is the responsible entity?																													
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Existing account number																													
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No ▶ Please proceed to s	sectio	on 2.																											
2. Investor type																													
What type of investor(s) are	you	?																											
							s; or																						
	Sole trader ► If you conduct a business alone, without a partner, then you are classified as a sole trader regardless of whether or not you have employees working for you.																												
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3. Investor name																													
	34	BA. Investor 1 or sole trader																											
																												7	
Surname		Щ					<u></u>		Ļ	_ _		Ļ		Ļ	<u> </u>	<u></u>		Ļ	Ļ		<u> </u>			Ļ	Ļ	Ļ	Ļ	뉴	뉴
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Title (Mr/Mrs/Miss/Ms)																	Dat	e of	bir	th L		/			_//			الــ	JL
Registered Business name																													
of company trustee																												1	
(if applicable)][JL	JL][][JL		<u> </u>	
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Title (Mr/Mrs/Miss/Ms)			.L														Dat	e of	bir	th L		/		<u> </u>	/	L		JL	
	30	Bu	usin	ess	na	me	of	sole	e tr	ade	er (if	fap	pli	abl	e)														
		Provide the name of the person for whom the investment is being made (if applicable). Please note we do not accept																											
		investments from people under 18 years of age; however investments may be designated on their behalf. As is provided under the relevant constitution for the Funds in which you are investing, Fidante Partners is only required																											
		to act on instructions from the investors listed in 3A and 3B. Fidante Partners is not bound to take any notice of any																											
	inte	erest	of a	any p	oerso	on li	sted	in 3	C.																				
Curnomo																													
Surname						Ï			ï		i		ï	ï					ï	ï	╁			╬		一	╦	詍	┰
Full given name(s)	Щ	Щ	L																									JL	
Title (Mr/Mrs/Miss/Ms)																													

Each Product Disclosure Statement (PDS) listed on page 13 of this form includes information about purchasing units in the relevant Fund. Any person who gives another person access to the application form must also give the person access to the PDS and any incorporated information. You should read the PDS and any incorporated information before completing this application form. The responsible entity of each of the Funds is Fidante Partners Limited (ABN 94 002 835 592, AFSL 234668) or Fidante Partners Services Limited (ABN 44 119 605 373, AFSL 320505) (Fidante Partners). Fidante Partners or a financial adviser who has provided an electronic copy of the PDS and any incorporated information, will send you a paper copy of the PDS and any incorporated information and application form free of charge if you so request.

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4. Contact details														
	4A. Inve	estor 1 or sole t	rader	4B. Investor 2 (for joint investments) or sole trader's business address										
	• investor	•	not be a PO Box) for: omplete 4B)	 Residential address (must not be a PO Box) for investor 2; or Principal place of business for sole trader 										
				Cross (X) this box if address is the same as the address in 4A.										
Unit number														
Street number														
Street name														
Suburb														
State														
Postcode														
Country														
		untry of residenc		v Zealand, please also complete the Identity Verification										
Phone (after hours)														
Phone (business hours)														
Mobile														
Facsimile														
Email														
5. Postal address														
If your postal address is the	same as th	he address in secti	on 4A, please cross (X) this bo	x. This is the address where all correspondence will be sent.										
C/- (if applicable)														
Unit number		S	treet number	PO Box										
Street name														
Suburb														
State		Posto	ode	Country										
6. Tax information														
	6a. Inve	stor 1 or sole t	rader	6b. Investor 2 (for joint investments)										
ABN				TFN LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL										
TFN			Tax exe	emption										
Tax exemption														
	taken out o	of your distribution	u choose not to give your TFN ons at the highest marginal tax r	or exemption reason, but if you decide not to, tax may be rate (plus Medicare levy).										
		-residents												
	It you are	an overseas inve	stor, please indicate your co	ountry of residence for tax purposes.										

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7. Income distributions										
Please indicate how you would like your income distributions to be paid by crossing (X) one box only. If this is a new is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. The distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distributio	re may be periods in which no									
Please reinvest my/our income distributions into the Fund.										
Please credit my/our nominated bank account provided in section 9 with my/our income distributions.										
8. Investment allocation										
Please indicate how you will be making your initial investment, provide name of Fund(s) you wish to invest in and the minimum initial investment is \$10,000 or \$1,000 when a Regular Savings Plan is set up. For individuals or join have an existing investment in a managed fund for which Fidante Partners is the responsible entity and ar more, please also complete the Identity Verification Form – Individuals and Sole Traders.	nt investors, if you do not									
und code ¹ Fund Name Initial investment Regular Savings Plan (minimum \$100 per month)										
\$,, , , , , , , , , , , , , , , , , ,	\$ 00									

¹ Fund codes are available from the table on page 13 of this form.





9. Nominated bank account (must be with an Australian financial institution)

Please provide details of the bank account you wish us to debit if you are making your investment via direct debit. Unless requested otherwise, this will also be the bank account we credit with any withdrawal proceeds and/or distributions if you requested these to be paid to you and not reinvested. Please note, if you make a withdrawal within the first three months of making your investment, we will only pay the withdrawal proceeds to the account that was debited when making the investment. You may nominate a third party bank account and all bank account holders must sign this section. By providing your nominated account details in this section you authorise Fidante Partners to use these details for all future transaction requests that you make until notice is provided otherwise.

Institution																					
Branch																					
Account name																					
/ teesane name																					
Branch number (BSB)		_			<u> </u>							Ac	cou	nt n	um	ber					

I/We request Fidante Partners Limited (ABN 94 002 835 592, AFSL 234668) (User ID No. 216559) and/or Fidante Partners Services Limited (ABN 44 119 605 373, AFSL 320505) (User ID No. 409056) (Fidante Partners), until further written notice is given to Fidante Partners from me/us, to debit my/our account described above, any amounts which Fidante Partners may direct debit or charge me/us through the Bulk Electronic Clearing System. I/We understand and acknowledge that:

- 1. The bank/financial institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate, and at any time by notice in writing to me/us, terminate this request as to future debits.
- 2. Fidante Partners may, by prior arrangement and notice to me/us, vary the amount or frequency of future debits.
- 3. The bank/financial institution will provide to me/us upon request general descriptive information of the kind referred to in sections 13.1 and 13.2 of the Code of Banking Practice, concerning the operation of accounts, banking facilities and cheques.
- 4. The information which I/we have provided on this form is accurate and not misleading and I am/we are aware that Fidante Partners is relying on it.
- 5. This direct debit arrangement is governed by the terms of the Bulk Electronic Clearing System Procedures and the Direct Debit Request Service Agreement (at the end of this form) which I/we have read and agreed to.

Bank account signatory 1		
Signature (please sign		Date / / / / / / / / / / / / / / / / / / /
Surname Given name(s)		
Capacity (company investments only)	Sole Director Director Secretary	
Bank account signatory 2		
Signature (please sign		Date / / / / / / / / / / / / / / / / / / /
Surname Given name(s)		
Capacity (company investments only)	Director Secretary	COMPANY SEAL
		(if applicable)

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10. Annual report
A copy of the annual report for the Fund will be provided on the Fidante Partners website www.fidante.com.au. Please cross (X) this box if you wish to receive a paper copy of the annual report for the Fund(s) in which you are invested in the mail. If you choose to have an annual report mailed to you, it will be mailed to the postal address provided in section 5 or your current address on file for existing investors.
11. Adviser service fee nomination
Indicate in this section whether an adviser service fee will be paid to your financial adviser. If this section is not completed no adviser service fee will be deducted. The adviser service fee is not available to New Zealand investors.

12. Declaration and applicant(s) signature(s) – (must be completed)

cancel this adviser service fee at any time by notifying us in writing.

Yes I request that Fidante Partners deducts an adviser service fee of

Have you negotiated an adviser service fee with your financial adviser?

No Please proceed to section 12.

Please read the declarations below before signing this form. The signatures required are detailed at the bottom of this form.

I/We declare that:

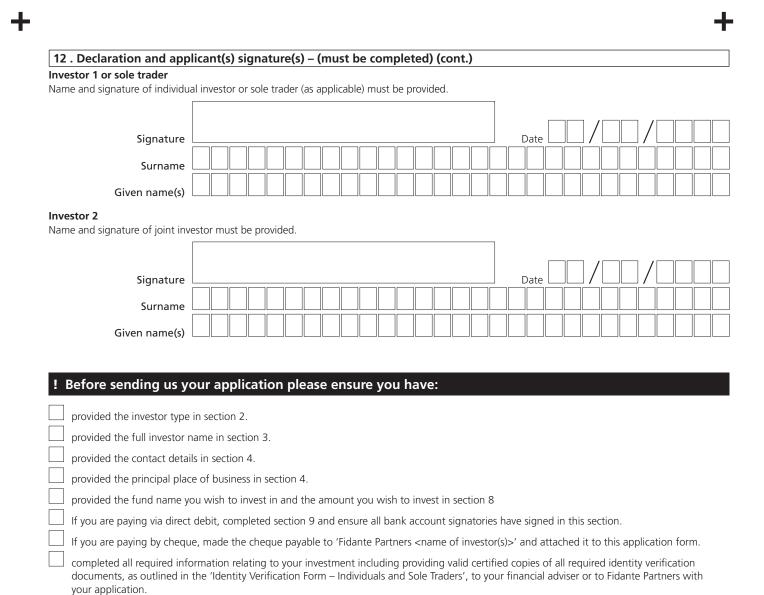
all details in this application (including all related documents provided) are true and correct and I/we indemnify the responsible entity of the fund(s)
I/we am/are investing in against any liabilities whatsoever arising from acting on any of the details or any future details provided by me/us in
connection with this application;

% p.a. (maximum of 1.1% p.a.) from the Fund. You may

- I/we have received a copy of the current PDS 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);
- · I/we have legal power to invest in accordance with this application and have complied with all applicable laws in making this application;
- I/we have received and accepted this offer in Australia;
- the details of my/our investment can be provided to the adviser group or adviser named at the end of this form or nominated by them by the
 means and in the format that they direct;
- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (an original certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it);
- sole signatories signing on behalf of a company confirm that they are signing as sole director and sole secretary of the company;
- unless alternative authority for signature is notified to and accepted by Fidante Partners, the person/persons that signs/sign this form is/are able to operate the account on behalf of the company and bind the company for future transactions, including in respect of additional deposits and withdrawals, including withdrawals by telephone and fax;
- 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;
- 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);
- I/we have read and understood the terms and conditions for the use of telephone and fax and release and indemnify Fidante Partners from and against any liabilities whatsoever arising out of it acting on any communications received by telephone and fax under those terms;
- I/we acknowledge that none of Fidante Partners, Challenger Limited, or any other member of Challenger Limited or any custodian or investment manager, guarantees the performance of the Fund(s) or the repayment of capital or any particular rate of return or any distribution.

In relation to your 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. I am/We are aware that until I/we inform Fidante Partners 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 I/we have consented to my/our financial adviser providing such further personal information to Fidante Partners as is required or reasonably deemed necessary by Fidante Partners 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 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
- 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 (except in relation to direct marketing), my/our application may not be accepted by
 Fidante Partners and we agree to release and indemnify Fidante Partners in respect of any loss or liability arising from its inability to accept an
 application due to inadequate or incorrect details having been provided.



read the declaration in section 12 and provided all relevant applicant(s) signature(s).

Important notes

This application must not be handed to any person unless the relevant PDS and access to the information incorporated into the PDS is also being provided. Fidante Partners may in its absolute discretion refuse any application for units. Persons external to Fidante Partners or other entities who market Fidante Partners products are not agents of Fidante Partners but are independent investment advisers. Fidante Partners will not be bound by representations or statements which are not contained in information disseminated by Fidante Partners. 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.

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12. Declaration and applicant(s) signature(s) – (must be completed) (cont.)

Fund name	Fund code	Date of current PDS	Responsible entity
Alphinity Global Equity Fund	567	1 March 2017	Fidante Partners Limited
Alphinity Wholesale Australian Equity Fund	246	1 March 2017	Fidante Partners Limited
Alphinity Wholesale Australian Share Fund	10	1 March 2017	Fidante Partners Limited
Alphinity Wholesale Concentrated Australian Share Fund	17	1 March 2017	Fidante Partners Limited
Alphinity Wholesale Socially Responsible Share Fund	22	1 March 2017	Fidante Partners Limited
Ardea Real Outcome Fund	428	1 March 2017	Fidante Partners Limited
Ardea Real Outcome Plus Fund	559	1 March 2017	Fidante Partners Limited
Ardea Wholesale Australian Inflation Linked Bond Fund	335	1 March 2017	Fidante Partners Limited
Bentham Professional Global Income Fund	505	1 March 2017	Fidante Partners Services Limited
Bentham Professional Syndicated Loan Fund	506	1 March 2017	Fidante Partners Services Limited
Bentham Wholesale Global Income Fund	359	1 March 2017	Fidante Partners Services Limited
Bentham Wholesale Global Income Fund NZD	486	1 March 2017	Fidante Partners Limited
Bentham Wholesale High Yield Fund	361	1 March 2017	Fidante Partners Services Limited
Bentham Wholesale Syndicated Loan Fund	360	1 March 2017	Fidante Partners Services Limited
Bentham Wholesale Syndicated Loan Fund NZD	487	1 March 2017	Fidante Partners Limited
Greencape Wholesale Broadcap Fund	177	1 March 2017	Fidante Partners Limited
Greencape Wholesale High Conviction Fund	178	1 March 2017	Fidante Partners Limited
Kapstream Wholesale Absolute Return Income Fund	204	1 March 2017	Fidante Partners Limited
Kinetic Wholesale Emerging Companies Fund	184	1 March 2017	Fidante Partners Limited
Merlon Wholesale Australian Share Income Fund	105	1 March 2017	Fidante Partners Limited
NovaPort Wholesale Microcap Fund	51	1 March 2017	Fidante Partners Limited
NovaPort Wholesale Smaller Companies Fund	19	1 March 2017	Fidante Partners Limited
SG Hiscock Professional Property Fund	352	1 March 2017	Fidante Partners Services Limited
SG Hiscock Wholesale Property Fund	357	1 March 2017	Fidante Partners Services Limited
SG Hiscock Wholesale Property Securities Fund	106	1 March 2017	Fidante Partners Limited
Tempo Global Equity Fund	495	1 March 2017	Fidante Partners Limited
WaveStone Dynamic Australian Equity Fund	290	1 March 2017	Fidante Partners Limited
WaveStone Wholesale Australian Share Fund	7	1 March 2017	Fidante Partners Limited

Fidante Partners Limited (ABN 94 002 835 592, AFSL 234668) Fidante Partners Services Limited (ABN 44 119 605 373, AFSL 320505)

42. Advissors subs																					
13. Adviser use only																					
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Adviser number				Ļ	<u> </u>	 	 <u> </u>	<u>ا</u> لــ	<u> </u>	_						Ļ		ᆜᆜ	ᆜᆜ	ᆜᆜ	
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Surname																		JL	ᆚᆫ	$_{ m L}$	
Given name(s)																				$_{ m L}$	
Title (Mr/Mrs/Miss/Ms)																					
		$\neg \Box$																			
Phone (business hours)																					
Adviser group																					
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Adviser group AFSL																					

Customer Identification Program

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 Laundering and Counter-Terrorism Financing Act 2006.

Adviser signature	ADVISER STAMP
Date / / / / / / / / / / / / / / / / / / /	
InvestmentLink information IL GN (Group)	

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14. Direct Debit Request Service Agreement

Debit arrangements

We will debit, through the Bulk Electronic Clearing System (BECS), payments in consideration for providing interests in one or more Fidante Partners' Funds. The Direct Debit Request details the terms of your debit arrangements including, among other things, the amount, the frequency, the expiry (if any) and the recipient of the funds. You should carefully read the Direct Debit Request to familiarise yourself with the details of your debit arrangements.

2. We advise you:

- (a) that direct debiting through BECS is not available on all accounts (e.g. passbook savings and credit card accounts are generally not acceptable);
- (b) to confirm the account details by checking a recent statement from your Financial Institution; and
- (c) that your Direct Debit Request must be signed in the same way as the account signing instruction held by your Financial Institution.
- If you are uncertain about any of these items please check with your Financial Institution before completing your Direct Debit Request.

3. You are responsible for:

- (a) checking with your Financial Institution prior to completing the Direct Debit Request, that direct debiting is available on that account; ensuring that the account you nominate has sufficient cleared funds available to pay each debit when it becomes due on the 15th of each month;
- (b) ensuring that the authorisation on the Direct Debit Request is identical to the account signing instruction held by the Financial Institution of the nominated account;
- (c) telling us if you close or change the account you nominated; and
- d) arranging a suitable alternate payment method if the direct debit arrangements are stopped, either by you or your Financial Institution.

4 Direct debit of funds

- (a) Debits may be effected any time on the due day and you must ensure that there are sufficient funds in your account to meet the direct debit.
- (b) Where the due date falls on a non-business day, we will deduct the amount on the next business day. If you are uncertain when the direct debit will be processed to your account, you should contact your Financial Institution directly.

5. Alteration or cancellation

- (a) You may terminate your Direct Debit Request, stop a drawing or request a change to the drawing amount and/or frequency at any time by giving written notice to us. Such notice should be received by us at least 10 business days prior to the due date, to process your request in time.
- (b) If we vary any of the debit arrangements either set out in this agreement or in the Direct Debit Request or otherwise we will provide you with 14 days prior written notice.

6. Dispute resolution

We have a customer claims process in place with all Financial Institutions if you believe that a debit has not been correctly processed. You should contact us first on 13 51 53 if you have a complaint regarding the amount or timing of any of our drawings. We will respond to your request within seven business days.

7. Fees

- (a) It is your responsibility to ensure you have a sufficient available balance in the nominated account to meet the direct debit on the due date.
- (b) Should sufficient cleared funds not be available to meet the total debit due, then we are authorised to direct debit an amount up to the available balance in the nominated bank account at that time. However, we are under no obligation to effect a reduced direct debit.
- (c) If a direct debit is not effected due to insufficient funds or where we choose to effect a reduced direct debit then your account will be adjusted and any charges incurred by us may be debited from your account.

8. Privacy

- (a) We will keep all information relating to your account private and confidential except to the extent that you consent to those details being disclosed or the law requires otherwise. You consent to us using or releasing your account information to investigate any possible incorrect debits with both your and our Financial Institutions.
- (b) We will take reasonable steps to protect personal information held by us against any unauthorised loss, access, use, modification or disclosure of that information.

9. Indemnity and liability

- (a) You indemnify us against all losses, costs, damages and due liability ('loss') that we suffer as a result of you breaching this agreement or you providing us with an invalid, ineffective or non-binding Direct Debit Request addressed to us or if for any other reason the instructions contained in a Direct Debit Request provided by you are not or cannot be performed. This indemnity includes, without limitation, legal costs and expenses on a full indemnity basis. This indemnity is a continuing obligation, separate and independent from your other obligations and survives termination of this agreement. It is not necessary for us to incur expense or make payment before enforcing a right of indemnity conferred by this agreement. This indemnity does not apply to loss as a result of our (or any of our delegates' or agents') fraud, negligence or breach of trust.
- (b) You will pay us any sum due under this clause fully without deduction or set-off (and irrespective of any counterclaim) whatsoever.
- (c) Fidante Partners Limited is not liable for the conduct or omission of Fidante Partners Services Limited under this agreement or otherwise, and vice versa.

10. Governing law

- (a) This agreement and the transactions contemplated by this agreement are governed by the law in force in New South Wales.
- (b) Each party irrevocably and unconditionally submits to the non-exclusive jurisdiction of the courts of New South Wales and the courts of appeal from them for determining any dispute concerning this agreement or the transactions contemplated by this agreement.

11. Interpretation and definitions

- (a) The following terms have the meanings set out below:
 - Direct Debit Request means an authority and request to debit amounts from your specified account, given in writing by you to us.
 - Fidante Partners Fund means managed investment scheme operated by one of us.
 - Financial Institution means the financial institution that is the holder of your account.
 - We or us means Fidante Partners Limited (ABN 95 002 835 592) or Fidante Partners Services Limited (ABN 44 119 605 373) and its successors and assigns as the responsible entity of a Fidante Partners Fund which you invest in.
 - You means the person or persons (other than us) named in the Direct Debit Request and signatories to this agreement. If there is more than one, you means each of them jointly and individually. You includes your successors and assigns.

(b) A reference to:

- this agreement, the BECS regulations and procedures or another instrument includes any variation or replacement of any of them;
- the singular includes the plural and vice versa;
- person includes a firm, body corporate, an unincorporated association or an authority and their executors, administrators, successors, substitutes (including, without limitation, persons taking by novation) and assigns; and
- anything includes the whole and each part of it and a reference to a group of persons other than to **us** includes all of them collectively, any two or more of them collectively and each of them individually. A reference to **us** only applies to the relevant individual responsible entity and does not refer to them collectively.
- (c) Headings are inserted for convenience and do not affect the interpretation of this agreement.

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Identity Verification Form – Individuals and Sole Traders

To comply with our obligations under the Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF), all new investors are required to complete this Customer Identification Form in addition to the application form. Before completing this form, please read the following carefully:

- 1. You only need to complete this form if you do not have an existing investment in a managed fund for which Fidante Partners is the responsible entity.
- 2. If you are not lodging this application through a financial adviser, you are required to provide us **certified copies** of the identity verification documents listed (ensuring each page is certified). Please refer to 'How to certify' on page 4 of this form.
- 3. It is important that you provide all the required identity verification documents outlined in this section. If your application form is not complete or you do not provide the required documentation, we may be unable to process your application or may delay the processing of future withdrawal requests until we receive the required documents.
- 4. If any documentation you provide is not in English, it must be accompanied by an original copy of an English translation prepared by a translator who has received accreditation from the National Accreditation Authority for Translators and Interpreters Ltd. (accredited translator).

1. Individual investor/joint investors/Sole Traders																														
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What is the source of funds, including the origin of the funds being invested?																														
2. Customer identity ve	rifica	atio	n																											
2. Customer identity verification f you do not have an existing investment with Fidante Partners, you must complete this section. If you are lodging this application through a financial adviser, they are required to provide us with copies of the identity verification documents. If you are not lodging this application through a financial adviser, you are required to provide us with certified copies of the identity verification documents. Please see below for a list of who can certify the documents.																														
Please provide EITHER A or B																														
Note: At least one documen	ıt mu	ıst s	how	v yo	ur d	late	of l	birt	h.																					
A. a valid copy of ONE of the	follo	win	g do	cum	nent	S:																								
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Passport containing y	your p	ohot	togra	aph	and	sigr	natu	re; (or																					
A card issued under	A card issued under a State or Territory law containing your photograph and proof of age.																													



2. Customer identity verification (continued)

B. OR if one of the above cannot be provided, please provide one document from group 1 and one document from group 2 below:

Group 1	Group 2
A copy of one of the following documents:	(The document must contain your full name and current residential address as shown in section 1 of the application form)
Birth certificate or Australian birth extract; or	A copy of one of the following documents issued to you:
Australian citizenship certificate; or Pension or Health care card issued by Centrelink or Department of Veterans' Affairs	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 If residing in a care facility, a notice or invoice issued by that facility within the preceding three months that records the provision of care services to you
If you are a non-Australian resident and cannot provide A or B,	please provide a valid copy of ONE of the following:
Foreign passport, or similar travel document bearing your signatu	re and photograph; or
National identity card issued by a foreign government bearing you	ur signature and photograph
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, 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;
- 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).

Who can certify

Identity verification documents may be certified as a true and correct copy of an original document by one of the following persons in Australia. Please ensure that each page of the relevant document(s) is certified. The person certifying must state their capacity (from the list below) and state on each page that the document is a 'true and correct copy of the original'.

- Justice of the Peace
- Police officer
- Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
- 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)
- Officer with, or authorised representative of, a holder of an Australian financial services licence or Australian credit licence, having two or more continuous years of service with one or more licensees
- Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership, i.e. an accountant
- Judge of a court
- Magistrate

- 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), i.e. an Australian lawyer
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- 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
- Chief executive officer of a Commonwealth court
- Registrar or deputy registrar of a court
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- Notary public (for the purposes of the Statutory Declaration Regulations 1993)

For details of other acceptable certifiers, please contact us.



3. Additional information

You must complete this section if:

- your residential address is not in Australia or New Zealand; and/or

 you are investing \$1 million 	or n	nore	·.					•																					
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What other names are you known by?																													
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What is your occupation?																													
If you are a sole trader, please provide details of																													
your business activities																													
4. FATCA information (U	S Fc	rei	an .	Acc	oun	t Ta	ax C	om	ila	anc	e A	ct) -	- A	ll in	ves	tor	's m	ıus	t co	am	lete	thi	s se	cti	on				
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Investor 2	Yes No	Ple	ease	prov	vide	you	r US	Тахр	oaye	er Id	entif	icati	on I	Num	ber	(TIN	l):												
5. Signature(s)																													
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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 Laundering and Counter-Terrorism Financing Act 2006.

Adviser signature	ADVISER STAMP
Date / / / / / / / / / / / / / / / / / / /	
InvestmentLink information IL GN (Group)	

Attach this completed form to your completed application form and send to us at the address below. Applications received without a completed Identity Verification Form may not be processed. Please refer to the relevant Product Disclosure Statement for more information or call our Investor Services team on 13 51 53 (during Sydney business hours).

Fidante Partners Reply Paid 86049 Sydney NSW 2001 (no stamp required)