

Application form

Teaminvest Access Fund - Retail



Your details

Are you an existing investor in the Teaminvest Access Fund?

Yes - my investor number is

If yes; If any of your details have changed since your last investment, use part 1 to alter your details, otherwise proceed to part 4.

No - please complete the details below.

Investor type

Complete

- | | |
|---|--------|
| <input type="checkbox"/> Individual/Joint Investors/Sole Traders | Part 1 |
| <input type="checkbox"/> Company | Part 2 |
| <input type="checkbox"/> Trust/Superannuation Fund (including SMSF) | Part 3 |

Investment Details

Source of Investment Funds

Please identify the source of your investable assets or wealth:

- | | | |
|---|--|--|
| <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 | | |

What is the purpose of this investment?:

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

Target Market

As an issuer of a financial product, TIP Wealth RE No.1 Ltd (TIP Wealth) is required to determine an appropriate target market for its products. The target market is the class of consumers for which the product is likely to be appropriate, having regard to their likely objectives, financial situation and needs. Please refer to the Team Access Fund's Target Market Determination (TMD) for more information.

Consumer attributes

What is your primary investment objective?

- Capital Growth
- Capital Preservation
- Income Distribution

What is your investment time frame?

- 3 years
- 5 years
- Longer than 5 years

What is your need to access capital?

- within 1 week of request
- within 1 month of request
- within 3 months of request
- within 1 year of request
- One year or more

What % of your investible assets will this represent?

- up to 100%
- up to 75%
- up to 50%
- up to 25%
- up to 10%

What is your risk and return appetite to bear investment loss?

- Low
- Medium
- High
- Very High
- Extremely High


Have you received personal financial advice from a licensed financial adviser in relation to this investment?


- Yes
- No

Part 1 - Individuals / Joint / Sole traders

Provide your full name, date of birth and Tax File Number (TFN) or exemption (refer to alternative codes in bold below):

- E** Exemption - please write the full name of the benefit that you receive (e.g. 'Age Pension')
- N** Non-resident - please write the full name of your country of residence
- O** Not for profit organisations - who are not required to lodge a TFN
- D** No TFN or do not wish to quote a TFN

 You do not have to tell us your TFN, however most people do since if you choose not to and do not have an exemption, then we must deduct tax at the highest personal rate, plus the medicare levy, before paying any distributions to you.

 Including partners and individual trustees. We communicate with the first named investor.

Investor 1

Title Given name/s

Surname Date of birth / /

Residential street address

Suburb State Postcode Country

Postal street address (if different from above)

Suburb State Postcode Country

Note: The postal address will be used for all account correspondence; however we also require your residential address.

Phone () Mobile

Facsimile ()

E-mail

Tax File Number or reason for exemption or Exemption Code

What is your occupation? Retired Other - please specify

Are you investing as a sole trader?: NO / YES If "Yes", then please provide

ABN/ARBN

Full business name

Business street address

Suburb State Postcode Country

Investor 2 (This is for joint applicants: you do not need to complete this section if you are a trustee or partner.)

Title Given name/s

Surname Date of birth / /

Residential street address

Suburb State Postcode Country

Postal street address (if different from above)

Suburb State Postcode Country

Note: The postal address will be used for all account correspondence; however we also require your residential address.

Phone () Mobile

Facsimile ()


E-mail

Tax File Number or reason for exemption or Exemption Code

What is your occupation? Retired Other - please specify

Provide your full name, date of birth and Tax File Number (TFN) or exemption (refer to alternative codes in bold below):

- E** Exemption - please write the full name of the benefit that you receive (e.g. 'Age Pension')
- N** Non-resident - please write the full name of your country of residence
- O** Not for profit organisations - who are not required to lodge a TFN
- D** No TFN or do not wish to quote a TFN

 You do not have to tell us your TFN, however most people do since if you choose not to and do not have an exemption, then we must deduct tax at the highest personal rate, plus the medicare levy, before paying any distributions to you.

 Including partners and individual trustees. We communicate with the first named investor

Investor 3 (This is for joint applicants: you do not need to complete this section if you are a trustee or partner.)

Title Given name/s

Surname Date of birth / /

Residential street address

Suburb State Postcode Country

Postal street address (if different from above)

Suburb State Postcode Country

Note: The postal address will be used for all account correspondence; however we also require your residential address.

Phone () Mobile

Facsimile ()

E-mail

Tax File Number or reason for exemption or Exemption Code

What is your occupation? Retired Other - please specify

Investor 4 (This is for joint applicants: you do not need to complete this section if you are a trustee or partner.)

Title Given name/s

Surname Date of birth / /

Residential street address

Suburb State Postcode Country

Postal street address (if different from above)

Suburb State Postcode Country

Note: The postal address will be used for all account correspondence; however we also require your residential address.

Phone () Mobile

Facsimile ()



E-mail

Tax File Number or reason for exemption or Exemption Code

What is your occupation? Retired Other - please specify

[Go to Part 4](#)

Part 2 - Company

-  Including corporate trustees and other investor types
-  Must be the registered office address for the company (PO Box not acceptable).

Type of company

Public (Limited)

Private (Pty Limited)

Other - please specify

Company Details

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 in country or formation

Suburb

State

Postcode

Country

Principle place of business ( NOT a PO Box)

Suburb

State

Postcode

Country

Contact Person

Contact name

Phone (business hours) ()

Phone (after hours) ()

Mobile

Facsimile ()

E-mail

Directors Name/s

Director 1 Full Name	<input type="text"/>	Director 2 Full Name	<input type="text"/>
Director 3 Full Name	<input type="text"/>	Director 4 Full Name	<input type="text"/>

Beneficial Owners That is individuals who through one or more shareholdings, own more than 25% of the company's issued

capital.

Full Name	<input type="text"/>	Full Name	<input type="text"/>
Street Address	<input type="text"/>	Street Address	<input type="text"/>
Town or suburb	<input type="text"/>	Town or suburb	<input type="text"/>
State	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Country (if not Australia)	<input type="text"/>	Country (if not Australia)	<input type="text"/>

Full name	<input type="text"/>	Full name	<input type="text"/>
Street Address	<input type="text"/>	Street Address	<input type="text"/>
Town or suburb	<input type="text"/>	Town or suburb	<input type="text"/>
State	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Country (if not Australia)	<input type="text"/>	Country (if not Australia)	<input type="text"/>

[Go to Part 4](#)

Type of Trust

Trust Superannuation Fund Other, please specify

Trust/Superannuation Fund Details

Full name of Trust / Superannuation Fund

Country of Trust / Superannuation Fund establishment

Tax File Number or Exemption code Australian Business Number

! Please Provide the TFN of the Trust or Superannuation Fund. TFN's for trustees cannot be accepted.

Is this Superannuation Fund a SMSF? Yes No

Trustee Details

Individual Trustees - **go to Part 3A**

Corporate Trustees - **go to Part 3B**

Part 3A – Individual Trustees

Trustee #1

Title

Given name(s)

Surname

Date of birth

Usual occupation

Phone number (business hours)

[]

Phone number (after hours)

[]

Mobile

Fax

[]

Email

Street Address

Town or suburb State

Postcode Country (if not Australia)

Postal Street Address (if different)

Town or suburb State

Postcode Country (if not Australia)

Trustee #2

Title

Given name(s)

Surname

Date of birth

Usual occupation

Phone number (business hours)

[]

Phone number (after hours)

[]

Mobile

Fax

[]

Email

Street Address

Town or suburb State

Postcode Country (if not Australia)

Postal Street Address (if different)

Town or suburb State

Postcode Country (if not Australia)

Trustee #3

Title
[]

Given name(s)
[]

Surname
[]

Date of birth
[]

Usual occupation
[]

Phone number (business hours)
[]

Phone number (after hours)
[]

Mobile
[]

Fax
[]

Email
[]

Street Address
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

Postal Street Address (if different)
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

Trustee #4

Title
[]

Given name(s)
[]

Surname
[]

Date of birth
[]

Usual occupation
[]

Phone number (business hours)
[]

Phone number (after hours)
[]

Mobile
[]

Fax
[]

Email
[]

Street Address
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

Postal Street Address (if different)
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

Trustee #5

Title
[]

Given name(s)
[]

Surname
[]

Date of birth
[]

Usual occupation
[]

Phone number (business hours)
[]

Phone number (after hours)
[]

Mobile
[]

Fax
[]

Email
[]

Street Address
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

Postal Street Address (if different)
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

Trustee #6

Title
[]

Given name(s)
[]

Surname
[]

Date of birth
[]

Usual occupation
[]

Phone number (business hours)
[]

Phone number (after hours)
[]

Mobile
[]

Fax
[]

Email
[]

Street Address
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

Postal Street Address (if different)
[]

Town or suburb State
[] []

Postcode Country (if not Australia)
[] []

Part 3B – Corporate Trustees

Corporate Trustee Details

Full company name

Country of Formation, Incorporation or Registration

ARBN (if registered with ASIC) ACN/ABN (if registered in Australia)


AFS Licence Number (if applicable)

Name of Regulator

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

Registered business address in country or formation

Suburb State Postcode Country

Principle place of business ( NOT a PO Box)

Suburb State Postcode Country

Contact Person

Contact name

Phone (business hours) () Phone (after hours) ()

Mobile Facsimile ()

E-mail

Director/s

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 Owner/s (members)

 That is individuals who through one or more shareholdings, own more than 25% of the company's issued capital.

Beneficial owner #1

Full Name
[Input field]

Street Address
[Input field]

Town or suburb [Input field] State [Input field]

Postcode [Input field] Country (if not Australia) [Input field]

Beneficial owner #2

Full Name
[Input field]

Street Address
[Input field]

Town or suburb [Input field] State [Input field]

Postcode [Input field] Country (if not Australia) [Input field]

Beneficial owner #3

Full name
[Input field]

Street Address
[Input field]

Town or suburb [Input field] State [Input field]

Postcode [Input field] Country (if not Australia) [Input field]

Beneficial owner #4

Full name
[Input field]

Street Address
[Input field]

Town or suburb [Input field] State [Input field]

Postcode [Input field] Country (if not Australia) [Input field]

Beneficial owner #5

Full name
[Input field]

Street Address
[Input field]

Town or suburb [Input field] State [Input field]

Postcode [Input field] Country (if not Australia) [Input field]

Beneficial owner #6

Full name
[Input field]

Street Address
[Input field]

Town or suburb [Input field] State [Input field]

Postcode [Input field] Country (if not Australia) [Input field]

Go to Part 4

⚠ Parts 4 to 9 are mandatory parts to be completed

Part 4. How much are you investing?

Teaminvest Access Fund

TIP Wealth RE No.1 Ltd Applications

The minimum initial investment is \$10,000

Initial investment

\$, , .

⚠ Minimum investment: Provided you qualify to invest in the Fund, you must make a minimum initial investment of \$10,000 to participate in the Fund (or such lower amount as we accept at our discretion).

Direct Credit / EFT Instructions

Please send your application monies to:

Teaminvest Access Fund Applications Account

Commonwealth Bank of Australia

BSB: 062 000

Account number: 2140 3809

Swift Code: CTBAAU2S

Please note the applicants' name when transferring the funds. Please ensure all funds transferred are net of all bank charges

Part 5. Your banking details (Distributions and Withdrawals)

We prefer that the name of the applicant is the same as the account name from where the monies come.

We may not be able to accept the application or there may be delays in processing if there is not what we consider to be a reasonable association between the two.

Account name

Institution

Branch

BSB

 -

Account number

Part 5A – Distributions

⚠ Distributions will be paid to your nominated bank account unless otherwise requested below.

Reinvest distribution

EFT

Part 6. Foreign Tax [FATCA & CRS] - Completion of this section is mandatory

! If an individual added to the investment account is a tax resident of any other country please complete the details below.

! Reasons for not providing a TIN;

Reason A - The country of tax residency does not issue TINs to tax residents **OR**

Reason B - You have not been issued with a TIN (please provide details) **OR**

Reason C - The country of tax residency does not require the TIN to be disclosed

Applicant 1

Do any individual applicants have any tax obligations outside Australia?

Yes No **If yes** - please complete section below

Country / Jurisdiction of Tax residence

Tax Identification Number (TIN) or equivalent

If no TIN, please list Reason A, B or C

Applicant 2

Do any individual applicants have any tax obligations outside Australia?

Yes No **If yes** - please complete section below

Country/ Jurisdiction of Tax residence

Tax Identification Number (TIN) or equivalent

If no TIN, please list Reason A, B or C

Applicant 3

Do any individual applicants have any tax obligations outside Australia?

Yes No **If yes** - please complete section below

Country / Jurisdiction of Tax residence

Tax Identification Number (TIN) or equivalent

If no TIN, please list Reason A, B or C

Applicant 4

Do any individual applicants have any tax obligations outside Australia?

Yes No **If yes** - please complete section below

Country/ Jurisdiction of Tax residence

Tax Identification Number (TIN) or equivalent

If no TIN, please list Reason A, B or C

Please tick box and attach separate sheet if there are more countries to be advised

Note: TIP Wealth RE No. 1 Ltd is required to collect information in compliance with Organisation for Economic Co-operation and Development CRS and FATCA which have been incorporated into Australian law through the Tax Administration Act. For definitions of Foreign Tax terminology, please refer to the Foreign Tax Glossary which is together with the Foreign Tax Details Form available from the [Australian Taxation Office](#)

Part 7. Account operating authority

Please indicate how you wish to operate your account

- one to sign (individual investors only)
- two or more to sign (for joint investors/companies/trusts)
- all to sign (for joint investors/companies/trusts)

if you select 'one to sign', each of you (including the person you appoint as a Nominated Representative) will be able to transact on or otherwise operate your account independently of the others. Joint applications must be signed by all parties, but withdrawals shall be permitted as authorised and indicated above. You can change the account operating authority at any time with written request signed by all account holders.

Nominated Representative (if applicable) (non-titled member/additional authorised signatory)

You may wish to appoint an alternate person/s as your Nominated Representative. To do so, the nominated person or party must complete this section. A Nominated Representative is able to act on behalf of an investor in all matters relating to the Fund/s except closing an account unless there is power of attorney. Each Nominated Representative (non-titled member) must provide 'individual ID documents'.

See Investor 'Declaration and Signature' under the heading 'Nominated Representatives (authorised signatories)' on pages 14-15 of this Application Form for information about the terms on which you are appointing the Nominated Representative.

If a Nominated Representative is your financial adviser, they must also complete the Adviser use only box on page 5 on the **Identification Form Trusts/Superannuation Funds (including SMSF's)**.

Name of Nominated Representative 1

Surname Given name[s]

Residential address [PO Box is NOT acceptable]

Suburb

State Postcode Country

Date of birth Identified under customer number

Occupation ANZCO Code

Signature of Nominated Representative 1

Name of Nominated Representative 2

Surname Given name[s]

Residential address [PO Box is NOT acceptable]

Suburb

State Postcode Country

Date of Birth Identified under customer number

Occupation ANZCO Code

Signature of Nominated Representative 2

Part 8. Privacy and Email Consent

Privacy

Please tick the box if you consent to your personal information being used and disclosed for marketing purposes

I/we wish to receive information regarding future investment opportunities.

Email Consent

All communications in respect of your investment within the Fund will be via email to the address provided unless you elect the following:

Please issue all communications via Post.

Please Note: all information relevant to the Fund will be available to you on the TIP website as well as direct communication with you.

Part 9. Declaration and applicant(s) signature(s)

Please read the declarations below before signing this form. The signatures required are detailed at the bottom of this Application Form. I/We declare that:

- all details in this Application Form and all documents provided are true and correct and I/we indemnify TIP Wealth RE No. 1 Ltd 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;
- I/we have received a copy of the relevant 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 PDS (including the incorporated information) and current Trust Deed of the Fund (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 invitation to subscribe for units in the Fund in Australia and represent and warrant to TIP Wealth RE No. 1 Ltd that I/We are permitted to invest in the Fund without TIP Wealth RE No. 1 Ltd obtaining any further authorisation, registration or certification in any country other than Australia and agree to indemnify TIP Wealth RE No. 1 Ltd for any loss suffered if this warranty is untrue;
- if authorised, 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 (a 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;
- I/we acknowledge that if TIP Wealth RE No. 1 Ltd reasonably believes an email communication it receives is from me/us TIP Wealth RE No. 1 Ltd is entitled to rely on that email communication and will not be liable for any loss it may suffer if it is later found the email communication was fraudulent.
- unless alternative authority for signature is notified to and accepted by TIP Wealth RE No. 1 Ltd, 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;
- I/we acknowledge that I/we have read and understood the information contained in the PDS. I/we are aware that until I/we inform TIP Wealth RE No. 1 Ltd 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 my/our financial adviser providing such further personal information to TIP Wealth RE No. 1 Ltd as is required or reasonably deemed necessary by TIP Wealth RE No. 1 Ltd under applicable law;
- 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 use or disclosure of my/our information as detailed on the PDS, my/our application may not be accepted by TIP Wealth RE No. 1 Ltd and we agree to release and indemnify TIP Wealth RE No. 1 Ltd in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided;
- I/we acknowledge that none of TIP Wealth RE No. 1 Ltd, or any other member of TIP Wealth RE No. 1 Ltd or any custodian or investment manager, guarantees the performance of the Fund or the repayment of capital or any particular rate of return or any distribution;
- I/we are bound by the Trust Deed of the Fund and that an application for Units is binding and irrevocable;
- I/we have not relied on statements or representations made by anybody, other than those made in the PDS;
- I/we agree and acknowledge no cooling off period applies and I/we have had the opportunity to seek independent professional advice on subscribing for Units;
- including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS) and I/we must provide TIP Wealth RE No. 1 Ltd with such additional information or documentation as TIP Wealth RE No. 1 Ltd may request of me/us, otherwise my/our Application for Units may be refused, Units I/we hold may be compulsorily redeemed, and any disposal request by me/us may be delayed or refused and TIP Wealth RE No. 1 Ltd will not be liable for any loss arising as a result thereof;
- I/we have provided a tax file number, and if not, I/we consent to TIP Wealth RE No. 1 Ltd withholding tax at the highest marginal tax rate;
- I/we acknowledge and agree to having read and understood the risks of investing in the fund as described in the PDS and understand that the risks associated with the Fund's investments may result in lower than expected returns or the loss of my/our investment;

I/We also warrant and acknowledge that:

- All information contained in my/our Application is true and correct;
- I/we are not a Politically Exposed Person (PEP) as defined by the AML/CTF legislation;
- I/we are not a United States citizen or resident of the United States for tax purposes, nor am/are I/we subject to the reporting requirements of FATCA;
- if the Applicant is a SMSF, it is compliant and investing in this Fund complies with the Superannuation Industry Supervision Act 1993 (Cth); and
- I/we hold the appropriate authorisations to become an Investor in the Fund and that offer cannot be revoked.

By signing this form, you (the applicant) are telling us:

- You have read and understood the current Product Disclosure Statement,
- Monies deposited are not associated with crime, terrorism, money laundering or terrorism financing nor will monies received from your account have any such association,
- You are not bankrupt or a minor, and
- You agree to be bound by the constitution of the Fund and the Product Disclosure Statement , as supplemented, replaced or re-issued from time to time

Extra copies of the current Product Disclosure Statement are available from your financial adviser or at www.tipgroup.com.au.

Individuals (including individual trustees.)

Signature of individual

Signature of individual

Name (please print)

Name (please print)

Signature of individual

Signature of individual

Name (please print)

Name (please print)

Go to Appendix 1 for Identification Requirements

Companies (including corporate trustees. Sole director companies need only have the one signature.)

Signature of director

Signature of individual

Name (please print)

Name (please print)

Signature of director

Signature of individual

Name (please print)

Name (please print)

Go to Appendix 2 for Identification Requirements

Trust / Superannuation Fund (incl SMSF)

(including corporate trustees. Sole director companies need only have the one signature.)

Signature of trustee

Signature of trustee

Name (please print)

Name (please print)

Signature of trustee

Signature of trustee

Name (please print)

Name (please print)

Signature of trustee

Signature of trustee

Name (please print)

Name (please print)

Go to Appendix 3 for Identification Requirements

Completed form

Please return the completed form to:

- Complete digital form or print, complete and scan before emailing this request to applications@fundbase.com.au or
- Or please post this completed form to:

FundBase Pty Limited
PO Box R446,
Royal Exchange
NSW 1225

If you have any questions about this form please contact FundBase on 02 9098 9145 or applications@fundbase.com.au

Missing the Product Disclosure Statement (PDS)?

Paper application forms should always be accompanied by a paper copy of the current Product Disclosure Statement . Electronic application forms (such as downloaded and emailed copies) should always be attached to the current Product Disclosure Statement (in the same file). If the Product Disclosure Statement is missing, do not complete this form. Instead, contact us and you will be sent the current Product Disclosure Statement . Prior to its completion and signing, this application form must not be handed to any person unless accompanied by the Product Disclosure Statement and any supplementary Product Disclosure Statement .

Completing the right Identification Form

Why complete an Identification Form?

Australian laws require us to identify new Teaminvest Access Fund clients.

Are there any exceptions?

Already a Teaminvest Access Fund client?

You don't need to fill in an identification form if you have filled in this form before.
Or you have completed a similar Teaminvest Access Fund form.

Your financial adviser has arrangements with us?

If you have a financial adviser, check with them.

We have arrangements with some financial advisers under which you may not need to fill in an identification form.

Which form?

There are three forms which follow: one each for **individuals**, **companies** and **trusts**.

Choose the form which is applicable to you.

If you are a partnership, an incorporated association, a co-operative or a Government body, then contact us and we will send a more appropriate form to you.

Copies or originals?

This form asks you to send us certain documents. Please send us copies, not originals
We will keep what you send to us!

Certifying copies

You must have someone certify the copies you send to us. The following people can be the certifier:

your financial adviser

so long as they are an officer with, or authorised representative of, a holder of an Australian financial services license [or foreign equivalent], having two or more continuous years of service with one or more licensees.

your accountant

so long as they are a member of the Institute of Chartered Accountants in Australia, CPA Australia or the Australian National Institute of Accountants [or foreign equivalent] with two or more years of continuous membership.

your lawyer

so long as they are a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia or foreign country, as a legal practitioner [however described]

an Australian justice of the peace, notary public or a police officer or foreign equivalent

a post office worker

so long as they are in charge of a Post Office or are a permanent employee with two or more years of continuous service

a bank or financial institution officer

so long as they are an officer with 2 or more continuous years of service with one or more financial institutions or companies

a consular officer

so long as they are a consular officer or diplomatic officer

a judge, magistrate, chief executive officer of a court, or registrar or deputy registrar of a court

What should the person certifying write?

I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document.

Not in English?

Documents not in English must be accompanied by an English translation prepared by an accredited translator.

Contact us if you need guidance on accredited translators.

Identification Form

Individuals/Joint/Sole Traders

[use the trusts identification form if you are a trustee].

Details

Investor 1 - Full name

Investor 2 - Full name

Investor 3 - Full name

Investor 4 - Full name

Your Documents

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 **for each individual applicant.**

Group 1

Provide a certified copy of one of these:

- Australian driver's licence**
showing your photo, and please copy the front and back **OR**
- Foreign driver's licence**
showing your date of birth, signature and photo **OR**
- Australian passport**
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you **OR**
- Foreign passport**
showing your signature and photo, and please copy the pages which identify you **OR**
- Australian State or Territory Government issued ID card**
showing your date of birth, signature and photo **OR**
- Foreign Government issued ID card**
showing your date of birth, signature and photo.

Group2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- Australian or foreign government issued birth certificate** **OR**
- Australian or foreign government issued citizenship certificate** **OR**
- Centrelink pension or health card**
please copy the front and back.

PLUS provide a certified copy of one of the following:

- a Government issued notice**
one which shows your name and residential address, not more than 12 months old **OR**
- a rates or utilities notice**
one which shows your name and residential address, not more than 3 months old **OR**
- ATO notice**
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old

Signatures

Investor - Full name

Signature

Date

Investor - Full name

Signature

Date

Investor - Full name

Signature

Date

Investor - Full name

Signature

Date

Identification Form

Companies

Details

Name  The company's full registered name, not a trading or business name.

Regulated companies

Australian listed company?

No Yes - name of market/exchange

Market/exchange

Majority-owned subsidiary of an Australian listed company?

No Yes - name that listed company and its exchange

Company

Exchange

Regulated company?

 One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.

No Yes - name that listed company and its exchange

Regulator

License number

If you answered yes to any of these questions, then please provide us with a certified copy of one of the following, and sign the form at the end, and unless you are a private company (in which case also complete section 5d) for you this form is then complete:

- an **ASIC search OR**
- a **search of the licence or other records of the relevant regulator OR**
- a **public document issued by the company OR**
- a **search of the relevant market/exchange.**

Public companies

Please provide us with certified copies of one of the following, sign the form at the end, and for you, this form is then complete:

- an **ASIC search OR**
- your **certificate of registration** issued by the ASIC.

Private companies

Please provide us with a certified copy of one of the following:

- an **ASIC search OR**
- your **certificate of registration** issued by the ASIC.

Please also complete the following details:

 Not enough room? Simply write out the details and attach them.

Foreign companies

Country of formation

Registered in Australia

No

Yes - what is your ARBN:

Registered in that country?

No

Yes - name of regulator/exchange:

Registration number issued by foreign registration body:

Registered business address in the country of formation:

Street Address

Town or suburb State

Postcode Country (if not Australia)

Please provide us with certified copies of one of the following, sign the form at the end, and for you, this form is then complete:

- an **ASIC or foreign regulator search OR**
- an **ASIC or foreign regulator certificate of registration.**

Your Documents

Please provide certified copies of the following for **each Director**:

Group 1

Provide a certified copy of one of these:

- Australian driver's licence**
showing your photo, and please copy the front and back **OR**
- Foreign driver's licence**
showing your date of birth, signature and photo **OR**
- Australian passport**
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you **OR**
- Foreign passport**
showing your signature and photo, and please copy the pages which identify you **OR**
- Australian State or Territory Government issued ID card**
showing your date of birth, signature and photo **OR**
- Foreign Government issued ID card**
showing your date of birth, signature and photo.

Group2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- Australian or foreign government issued birth certificate**
OR
- Australian or foreign government issued citizenship certificate**
OR
- Centrelink pension or health card**
please copy the front and back.

PLUS provide a certified copy of one of the following:

- a Government issued notice**
one which shows your name and residential address, not more than 12 months old **OR**
- a rates or utilities notice**
one which shows your name and residential address, not more than 3 months old **OR**
- ATO notice**
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old

Signatures

 Sole director companies need only have the one signature.

Director's Full name

Signature

Date

Director's Full name

Signature

Date

Director's Full name

Signature

Date

Director's / Secretary's Full name

Signature

Date

Director's Full name

Signature

Date

Director's Full name

Signature

Date

Identification Form

Trusts / Superannuation Fund (including SMSF)

Details

Trust/superannuation fund name

Is this a Regulated Trust? Yes No

If Yes, complete **Section A - Regulated Trusts**

If No, go to **Section B - Trusts & SMSF**

Section A - Regulated trusts & Superannuation Fund

Superannuation Fund (not including SMSF)

please provide the following;

The trust's ABN

The Regulator

Registration / Licensing Details

Registered managed investment scheme

please provide the ARSN;

Government superannuation fund

please name the Act regulating this trust;

Please provide us with certified copies of one of the following and sign the form at the end, and for you this form is then complete:

Superannuation funds

go to www.abn.business.gov.au, select the "Super Fund Lookup" option and print out the results for your super fund **OR**

registered managed investment schemes

an ASIC search of the scheme **OR**

Government superannuation funds

an extract of the establishing legislation.

Section B - Trust & SMSF

Please provide us with a certified copy of the trust deed including:

the cover page

the page which documents the name of the trust and the trustee


the page with the date of the Trust Deed

the signed pages of the Trust Deed

the page that lists the name and/or class of the beneficiaries of the trust **AND**

the page which documents the name of the settlor

Section C - Individual trustees

 Give us details and documents as below for each individual trustee.

Trustee Full name

Date of birth

Trustee Full name

Date of birth

Trustee Full name

Date of birth

Trustee Full name

Date of birth

Trustee Full name

Date of birth

Trustee Full name

Date of birth

Documents

For each trustee, please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 (but you don't need to provide these documents if you are a regulated trust such as a self-managed super fund).

Group 1

Provide a certified copy of one of these:

- Australian driver's licence**
showing your photo, and please copy the front and back **OR**
- Foreign driver's licence**
showing your date of birth, signature and photo **OR**
- Australian passport**
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you **OR**
- Foreign passport**
showing your signature and photo, and please copy the pages which identify you **OR**
- Australian State or Territory Government issued ID card** showing your date of birth, signature and photo **OR**
- Foreign Government issued ID card**
showing your date of birth, signature and photo.

Group2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- Australian or foreign government issued birth certificate** **OR**
- Australian or foreign government issued citizenship certificate** **OR**
- Centrelink pension or health card**
please copy the front and back.

PLUS provide a certified copy of one of the following:

- a Government issued notice**
one which shows your name and residential address, not more than 12 months old **OR**
- a rates or utilities notice**
one which shows your name and residential address, not more than 3 months old **OR**
- ATO notice**
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old

Section D -Company trustees

Details

Name  The company's full registered name, not a trading or business name.

Regulated companies

Australian listed company?

No Yes - name of market/exchange

Market/exchange

Majority-owned subsidiary of an Australian listed company?

No Yes - name that listed company and its exchange

Company

Exchange

Regulated company?

 One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.

No Yes - name that listed company and its exchange

Regulator

License number

If you answered yes to any of these questions, then please provide us with a certified copy of one of the following, and sign the form at the end, and unless you are a private company (in which case also complete section 5d) for you this form is then complete:

- an **ASIC search OR**
- a **search of the licence or other records of the relevant regulator OR**
- a **search of the relevant market/exchange.**

Public companies

Please provide us with certified copies of one of the following, sign the form at the end, and for you, this form is then complete:

- an **ASIC search OR**
- your **certificate of registration** issued by the ASIC.

Private companies

Please provide us with a certified copy of one of the following:

- an **ASIC search OR**
- your **certificate of registration** issued by the ASIC.

Please also complete the following details:

 Not enough room? Simply write out the details and attach them.

Foreign companies

Country of formation

Registered in Australia

No

Yes - what is your ARBN:

Registered in that country?

No

Yes - name of regulator/exchange:

Registration number issued by foreign registration body:

Registered business address in the country of formation:

Street Address

Town or suburb

State

Postcode

Country (if not Australia)

Please provide us with certified copies of one of the following, sign the form at the end, and for you, this form is then complete:

an **ASIC or foreign regulator search OR**

an **ASIC or foreign regulator certificate of registration.**

Documents

Please provide 1 certified copy of the following for each Director

Group 1

Provide a certified copy of one of these:

Australian driver's licence
showing your photo, and please copy the front and back **OR**

Foreign driver's licence
showing your date of birth, signature and photo **OR**

Australian passport
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you **OR**

Foreign passport
showing your signature and photo, and please copy the pages which identify you **OR**

Australian State or Territory Government issued ID card
showing your date of birth, signature and photo **OR**

Foreign Government issued ID card
showing your date of birth, signature and photo.

Group2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

Australian or foreign government issued birth certificate
OR

Australian or foreign government issued citizenship certificate
OR

Centrelink pension or health card
please copy the front and back.

PLUS provide a certified copy of one of the following:

a Government issued notice
one which shows your name and residential address, not more than 12 months old **OR**

a rates or utilities notice
one which shows your name and residential address, not more than 3 months old **OR**

ATO notice
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old

Signatures

 Sole directors companies need only have the one signature.

Trustee's / Director's

Full name

Signature

Date

Trustee's /Director's / Secretary's

Full name

Signature

Date

Trustee's / Director's

Full name

Signature

Date

Trustee's / Director's

Full name

Signature

Date

Trustee's / Director's

Full name

Signature

Date

Trustee's / Director's

Full name

Signature

Date

Adviser use only

By submitting this form with this section completed by your advisor you consent to your advisor receiving information about your investment in the Fund.

Office name / Surname

Given name(s)

Title [Mr/Mrs/Miss/Ms

Phone (business hours)

Advisor group email

Advisor group name

Advisor group AFSL

Advisor Signature

Date

ADVISER STAMP

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. TIP Wealth RE No. 1 Ltd may in its absolute discretion refuse any application for Units. Persons external to TIP Wealth RE No. 1 Ltd or other entities who market TIP Wealth RE No. 1 Ltd products are not agents of TIP Wealth RE No. 1 Ltd but are independent investment advisers. TIP Wealth RE No. 1 Ltd will not be bound by representations or statements which are not contained in information disseminated by TIP Wealth RE No. 1 Ltd.