

ESCALA
PARTNERS

Investment Account

Application Form



Escala Investment Account Application Form

Responsible Entity: Powerwrap Limited
(Australian Financial Services Licence No. 329829 ARSN 137 053 073)

Please complete this form and sign in the appropriate places. Refer to "How to complete the Application Form" in the Product Disclosure Statement for help in completing this Application Form. This Application Form forms part of the Product Disclosure Statement dated 1 October 2017. Please ensure that you have read and understood the Product Disclosure Statement before signing this Application Form. Applications will only be accepted from investors who are Australian Residents for tax purposes (except in limited circumstances). Applications will only be accepted from investors who quote a TFN or provide a relevant TFN exemption.

**Please note that fields marked
with an ">" are mandatory**

1. Registered Name and Designation

Refer to examples in "How to complete the Application Form"

> Registered name: _____

Account designation (if applicable): _____

2. Individual and Joint Investors – First Investor / First Director

Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address (PO Box is NOT acceptable): _____

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

> Tax File Number (TFN): _____ ;or

If TFN is not provided, please state the reason for exemption



3. **Individual and Joint Investors –
Second Investor / Second Director**

> Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address (PO Box is NOT acceptable):

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

> Tax File Number (TFN): _____ ;or
If TFN is not provided, please state the reason for exemption

4. **Third Investor / Third
Beneficiary / Third Director
in Proprietary Company**

Complete this section where you are a
Trustee Investor and where there are more
than two beneficiaries or where the Company
Investor has more than two directors.

> Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address (PO Box is NOT acceptable):

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____



5. **Fourth Investor /
Fourth Beneficiary /
Fourth Director in
Proprietary Company**

Complete this section where you are a Trustee Investor and where there are more than three beneficiaries or where the Company Investor has more than three directors

> Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address (PO Box is NOT acceptable):

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

Please provide an attachment with the above information for any additional directors or beneficiaries which are not named above.

6. **Company, Incorporated
Association, or Body**

Company Investors must also provide details of directors in "Individual and Joint Investors - First Director", "Individual and Joint Investors - Second Director" "Third Director" and "Fourth Director" as appropriate

> Name of Company, Incorporated Association or Body (as registered with ASIC): _____

> ABN/ACN/ARBN: _____

Tax File Number (TFN): _____

Is the company a public or private/proprietary company? Public Proprietary/Private _____

Is the company a:

Regulated Company
(licensed by an Australian Commonwealth, State or Territory statutory regulator)
Regulator Name: _____
Licence Details: _____

Australian Listed Company
Name of Market Exchange: _____
Licence Details: _____

Majority owned subsidiary of an Australian Listed Company
Australian Listed Company Name: _____
Name of Market Exchange: _____

Is the company incorporated in Australia? Yes No _____

If not, please advise the country of incorporation/registration _____

Is the company registered in the foreign country? Yes No _____



Company, Incorporated Association, or Body

*Nominated Contact/
First Authorised Signatory*

> Title: Mr Mrs Miss Ms Dr Prof

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Corporate Title: Sole Director Director Secretary Trustee Other (specify)

*Nominated Contact/
Second Authorised Signatory*

> Title: Mr Mrs Miss Ms Dr Prof

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

Corporate Title: Sole Director Director Secretary Trustee Other (specify)

Registered Office address

PO Box is NOT acceptable

> Street Address: _____

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

*Principal Place of Business
if different from Registered
Office address*

PO Box is NOT acceptable

Street Address: _____

Suburb or town: _____

State: _____ Postcode: _____ Country: _____



7. Trust, Partnerships and Associations

Trustee Investors must also provide details of beneficiaries in “Individual and Joint Investors – First Investor”, “Individual and Joint Investors – Second Investor” “Third Beneficiary” and “Fourth Beneficiary” as appropriate

> Name of superannuation fund, trust, partnership, unincorporated business, unincorporated association or deceased estate:

If you are a Corporate Trustee, what is the business name of the Trustee, if any?

> ABN / ACN / ARBN:

> Tax File Number (TFN): _____ ;or

If TFN is not provided, please state the reason for exemption:

> Name of the Trust Settlor:

The Trust Settlor is the person who established the trust i.e. accountant.

If you are a Trustee Company, please complete section 6 for one Corporate Trustee.

If you are a trust, please indicate what type of trust you are by selecting one of the following options and provide the required information. Please also complete details of beneficiaries in sections 3, 4, 5 as applicable.

Registered Managed Investment Scheme

Provide Australian Registered Scheme Number (ARSN)

Regulated Trust (ie: an SMSF)

Name of Regulator (eg: ASIC, APRA, ATO)

ABN / registration / licensing details:

Government Superannuation Fund

Provide the name of the legislation establishing the fund:

Other Trust type

Describe the Trust (e.g.: Family, Unit, Charitable, Estate)

How many Trustees are there?

(Provide full name and address of each Individual Trustee, Partner, Chairman, Secretary or Treasurer on the following pages)



Trust, Partnerships and Associations

*Trustee 1 / Partner 1 /
Chairman of Association*

> Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names or Company Name: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address if individual Trustee or Company Registered Office Address
(PO Box is not acceptable):

> Suburb or Town: _____

> State: _____ > Postcode: _____ > Country: _____

*Trustee 2 / Partner 2 /
Secretary of Association*

> Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names or Company Name: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address if individual Trustee or Company Registered Office Address
(PO Box is not acceptable):

> Suburb or Town: _____

> State: _____ > Postcode: _____ > Country: _____



Trust, Partnerships and Associations

*Trustee 3 / Partner 3 /
Treasurer of Association*

> Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names or Company Name: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address if individual Trustee or Company Registered Office Address
(PO Box is not acceptable):

> Suburb or Town: _____

> State: _____ > Postcode: _____ > Country: _____

Trustee 4 / Partner 4

> Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names or Company Name: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address if individual Trustee or Company Registered Office Address
(PO Box is not acceptable):

> Suburb or Town: _____

> State: _____ > Postcode: _____ > Country: _____



Trust, Partnerships and Associations

First Authorised Signatory

- > Title: Mr Mrs Miss Ms Dr Prof
 - > Given Names: _____
 - > Surname: _____
 - > Date of Birth: _____
 - Job Title: _____
 - > Corporate Title: Sole Director Director Secretary Trustee Other (specify)
-

Second Authorised Signatory

- > Title: Mr Mrs Miss Ms Dr Prof
 - > Given Names: _____
 - > Surname: _____
 - > Date of Birth: _____
 - Job Title: _____
 - Corporate Title: Sole Director Director Secretary Trustee Other (specify)
-

Registered Office address

PO Box is NOT acceptable

- > Street Address: _____
 - > Suburb or Town: _____
 - > State: _____ > Postcode: _____ > Country: _____
-

*Principal place of Business
or Administration if different
from Registered Office address*

PO Box is NOT acceptable

- > Street Address: _____
- > Suburb or Town: _____
- > State: _____ > Postcode: _____ > Country: _____



8. Beneficial Ownership

Are there Beneficial Owners of the Company/Trust?

> Yes

Beneficial Owner means an **individual (not a company, trust or other entity)** who ultimately 'Owns' or 'Controls' the investor. 'Owns' means ownership (either directly or indirectly) of 25% or more of the investor. 'Control' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices and whether or not based on legal or equitable rights, and includes where an individual can exercise control through capacity to determine decisions about financial and operating decisions.

Please complete the remainder of this section. If the ownership of the Company/Trust is a further Company or Trust, you will need to keep providing Beneficial Ownership details of each entity until you have reached a natural person. If you require additional space, please attach a separate page to this application form with the details.

> No, I certify that there are no Beneficial Owners of the Company/Trust

We may contact you for further information.

Beneficial Owner 1

> Full Name: _____

> Date of Birth: _____

> Residential Address (PO Box is NOT acceptable): _____

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

Beneficial Owner 2

> Full Name: _____

> Date of Birth: _____

> Residential Address (PO Box is NOT acceptable): _____

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

Beneficial Owner 3

> Full Name: _____

> Date of Birth: _____

> Residential Address (PO Box is NOT acceptable): _____

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____



9. Tax information

Complete all

The following is a self-certification required under the (United States) Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS), for the automatic exchange of tax payer information between participating jurisdictions.

Are there any natural person(s), such as individual(s), settlors(s), trustee(s), beneficiary(ies) and/or controlling person(s) who hold 25% or more of share or voting rights, who are tax residents of a jurisdiction outside of Australia?

- > No
 Yes

If yes, please complete the table below with name, role/relationship to the account, the tax residency and tax identification number (i.e. TIN) for each natural person(s). Please list all relevant countries.

Full Name	Role i.e. Director, Trustee, Beneficiary etc.	Country(ies)/ Jurisdictions of Tax Residence	Tax Identification Number If no state Exemption Reason A, B, C

For Non-Australian tax residents who cannot provide a TIN, please indicate which one of the following reasons applies:

- Reason A: The country of tax residency does not issue TINs to tax residents
Reason B: The individual has not been issued with a TIN
Reason C: The country of tax residency does not require the TIN to be disclosed.

10. Politically Exposed Persons

A Politically Exposed Person includes individuals who occupy a prominent public position or function in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members and close associates.

Are any of the Applicants, Directors, Responsible Officials, Partners, Authorised Representatives, Authorised Signatories, Trustees, Beneficial Owners, Beneficiaries or any other persons listed in the application form, a Politically Exposed Person?

- > Yes No

If yes, please provide details

11. Contact details for correspondence

Complete all

The following contact details will be used for all communications (including single and joint accounts).

By providing your email address you are nominating to receive disclosure documents online. Online delivery includes disclosures as text in an email or an attachment to an email, written (paper or electronic) notice with a reference to a website address where the disclosure can be found; and PDSs and FSGs by sending an email with a hyperlink to the disclosure.

> Contact Name:

> Email Address:

> Contact Phone:

Mailing details

> Addressee(s):

> Street Address or PO Box:

> Suburb or Town:

> State:

 > Postcode:

 > Country:



12. Tax status

Complete all

> Select: Individual Joint Investors Partnership Super Fund Trust Company

> Please select the Capital Gains Tax Optimisation method to be applied.
If you do not select a tax accounting method, 'Minimise gain' will be applied:

Minimise gain (default) Maximise gain First in first out (FIFO) Manual

13. Account details

Cash Account

This account will be established with Australia and New Zealand Banking Group Limited (ANZ) ABN 11 005 357 522 and used to process transactions for your Portfolio.

> Account Name: _____

> Account Number: _____

> BSB: _____

Nominated account/s

By providing nominated bank account information we are able to transfer funds to these accounts with your instructions over the phone and email.

> Account Name: _____

> Account Number: _____

> BSB: _____

> Account Name: _____

> Account Number: _____

> BSB: _____

Regular payments

Regular payments can be arranged for you by completing this section.

> Account Name: _____

> Account Number: _____

> BSB: _____ > Amount (\$AUD): _____

14. Initial investment

> Initial Investment Amount (\$)

The initial investment amount is used as the basis of calculating the Initial Advice Fee in Section 14.

The minimum initial investment in the Scheme is \$20,000. Please also ensure that you retain the minimum balance in your Cash Account following your initial investment.

If you are funding your Account through the transfer of units in managed fund(s), please complete the Transfer Form and Statutory Declaration Form available from your Financial Advisor. Please note that you can only transfer those managed funds that are available in the Approved Products List.

> Start Date: _____ > Frequency: _____



15. **Regular monthly investment facility**

Optional

How much do you wish to invest each month? (\$)

When do you want to commence regular investment?

Regular investments are normally processed on the 15th of each month, or where this is a non-business day, they will be processed on the following business day. You must have sufficient funds in your Cash Account.

16. **Regular monthly withdrawal facility**

Optional

How much do you wish to withdraw each month? (\$)

When do you want to commence regular withdrawals?

Regular monthly withdrawals are normally processed on the 20th day of each month, or where this is a non-business day, they will be processed on the following business day. Funds availability will be subject to individual fund manager transaction turn-around times.

17. **Advisor fees**

Which advisor fees have you consented to?

Initial Advice Fee: _____ % excluding GST, or \$ _____ per annum excluding GST (maximum 5.0% per annum excluding GST)

Ongoing Advisor Fee: _____ % excluding GST, or \$ _____ per annum excluding GST (maximum 2.0% per annum excluding GST)

Advisor Review Fee: _____ % excluding GST, or \$ _____ per annum excluding GST (maximum 2.0% per annum excluding GST)

Exceptions:

18. **Broker fees**

Brokerage (ASX Listed Securities): _____ % excluding GST, or \$ _____ per transaction excluding GST (maximum 1.5%)

Brokerage (International Securities): _____ % excluding GST, or \$ _____ per transaction excluding GST (maximum 2%)

Brokerage charged may include an Advisor fee for performing the transaction.



19. Financial Advisor Transaction Authority

> Yes. I hereby authorise my Financial Advisor to transact on my Portfolio, and agree to the terms set out in this section and the Investor Declaration. *(The Responsible Entity cannot accept an Application Form without this Authority).*

The Responsible Entity or its agents will accept and act on instructions given by my Financial Advisor without requiring my signature, additional proof, instructions or further confirmation from me.

The Responsible Entity is authorised to act on instructions from my Financial Advisor in relation to the following transactions:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> a. Depositing the initial investment amount into my Scheme Account from my Cash Account. b. Full or partial withdrawals from the Scheme to my Cash Account (excluding in specie transfers out). c. Making investments for my Scheme Account | <ul style="list-style-type: none"> d. Changing a regular investment amount. e. Starting or stopping a regular investment amount. f. Changing a regular withdrawal amount. g. Starting or stopping a regular withdrawal amount. | <ul style="list-style-type: none"> h. Making elections on distribution re-investment where applicable. i. Changing my tax accounting method. j. Purchasing and selling investments within my Portfolio, including elections with respect to corporate actions. |
|---|--|---|

20. Financial Advisor declaration

Complete all

> Yes. I have verified the investor's identity in accordance with the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. *The Responsible Entity cannot accept the Application Form without this declaration.*

> Yes. I have retained copies of the relevant Customer Identity Verification documents within the client file and will provide access to Powerwrap on request. *The Responsible Entity cannot accept the Application Form without this declaration.*

> Yes. I hold the investor's written consent to the advisor fees selected in section 17 and undertake to inform the Responsible Entity if the investor withdraws changes or withdraws consent to those fees.

> Yes. I accept the terms of the Financial Advisor Transaction Authority and agree to act in accordance with this authority and any instructions I receive from the investor. I agree to provide the investor with any information or documents that they request and require in relation to any transactions generated under this Authority. *The Responsible Entity cannot accept the Application Form without this declaration.*

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> a. I confirm that the Financial Advisor Practice / Licensee is a reporting entity which provides designated services within the meaning of item 54 of table 1 section 6 under the Anti-Money Laundering and Counter Terrorism Financing Act 2006. b. The Financial Advisor Practice / Licensee has enrolled with AUSTRAC and has in place an Anti-Money Laundering Program which sets out the processes and procedures for carrying out customer identification and verification in accordance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006 and its associated rules. c. I confirm that all information provided in this Application Form is true and correct and records my agreement with the investor. d. I acknowledge that the Responsible Entity will rely on the verification of the investor's identity that I have conducted. e. I acknowledge that the Responsible Entity may request additional information from me from time to time to verify my records for the purpose of meeting the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. f. I hold an Australian Financial Service Licence, or | <p>I am authorised through a Licensee to deal in and advise my clients in relation to the Scheme and the investments on the Approved Product List.</p> <ul style="list-style-type: none"> g. I have provided the investor with a current Product Disclosure Statement for the Product and a disclosure document for each of their selected investments, including the fees and costs information (including the Indirect Cost Ratio (ICR) if applicable) for those assets held within in a model portfolio, and will continue to do so for any new investments they make (or, where they are invested in a model portfolio, where new investments are acquired in the model portfolio). h. I have provided the investor with a current written recommendation to acquire the selected investments, and disclosed all remuneration and payments that may be received by my Licensee and me, and will continue to do so in relation to all new investments. i. I have fully disclosed all fees and costs associated with investing in the Scheme and the administration of the investor's Portfolio. j. I have disclosed to the investor the difference between holding investments directly and holding them through the Scheme, including that: <ul style="list-style-type: none"> - all investments held in the Scheme are held in the name of the Scheme or the name of a custodian, meaning the investor will not receive direct communications and reporting from investment managers. | <ul style="list-style-type: none"> - as an indirect investor, the investor does not have the right to call, attend or vote at meeting of unit holders of the managed funds or companies in which they are invested. - if they were a direct investor, they would be able to apply for and withdraw from investments without the minimum investment transaction limitations imposed by the Scheme. - the time taken to process investment transactions may take longer than the time taken for a direct investment. - the investor does not have any cooling off rights or rights to complain directly to the managed funds in which they are invested. <ul style="list-style-type: none"> k. Any changes to agreed advisor fees will be approved by the investor prior to communicating this to the Responsible Entity. l. I will not convey any instructions to the Responsible Entity relating to the investor without first receiving such instructions from the investor. m. If I, my Licensee or the Promoter has an interest in or association with the investment manager of a managed fund, Model Portfolio or any other investment on the Approved Product List that I am proposing or recommending to my client, I will bring this to the attention of my client and highlight the potential for a conflict of interest. |
|--|--|---|



Financial Advisor declarations

- n. The Responsible Entity, at its sole discretion, may determine that the Responsible Entity will independently perform the applicable customer identification and/or identity verification procedures (or any part of such procedures) in respect of an investor.
- o. If the Responsible Entity is required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 to provide any information to AUSTRAC or another government agency referred to in the Anti-Money Laundering and Counter Terrorism Financing Act 2006, the Financial Adviser Practice / Licensee must use its best endeavours to assist the Responsible Entity to comply with such a requirement.
- p. The Financial Adviser Practice agrees to indemnify the Responsible Entity from and against all liabilities, claims, demands, causes of action, losses, damages, costs and expenses of whatever nature (including legal fees) which any person may make against or seek to recover from the Responsible Entity or which the Responsible Entity may incur or suffer as a result of or in connection with or incidental to the failure by the Financial Adviser Practice to adequately identify or verify the identity of an investor pursuant to the requirements of the Anti-Money Laundering and Counter Terrorism Financing Act 2006.
- q. I agree to promptly check the accuracy of any trade confirmations sent by the Responsible Entity or its third party providers and to notify the Responsible Entity within 30 days of receiving such trade confirmations if any errors are identified in a timely manner. I acknowledge that, failing such notification, the Responsible Entity will regard the trade confirmation information to be true and accurate.

- > Financial Advisor Name: _____
- > Financial Advisor Practice Name: _____
- > Financial Advisor email: _____
- Licensee name: _____
- > Licensee's AFSL No: _____
- > Licensee's ABN: _____
- > Financial Advisor's Signature: _____
- > Date: _____

21. Investor declarations

(Complete all)

- > Yes. I/we hereby request the Responsible Entity open an account for me within the Scheme.
- > Yes. I/we hereby request the Responsible Entity to administer and report on my non-Scheme investments. I/we hereby grant a limited power of attorney to the Responsible Entity with full power and authority to undertake and perform the following on my/our behalf in accordance with instructions given by my Financial Advisor:
- apply for and open a Cash Account on my behalf to enable Scheme transactions, payment of fees and charges and receipt of dividend income from my ASX listed securities;
 - provide relevant information I have included in this Application Form, including my TFN and Cash Account details, to an approved stockbroker for the purposes of opening an account for me to enable trading in ASX-listed securities, which includes entering into an ASX Sponsorship Agreement and authorising the stockbroker to direct debit my Cash Account;
 - provide instructions to my broker in relation to corporate actions on any ASX-listed securities;
 - provide or complete any tax or tax related documentation required in any jurisdiction including US tax or tax related documentation;
 - apply, open and provide instructions for other accounts including deposit and fixed interest accounts as required to facilitate transactions of scheme and non-scheme assets;
 - make any other investments on the Approved Product List that are available as non-Scheme assets;
 - arrange for the rollover, transfer or redemption of any assets held by me/us or on my/our behalf outside the Scheme irrespective of whether they are administered by the Responsible Entity or not;
 - notify my/our contact details and my/our TFN and Cash Account details in respect of any new non-Scheme investments or purchases made on my/our behalf; and
 - deduct from my Cash Account the administration and advice fees payable in respect of my non-Scheme investments.
- This power of attorney may be revoked by me/us at any time.
- > Yes. I authorise my Financial Advisor to transact on my Portfolio.
The Responsible Entity cannot accept the Application Form without this declaration.
- > Yes. I agree to the Advisor Fees stated in Section 17 and the Broker Fees stated in Section 18
- > Yes. I would prefer to receive the annual report for the Scheme online, rather than be sent a hard copy.



Investor declarations

I/we hereby declare:

- a. I/we have received, read and understood the Scheme Product Disclosure Statement and am/are able to make these declarations.
- b. I/we agree to be bound by the terms of the Product Disclosure Statement and the Scheme Constitution.
- c. I/we agree to receive all transaction confirmations and reports via online access and/or email and accept the terms and conditions of access to the technology. Further, I/we acknowledge that all communications will be sent to the email address I have provided in this Application Form, and that if I have nominated an email address not under my control, including my Financial Advisor's email address, it is my responsibility to ensure I receive such communications.
 - i. I/we indemnify and agree to keep indemnified the Responsible Entity against any loss, liabilities, costs and other charges and expenses arising from claims that I/we did not receive communications.
- d. I/we have elected to provide my/our Financial Advisor with an Advisor Transaction Authority described in this Application Form. In doing so:
 - i. I/we authorise my/our Financial Advisor to communicate my instructions in relation to my Portfolio.
 - ii. I/we authorise the Responsible Entity to accept and act on instructions received from my Financial Advisor without requiring my signature, additional proof, instructions or further confirmation from me/us.
 - iii. I/we authorise my/our Financial Advisor to insert account details of my/our Cash Account on my behalf within this Application Form and understand that the Responsible Entity is being authorised by me to be a Full Access Authorised Operator on the Cash Account.
 - iv. I/we acknowledge that the Responsible Entity will act on instructions received from my/our Financial Advisor in relation to my/our Portfolio as if they were instructions received direct from me/us.
 - v. I/we indemnify and agree to keep the Responsible Entity indemnified against any loss, liabilities, costs and other charges and expenses arising from carrying out those instructions
- e. If I am/we are an individual investor(s), I am/we are 18 years of age or over.
- f. If I am/we are investing under a delegation of authority, I/we confirm that I am/we are investing in accordance with my/our designated powers and authority.
- g. The statements and answers provided in this Application Form are true and complete, and I/we will notify the Responsible Entity of any change of my/our personal details or circumstances as soon as possible.
- h. I/we authorise Tax File Numbers provided to be used in conjunction with my/our Portfolio.
- i. I/we have read the Privacy Statement in the PDS and I/we authorise the Responsible Entity to use my/our personal information in accordance with the Responsible Entity's Privacy Policy.
- j. I/we authorise the Responsible Entity to provide and/or allow access to information on the status of my/our Portfolio to my/our nominated Financial Advisor and their Licensee.
- k. I/we confirm that I/we are eligible to invest in the Scheme and that my/our investment does not breach any law or ruling or other binding obligation.
- l. I/we understand the risks as described in the Product Disclosure Statement associated with investing in the Scheme.
- m. I/we understand that the value of investments may rise or fall from time to time, and that that neither investment performance nor the repayment of capital is (or can ever be) guaranteed. Further, I/we acknowledge that the Responsible Entity does not assess the suitability or appropriateness of investments or the skills of investment managers available via the Scheme, and that I have formed my own view in relation to each investment and am solely responsible for each investment decision.
- n. I understand the difference between holding investments directly and holding them through the Scheme, as described on page [32] of the PDS, including that:
 - i. all investments held in the Scheme are held in the name of the Scheme or the name of a custodian, meaning I will not receive direct communications and reporting from investment managers.
 - ii. as an indirect investor, I will not have the right to call, attend or vote at meeting of unit holders of the managed funds or companies in which I am invested.
 - iii. if I were a direct investor, I would be able to apply for and withdraw from investments without the minimum investment transaction limitations imposed by the Scheme.
 - iv. the time taken to process investment transactions through the Scheme may take longer than the time taken for a direct investment.
 - v. I will not have any cooling off rights or rights to complain directly to the managed funds in which I am invested.
- o. I also understand that my Financial Advisor and/or its Licensee and/or the Promoter may have an interest in or association with an investment manager or an investment in the Approved Products List, that might cause my Financial Advisor and/or its Licensee and/or the Promoter to have a conflict of interest in recommending such investments, and that the Responsible Entity is not responsible for bringing this to my attention.
 - i. To the extent permitted by law, the Responsible Entity disclaims, and I/we release and indemnify the the Responsible Entity in respect of, any liability which may arise as a result of me/we investing in any investment available via the Scheme.
- p. I/we confirm acceptance of the fees and costs detailed in the Product Disclosure Statement, including for the administration of non-Scheme assets and those agreed between me/us and my/our Financial Advisor in this Application Form, and authorise the Responsible Entity to deduct these fees and costs from my/our Cash Account. I hereby authorise my Financial Advisor to request the Responsible Entity also to administer my relevant investments held outside the Scheme and to consolidate those investments with my investments within the Scheme, and to levy all fees and costs on the basis of that consolidated Portfolio, as described in the Fees and Costs section of the PDS.
- q. I/we acknowledge that the Responsible Entity has no knowledge of my/our personal circumstances or the advice I/we receive from my/our Financial Advisor and that the Responsible Entity has no basis on which to form a view as to the reasonableness or appropriateness of the advice, fees or investment recommendation in relation to my/our personal situation. I/we further acknowledge that my Financial Advisor is not an agent of the Responsible Entity, and has not been assessed, vetted or approved by the Responsible Entity.
- r. I/we acknowledge that where I/we fail to provide any required information or documentation that the Responsible Entity has the right not to accept this Application Form or any instruction for a transaction, and that the Responsible Entity will not be liable for any loss that may arise.
- s. I/we understand that the Responsible Entity may terminate my/our Scheme Account if I/we do not comply with its terms and conditions and that the termination of my/our Account will also terminate the administration and reporting service in respect of my non-Scheme assets.
- t. I/we acknowledge that if I/we cease to be advised by my/our Financial Advisor I/we will inform the Responsible Entity, and will nominate a new Financial Advisor acceptable to the Responsible Entity. I further acknowledge that my Scheme Account may be terminated if I do not at all times have a Financial Advisor.
- u. I/we acknowledge that:
 - i. the Model Manager is the owner of all intellectual property in connection with each Model Portfolio;
 - ii. I/we have read the relevant disclosure documentation for each investment I am considering, that I/we have taken advice from my Financial Advisor and/or formed my/our own view in relation to each investment of the Model Portfolio, and I/we understand the risks of each investment;
 - iii. the Model Manager gives no warranty as to the performance of the Model Portfolio;
 - iv. to the extent permitted by law, the Model Manager disclaims, and I/we release and indemnify the Model Manager in respect of, any liability which may arise as a result of me/we investing in the Model Portfolio; and
 - v. the Model Manager may give advice and take action for itself or others which differs from advice given and action taken in relation to a Model Portfolio.



ESCALA

PARTNERS

Investor declarations

*Signed, sealed and delivered
by Individual Investor –
First Investor/or Company
officer/Trustee*

> Given Names: _____
> Surname: _____
> Signature: _____
> Date: _____
> If Company Officer or Trustee, specify Corporate Title:
 Sole Director Director Secretary Trustee Other (specify) _____

*Signed, sealed and delivered
by Individual Investor –
Second Investor/or Company
officer/Trustee*

Given Names: _____
Surname: _____
Signature: _____
Date: _____
If Company Officer or Trustee, specify Corporate Title:
 Sole Director Director Secretary Trustee Other (specify) _____

*Signed, sealed and delivered
by additional Company officer
or Trustee*

Given Names: _____
Surname: _____
Signature: _____
Date: _____
If Company Officer or Trustee, specify Corporate Title:
 Sole Director Director Secretary Trustee Other (specify) _____

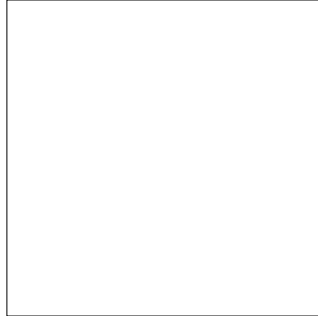
*Signed, sealed and delivered
by additional Company officer
or Trustee*

Given Names: _____
Surname: _____
Signature: _____
Date: _____
If Company Officer or Trustee, specify Corporate Title:
 Sole Director Director Secretary Trustee Other (specify) _____



Investor declarations

Companies may execute in any way allowable by law. Affix a Common Seal if required:



22. Checklist

Before submitting this application, please ensure that:

- a. This Application Form is complete and signed by all applicants.
- b. You have provided (any) required supporting documentation outlined in "How to complete the Application Form".
- c. If you are funding your account through transfer of existing investments, that you have completed the appropriate forms available from your Financial Advisor.

