

INITIAL APPLICATION FORM

FAIRVIEW EQUITY PARTNERS EMERGING COMPANIES FUND

INSTRUCTIONS TO COMPLETE

You must complete this Initial Application Form if you are a new investor wishing to invest in the Fairview Equity Partners Emerging Companies Fund (Fund) for the first time. The Responsible Entity of the Fund is Antares Capital Partners Ltd (ACP) (ABN 85 066 081 114) (AFSL 234483). ACP is the issuer of the current Product Disclosure Statement (PDS) and Product Guide for the Fund which provides important information about the Fund to assist you in deciding whether to invest in the Fund. You should read the PDS, Product Guide and any website updates for the Fund in full before completing this Initial Application Form. If you do not have a copy of the PDS, Product Guide and any website updates, a copy is available free of charge from nabam.com.au or available by contacting Client Services on **1300 738 355**, or from your Approved Australian Financial Adviser (Financial Adviser).

Any person who gives another person a copy of this Initial Application Form must at the same time give the person a copy of the PDS and Product Guide.

Please print in **BLOCK LETTERS** and use **BLACK** or **BLUE** ink to complete this Initial Application Form and relevant Financial Services Council (FSC) identification form(s).

To ensure that we are able to process your application quickly and efficiently, please cross (X) each box below to confirm that you have completed each section of the Initial Application Form that is relevant to your investment:

- | | |
|--|--|
| <p><input type="checkbox"/> Signed and dated the Initial Application Form.</p> <p><input type="checkbox"/> Individual investor – sign and date the form.</p> <p><input type="checkbox"/> Joint investors – both investors to sign and date the form.</p> <p><input type="checkbox"/> Company – to be signed and dated by two directors or a director and secretary of the company or, if the company has only a sole director, that director.</p> <p><input type="checkbox"/> Trusts (including SMSFs) – to be signed and dated by a trustee.</p> <p><input type="checkbox"/> Other (associations / government bodies / registered co-operatives / partnerships) – to be signed and dated.</p> <p><input type="checkbox"/> Authorised Signatory List – if an organisation wishes to authorise persons other than the Director(s)/ Secretary signing the Initial Application Form to make transactions in relation to the investment, then a certified copy of the Authorised Signatory List must be submitted to Registry Services.</p> <p><input type="checkbox"/> Power of Attorney – in the presence of a witness sign and date the form. Attach a certified copy of the Power of Attorney. Each page of the Power of Attorney document must be certified by a Justice of the Peace, solicitor or notary public. The Attorney needs to complete FSC identification form for individuals, which is available on nabam.com.au/forms</p> <p><input type="checkbox"/> Supplied your – TFN, ABN, TFN exemption or country of tax residence for non-residents.</p> <p><input type="checkbox"/> Supplied your email address.</p> <p><input type="checkbox"/> Provided certified proof of identity – either to your Financial Adviser or attach to the Initial Application Form if you are investing directly with us (Financial Adviser to complete declaration on the Initial Application Form and attach copies of documents).</p> | <p><input type="checkbox"/> Provided relevant FSC identification form(s).</p> <p><input type="checkbox"/> If investing by cheque – make your cheque payable to: 'NNL OCA ANF Fairview Application Account' and crossed 'Not Negotiable' and send your Initial Application Form, identity verification documents and cheque to:</p> <p>National Australia Bank
Attn: Registry Services
GPO Box 1406
Melbourne VIC 3001 Australia</p> <p><input type="checkbox"/> If investing by direct deposit – fax your forms to:</p> <p>National Australia Bank
Attn: Registry Services
Fax: 1300 365 601 – if faxed from Australia</p> <p>AND/OR</p> <p>Send your Initial Application Form, relevant FSC identification form(s) and identity verification documents to:</p> <p>National Australia Bank
Attn: Registry Services
GPO Box 1406
Melbourne VIC 3001 Australia</p> <p>AND</p> <p>Deposit your funds into the administrator's bank account:</p> <ul style="list-style-type: none">– Bank: National Australia Bank Limited– BSB No: 083 043– Account No: 832 243 507– Account Name: NNL OCA ANF Fairview Application Account– Reference: [Investor's name(s)] |
|--|--|

Anti-Money Laundering and related laws

Anti-Money Laundering and other related laws require us to collect and/or verify information about the identity of customers and related parties, including anyone acting on your behalf.

The following instructions for completing the Initial Application Form will assist you to provide this information. The provision of complete and accurate information will enable us to process your application efficiently and meet our legislative obligations.

Under relevant laws, we may be required to ask you for additional identity verification documents and/or information about you or a related party, either when we are processing your application or at some stage after we issue the units. We may pass any information we collect to the relevant government authority.

We reserve the right to restrict withdrawals from your account if we have not been provided with the necessary identification information about you or a related party.

Identity verification documents

Whether you are investing via a Financial Adviser or directly with ACP, you will be required to provide valid identity verification documentation. The actual documentation required will depend on whether you are an individual investor or a non-individual investor such as a superannuation fund, a trust or a company. The applicable documentation is outlined in the relevant FSC identification form(s) (refer to Section 11). **If any documentation you provide is not in English, it must be accompanied by an original copy of an English translation prepared by an accredited translator.**

If we do not receive all the required valid customer identity verification documents with your Initial Application Form or we are unable to verify your identity at any time, we may not be able to commence your investment or may not process any future withdrawal requests until we receive the required documents. We will contact you or your Financial Adviser as soon as possible if we require more information.

If you are investing through a Financial Adviser, they will be required to obtain acceptable identity verification documents from you prior to lodging your application. To do this, they will need to sight the original or certified copies of your identity verification documents and retain copies. They will then send us copies of your identity verification documents together with your Initial Application Form.

A Financial Adviser is an adviser aligned with National Australia Bank (NAB) and/or from a Dealer group which has a current agreement with ACP in relation to the AML/CTF Act customer identification program.

If you are not investing via a Financial Adviser or have not provided identity verification documents to your Financial Adviser, you will be required to send the **certified copies** of the original identity verification documents (not faxed or scanned copies) as listed in the relevant FSC identification form(s). Until we receive such document(s) we reserve the right to withhold processing any withdrawal requests you wish to make in the future.

If the Initial Application Form is signed under Power of Attorney, we will also require a certified copy of the Power of Attorney document and a specimen signature of the Attorney.

Please refer to 'Approved Certifiers' for a list of persons who can certify these documents and see 'Certified copy requirements' for details of how documents must be certified.

Australian tax file number

ACP is authorised under the Australian Income Tax Assessment Act 1936 to ask for your Australian tax file number (TFN) when you open an investment account for income distribution purposes. You don't have to provide your TFN and it's not an offence if you decide not to, but if you don't, 'Pay As You Go Withholding Tax' will be deducted at the highest marginal tax rate (plus Medicare Levy) from any income distributions payable to you.

Certified copy requirements

A certified copy is a document that has been approved as a true copy of an original document. The following certification requirements **must appear on each page of the copy**:

- The text: **'This is to certify that this is a true and correct copy of the original which I have sighted'**.
- **Signature** of the Approved Certifier.
- **Full printed name** of the Approved Certifier (e.g. Michelle Helena Citizen).
- **Capacity** of the Approved Certifier (e.g. solicitor).
- **Full address** of the Approved Certifier.
- **Registration number** (if applicable).
- **Date** that the document was certified.

Approved Certifiers

Identity verification documents may be certified as a true and correct copy of an original document by one of the following persons in Australia. The person certifying must state their capacity (from the list below) and complete according to **certified copy requirements** listed above.

1. 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).
2. A judge of a Court.
3. A magistrate.
4. A chief executive officer of a Commonwealth Court.
5. A registrar or deputy registrar of a Court.
6. A Justice of the Peace.
7. A notary public (for the purposes of the Statutory Declaration Regulations 1993).
8. A police officer.
9. An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public.
10. A 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.
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
12. An officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993).
13. A finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declarations Regulations 1993).
14. An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more continuous years of service with one or more licensees.
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the Institute of Public Accountants with two or more years of continuous membership.
16. A foreign public notary whose appointment is lawful and their status as a notary public can be verified.

1. ADDITIONAL INVESTMENT

If you already have an investment in the Fund and wish to make an additional investment, you should use the Additional Investment Form available from nabam.com.au or by contacting Client Services on **1300 738 355**, or from your Financial Adviser.

2. INVESTOR TYPE

Cross (X)	Investor type	Sections to be completed
<input type="checkbox"/>	Individuals / Joint investors / Sole traders	3A, 3B (if applicable), 4, 5, 6, 7, 8, 9, 10 (if applicable), 11A, 12, 13, 14, 15
<input type="checkbox"/>	Australian companies	3C, 4, 5, 6, 7, 8, 9, 10 (if applicable), 11B, 12, 13, 14, 15
<input type="checkbox"/>	Australian regulated trusts (including SMSFs and individual or corporate trustees)	3C, 4, 5, 6, 7, 8, 9, 10 (if applicable), 11C, 12, 13, 14, 15
<input type="checkbox"/>	Unregulated Australian trusts and foreign trusts	3C, 4, 5, 6, 7, 8, 9, 10 (if applicable), 11D, 12, 13, 14, 15
<input type="checkbox"/>	Foreign companies	3C, 4, 5, 6, 7, 8, 9, 10 (if applicable), 11E, 12, 13, 14, 15
<input type="checkbox"/>	Associations	3C, 4, 5, 6, 7, 8, 9, 10 (if applicable), 11F, 12, 13, 14, 15
<input type="checkbox"/>	Government bodies	3C, 4, 5, 6, 7, 8, 9, 10 (if applicable), 11G, 12, 13, 14, 15
<input type="checkbox"/>	Registered co-operatives	3C, 4, 5, 6, 7, 8, 9, 10 (if applicable), 11H, 12, 13, 14, 15
<input type="checkbox"/>	Partnerships	3C, 4, 5, 6, 7, 8, 9, 10 (if applicable), 11I, 12, 13, 14, 15

3. INVESTOR DETAILS

3A. Investor 1 – Individual / Joint investor 1 / Sole trader

Title	Full given name(s)	Surname
Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Phone: Business hours	Facsimile	
Email address		
Occupation		
TFN ¹	TFN exemption reason	
Country of tax residence (non-Australian residents)		

3B. Investor 2 – Joint investor 2

Title	Full given name(s)	Surname
Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Phone: Business hours	Facsimile	
Email address		
Occupation		
TFN ¹	TFN exemption reason	
Country of tax residence (non-Australian residents)		

If there are more investors, provide details on a separate sheet with full details as specified above.

3C. Companies / Trusts / Superannuation funds / Associations / Government bodies / Registered co-operatives / Partnerships

Name	
Account designation	
Contact person name ²	Contact person email
Contact person phone: Business hours	Contact person facsimile
ABN/ACN	TFN ¹
TFN exemption reason	
Nature of business / industry (e.g. SMSF or legal services)	
Country of tax residence (non-Australian residents)	

¹ It is not against the law if you choose not to give your TFN, exemption code or exemption reason, but if you decide not to, tax will be taken out of your distributions at the highest marginal rate (plus medicare levy). See 'Australian tax file number' on page 2 for more information.

² Please provide details of the person we should contact regarding this form.

4. POSTAL ADDRESS

All communications regarding this account will be delivered to the address below. If more delivery addresses are required, please provide additional addresses in section 12 interested parties.

C/- (if applicable)			
Number	Street name or PO Box		
Suburb/Town	State	Postcode	
Country			

5. COMMUNICATION VIA EMAIL

By providing your email addresses in 3A or 3B, or on a separate sheet and/or in 3C, you agree that we may use this address to provide you with information about your investment (such as transaction confirmations, statements, reports and other material). From time to time we may still need to send you letters in the post.

If you would prefer to receive a paper copy of all disclosures, please cross (X) this box.

6. INVESTMENT AMOUNT AND METHOD OF PAYMENT³

Investment amount

Fairview Equity Partners Emerging Companies Fund
(all investments must be made in Australian dollars)

Minimum initial investment: A\$20,000

A\$

Method of payment

Cheque **OR** Direct deposit

Refer to page 1 instructions for 'investing by cheque' or 'investing by direct deposit'.

³ All payments and transactions to, and by, the Fund are in Australian dollars. Payments from/into non-Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non-Australian resident investors should seek advice from their banking institution.

7. WITHDRAWAL PROCEEDS AND INCOME DISTRIBUTIONS⁴

Australian Account

Name of Australian bank or financial institution	
Branch	
BSB number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account name ⁵	

By providing your bank account details in this section, you authorise ACP to use these details for all distribution and withdrawal requests that you nominate.

Please indicate how you would like your income distributions to be paid by crossing (X) one box only.

Note: if no election is made, distributions will be reinvested.

- Reinvest income distributions for additional units.
- Pay income distributions directly to the financial institution account shown in this section.

⁴ All payments and transactions to, and by, the Fund are in Australian dollars. Payments from/into non-Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non-Australian resident investors should seek advice from their banking institution.

⁵ The account name must be the same as the investor's name. For joint investors, it must be a joint account.

8. ANNUAL REPORT

- We will publish a copy of the Fund's annual report on **nabam.com.au**. If you wish to receive a paper copy of the report by post, please cross (X) this box.

If you choose to have the annual report mailed to you, we will mail it to the postal address provided in section 4.

9. FINANCIAL ADVISER REMUNERATION

Do you wish to pay your Financial Adviser an adviser service fee?

- No – Go to section 10 Yes – Complete the details below

I/We request, until further notice from me/us, that ACP deduct adviser service fees from my/our investment account to pay my/our Financial Adviser as set out below.

I/We acknowledge that any adviser service fee amount will be paid to the Financial Adviser's account nominated in section 10. (Please provide adviser bank account details in section 10).

I/We understand and consent to this amount being shared with other parties as outlined by my Financial Adviser.

One-off fixed dollar fee

Please nominate the one-off fixed dollar amount you wish to pay your Financial Adviser.

\$ AND/OR

Adviser service fee per investment

This fee is deducted from every investment. Please nominate the percentage amount of each investment you wish to pay your Financial Adviser.

% per investment (max 3.3%) AND/OR

Quarterly adviser service fee

This fee is calculated on your investment balance on a quarterly basis and deducted quarterly from your investment. Please nominate the percentage or dollar amount you wish to pay your Financial Adviser.

% per annum (max 1.1%) OR \$ per annum

Note: The amount that will be paid to your Financial Adviser is inclusive of GST. Government legislation prohibits advisers charging percentage based advice fees to retail clients where new investments are purchased from 1 July 2013 with borrowed amounts.

10. FINANCIAL ADVISER DETAILS

I/We agree that information relating to my/our investment may be supplied to my/our Financial Adviser.

Yes, please provide information.

No, please do not provide information.

Please provide copies of all transactions to my/our Financial Adviser. If no election is made no copies will be sent.

Yes

No

Financial Adviser name	
Dealer group	
Dealer branch	
ABN	AFSL No.
Contact phone no.	
Financial Adviser's address	
Email address	

Financial Adviser bank account details (To be completed by a Financial Adviser only)

Name of Australian bank or financial institution		Branch
Name in which the account is held		
BSB number	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	Account number
		<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

Your remuneration will be paid into the above bank account. Please only provide your bank account details if applicable. You must obtain and document the investor's clear consent where the adviser service fee is received by your Licensee and subsequently paid to you.

Financial Adviser signature <div style="text-align: right; margin-top: 10px;"> Date <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>	Financial Adviser stamp
Surname	
Given name(s)	

11. CUSTOMER IDENTITY VERIFICATION

You must complete the FSC identification form relevant to your investor type. If you are not lodging this application through a Financial Adviser you will be required to send the **certified copies** of the original identity verification documents (not faxed or scanned copies) as listed in the relevant FSC identification form(s), (ensuring each page is certified). Please refer to page 2 for instructions on '**Certified copy requirements**'. If you are unsure which form you should complete please contact Client Services on **1300 738 355**.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator⁶.

11A. Person(s) named in 3A, 3B and individuals that have provided details on a separate sheet along with sole traders

Please complete the FSC identification form for **individuals and sole traders**, which is available on nabam.com.au/forms

11B. Australian companies

Please complete the FSC identification form for **Australian companies**, which is available on nabam.com.au/forms

11C. Australian regulated trusts (including SMSFs and individual and corporate trustees)

Please complete the FSC identification form for **Australian regulated trusts**, which is available on nabam.com.au/forms

11D. Unregulated Australian trusts and foreign trusts

Please complete the FSC identification form for **unregulated Australian trusts and foreign trusts**, which is available on nabam.com.au/forms

11E. Foreign companies

Please complete the FSC identification form for **foreign companies**, which is available on nabam.com.au/forms

11F. Associations

Please complete the FSC identification form for **associations**, which is available on nabam.com.au/forms

11G. Government bodies

Please complete the FSC identification form for **government bodies**, which is available on nabam.com.au/forms

11H. Registered co-operatives

Please complete the FSC identification form for **registered co-operatives**, which is available on nabam.com.au/forms

11I. Partnerships

Please complete the FSC identification form for **partnerships and partners**, which is available on nabam.com.au/forms

⁶ An accredited translator is a person currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of Professional Translator, or above, to translate from a language other than English into English; or an overseas standard comparable to the Australian NAATI accreditation.

12. INTERESTED PARTIES

The following parties may receive information relating to this investment.

Name	Company
Email	Phone

Delivery address

Number	Street name or PO Box		
Suburb/Town	State	Postcode	
Country			

Please provide copies of all transactions and investor statements to the interested parties.

Please attach a schedule if more space is required.

13. PRIVACY NOTIFICATION

We collect your personal information from you directly wherever we can but in some cases where it is relevant to you and your investment we may collect it from third parties such as your agent or adviser. We do this for the purposes of determining your eligibility to invest and to be able to manage and administer your investment. If your personal information is not provided to us we may not be able to accept your investment or be able to manage and administer it. We may collect information about you because we are required or authorised by law to collect it. There are laws that affect financial institutions, including company and tax laws, which require us to collect personal information so we can, for example, verify your identity under Commonwealth Anti-Money Laundering law.

As a member within the NAB Group, we may disclose your personal information to other NAB Group members and to parties outside the NAB Group (for example and as relevant to your investment, to your agent or adviser, to our agents and service providers including for the purpose of training staff and the development and testing of products, services and systems,

risk management, planning, research and analysis). We may share your information with other organisations for the purposes for which we collect your information. We may also provide your information to Members within the NAB Group who operate their business overseas and we may need to share your information to organisations outside Australia (for example a call centre) – a list of those countries where such information may be shared is at nab.com.au/privacy/overseas-countries-list

Further, to let you know about the products the NAB Group has on offer, we and other NAB Group members may use your personal information for marketing activities. You can let us know at any time if you no longer wish to receive direct marketing offers from members of the NAB Group by contacting us.

More information about how we collect, use, share and handle your personal information is in the NAB Group privacy policy, including how you may access or correct information we collect about you and how you may make a complaint about a privacy issue, at nabam.com.au. Contact us for a paper copy or if you have any questions or comments about the NAB Group privacy policy or procedures.

14. DECLARATION

I/We declare that:

- All details in this Initial Application Form, relevant FSC Identification Form(s) and all other documents provided are true and correct. I/we agree to advise Antares Capital Partners Ltd (ACP) (ABN 85 066 081 114) (AFSL 234483) of any change in circumstances in future including changes affecting my/our declared tax residency status within 30 days and I/we agree to indemnify ACP against any liabilities whatsoever arising out of it acting on any of these details or any future details provided by me/us in connection with this application.
- I/We have received a copy of the current PDS and Product Guide to which this application relates and have read it and agree to the terms contained in it and to be bound by the provisions of the Constitution for the Fund (as amended from time to time), and accepted the offer of units in the Fund made in the PDS and Product Guide in Australia.
- I/We have legal power to invest in the Fund in accordance with this application and have complied with all applicable laws in making this application.
- I/We am/are over the age of 18 years.
- In the case of joint applications, the joint applicants agree that unless otherwise expressly indicated on this Initial Application Form, the units will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions, including additional investments and withdrawals, and withdrawals by fax.
- I/We have read and understood the terms and conditions of the use of fax to give instructions on my/our account in the PDS and Product Guide and agree to release and indemnify ACP against any liabilities whatsoever arising out of it acting on any communication received by fax.
- I/We acknowledge that I/we have read the Privacy information in the PDS and Product Guide and the Initial Application Form. I/We am/are aware that until I/we inform ACP otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) and I/we have consented to the provision of and authorised (if applicable) my/our Financial Adviser to provide such further personal information to ACP as is required or reasonably deemed necessary by ACP under applicable law.
- I/We understand that if I/we fail to provide any information requested in this Initial Application Form or do not agree to any of the possible exchanges or uses detailed above, my/our application may not be accepted by ACP and I/we agree to release and indemnify ACP in respect of any loss or liability arising from its inability to accept my/our application due to inadequate details having been provided.
- I/We acknowledge that an investment in the Fund does not represent a deposit with, or liability of National Australia Bank (NAB) or the NAB Group of companies (NAB Group) and is subject to investment risk, including possible delays in repayment and loss of income and capital invested, and agree that those risks are appropriate for a person in my/our circumstances and with my/our investment objectives.
- I/We acknowledge that none of ACP or any other member of the NAB Group, guarantees the performance of the Fund or the repayment of the capital or any particular rate of return or distribution from the Fund.
- I/We agree to pay my/our Financial Adviser an initial or ongoing adviser service fee as nominated in the Initial Application Form.
- I/We authorise ACP to withdraw units I/we hold in the Fund to pay this fee to my/our Financial Adviser (if applicable).
- 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.
- Unless an alternative authority for signature is notified to and accepted by ACP, the person/persons that signs/sign this form is/are able to operate the account on behalf of themselves/the relevant entity (as applicable) and bind themselves/the entity for future transactions, including additional deposits and withdrawals, including withdrawals by fax.
- If I/we have elected in section 5 of this Initial Application Form to receive communications by email, I/we consent to receive all disclosures required to be made to me/us by ACP under the Corporations Act in electronic format.
- I/We have read and understood the terms and conditions of identity verification documents in the PDS and Product Guide as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, and agree to release and indemnify ACP against any liabilities whatsoever arising out of it withholding redemption requests due to incomplete identity documentation.

15. SIGNATURES

If this form is signed under a 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 this application unless ACP has already sighted it).

- Investor 1⁷ Individual trustee 1 Sole director⁸ Director 1⁸
 Attorney 1⁹ Partner 1 Authorised signatory¹⁰

Signature	Full name
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Residential address

Number	Street name	
Suburb/Town	State	Postcode
Country		

- Investor 2⁷ Individual trustee 2 Director 2⁸ Secretary⁸
 Attorney 2⁹ Partner 2 Authorised signatory¹⁰

Signature	Full name
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Residential address

Number	Street name	
Suburb/Town	State	Postcode
Country		

- 7** Joint applicants must both sign.
8 Company applications must be signed by two directors, a director and secretary or the sole director of the company. These people must be identified.
9 Attorney's signature(s) must be witnessed below.
10 A certified copy of the Authorised Signatory List must be submitted to Registry Services.

Signature of witness to Attorney 1 signature (Witness must be third party, i.e. not investor or Attorney) I declare I have witnessed the signature of the named Attorney _____ Witness name (print) _____ Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature of witness to Attorney 2 signature (Witness must be third party, i.e. not investor or Attorney) I declare I have witnessed the signature of the named Attorney _____ Witness name (print) _____ Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address _____ _____ _____	Address _____ _____ _____

For Joint investors: withdrawal requests, additional investment, and change of details forms must be signed by:

- Investor 1 only Investor 2 only Either 1 or 2 Both 1 and 2

Important notes

The offer of units in the Fund is made by Antares Capital Partners Ltd (ACP) (ABN 85 066 081 114) (AFSL 234483).

This Initial Application Form must not be handed to any person unless accompanied by the current PDS and Product Guide for the Fund. ACP may in its absolute discretion refuse any application for units. Persons external to ACP who market ACP products act as independent financial advisers and are not agents of ACP. ACP will not be bound by representations or statements which are not contained in information disseminated by ACP. Application monies paid by cheque from financial advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act.