

Office use only

Trust name/code verification:

Date:

Checked by:

Account number:

Opening date:



Application form

LVP Granite Fund – Ordinary Class Units

Introduction

This application form (**Agreement**) relates to the application for fully paid Ordinary Class units (**Units**) in the LVP Granite Fund (**Trust**).¹

You should read this Agreement, the Trust Deed and the Information Memorandum (together the **Constituent Documents**)² prior to entering this Agreement.

Application Amount

The undersigned applicant (**Applicant** or **you**) wishes to commit (**Capital Commitment**):

AUD\$ _____
to the Trust or such lesser amount as notified by the Manager pursuant to Schedule 1 of this Agreement to be paid pursuant to the Trust Deed and any other agreement between you and the Manager or the Trustee.

Application Monies

If your Agreement is accepted, the Manager or the Trustee (Manager and Trustee together **Issuer, We** or **Us**) will notify you.

Please transfer your Capital Commitment to this account. Funds must be cleared before Units will be issued:

Account Name: LVP GRANITE SERVICES PTY LTD ATF LVP GRANITE FUND

Financial Institution: National Australia Bank

Branch Number (BSB): 082124

Account Number: 147307883

Reference: Please use the name of the investor.

¹ The offer of interests is governed by an Intermediary Authorisation Agreement as outlined in page ii of the Information Memorandum.

² Terms not defined in this Agreement have the same meaning as in the Constituent Documents

Reinvestment

Please select the box below indicating whether you elect to automatically reinvest Yield Distributions from the Trust into additional Units in the Trust³:

Yes No

Onboarding Compliance

The Applicant represents that it has read, understood, and completed the compliance information at Schedule 1.

Agreement

The Applicant confirms to the Issuer to be bound by the terms of the Constituent Documents, the application amount⁴ and that these are legally binding commitments from the date of this Agreement. You agree once submitted this Agreement is irrevocable.

Returning this Agreement

Please execute and return this Agreement to:

Apex Fund Services Pty Ltd

ACN 118 902 891

GPO Box 4968

Sydney NSW 2000

Email: ssg.aus@apexgroup.com

If you decide not to apply or your application is not accepted, please return this Agreement and any other Trust documents to the above address. If you have not received confirmation of your application, please contact the Administrator to ascertain the status of your application.

³ The reinvestment of Yield Distributions is outlined at paragraph 6.3 of the Information Memorandum.

⁴ Or any lesser amount to be notified to you by the Issuer.

Completing this Agreement

If you are applying as:

An Individual, please complete the **Application (Wholesale) | Individual** forms on pages 10 to 35 of Schedule 2.

A Self Managed Super Fund please complete the **Application (Wholesale) | Self Managed Super Fund (SMSF)** forms on pages 36 to 55 of Schedule 2.

A Trust or a Company please complete the **Application (Wholesale) | Trust & Companies** forms on pages 56 to 88 of Schedule 2.

Signing Page – Executed as a Deed Poll

Date _____

FOR AUSTRALIAN BODIES CORPORATE

Signed, sealed and delivered by

(Name of Applicant)

(Capacity of Applicant e.g. trustee of ABC trust)

in accordance with Section 127 of the
Corporations Act 2001

Signature of director

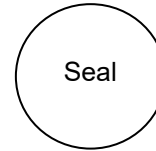
Signature of director/company secretary
(Please delete as applicable)

Name of director (print)

Name of director/company secretary (print)

FOR NON-AUSTRALIAN ENTITIES

Signed, sealed and delivered by



(Name of Applicant)

in the presence of

(Capacity of Applicant e.g. trustee of ABC trust)

Signature of witness

Signature of authorised signatory

Name of witness (print)

Name of authorised signatory (print)

The witness named above observed the signatory sign this document in real time over audio-visual link, in accordance with section 14G of the *Electronic Transactions Act 2000* (NSW).

(strikethrough if not applicable)

FOR INDIVIDUALS

Date _____

Signed, sealed and delivered by

_____ in the presence of

(Name of Applicant)

Signature of witness

Signature of Applicant

Name of witness (print)

The witness named above observed the signatory sign this document in real time over audio-visual link, in accordance with section 14G of the *Electronic Transactions Act 2000* (NSW).

(strikethrough if not applicable)

FOR AUSTRALIAN ENTITIES SIGNING UNDER POWER OF ATTORNEY*:

Date _____

Signed, sealed and delivered for

(Name of Applicant)

by its attorney/s under power of attorney in
the presence of

Signature of witness

Signature of attorney

Name of witness (print)

Name of attorney (print)

The witness named above observed the signatory sign this document in real time over audio-visual link, in accordance with section 14G of the *Electronic Transactions Act 2000* (NSW).

(strikethrough if not applicable)

Signature of witness

Signature of attorney

Name of witness (print)

Name of attorney (print)

The witness named above observed the signatory sign this document in real time over audio-visual link, in accordance with section 14G of the *Electronic Transactions Act 2000* (NSW).

(strikethrough if not applicable)

** A certified copy of the power of attorney must be attached. By signing, the attorneys are verifying that at the time of signing they have not received notification of revocation of that power.*

Schedule 1 Covenants and declarations

By executing this Agreement, you agree to make the following covenants and declarations:

- (a) You have read, understood and agree to be bound by the Constituent Documents as amended from time to time.
- (b) You have the power and authority to execute, deliver and perform your obligations under the Constituent Documents, and to apply for the Units. You agree this is a legally binding document.
- (c) If you are signing this Agreement under power of attorney, you declare that you have not received notice of revocation of that power (a certified copy of the power of attorney should be submitted with this Agreement).
- (d) If you are the sole signatory signing on behalf of a company, you declare that you are signing as a sole director and secretary of the company.
- (e) You and any person that applies for or acquires Units in the Trust on your behalf under this Agreement is a wholesale client (as defined in the *Corporations Act 2001* (Cth) (**Act**)) and the Units are being acquired for your own account for investment purposes unless otherwise disclosed to the Manager in writing.
- (f) If you are applying for Units as a trustee, agent, representative, custodian, sub-custodian or nominee, you understand and acknowledge that the representations, warranties and agreements made herein are made by you:
 - (i) with respect to you; and
 - (ii) with respect to such underlying applicant(s).
- (g) You have all requisite power and authority from such underlying applicant(s) to execute and perform the obligations under this Agreement. If you are not applying for Units on your own account, you agree to provide any additional documents and information that the Issuer may reasonably request.
- (h) You declare that you are not bankrupt or a minor, and are authorised to execute this Agreement.
- (i) You confirm that you have the financial capacity to hold the Units for the term of the Trust, and bear associated risks and obligations.
- (j) The execution and delivery of the Constituent Documents will not conflict with, or result in any default under, any provision of any agreement or instrument to which you are bound.
- (k) You declare that all information provided in this Agreement or any other information provided in support of this Agreement is true and correct and undertake to inform the Manager of any changes to the information supplied as and when they occur.
- (l) You acknowledge and agree that you are a sophisticated investor and have undertaken your own due diligence and have been offered sufficient information to enable you to form a view on the merits and risks of this investment.
- (m) You acknowledge that none of the Manager, Trustee, LVP or any of their subsidiaries, directors, associates or any other person guarantee the repayment of capital or the performance of the Trust and that an investment in the Trust is subject to risks including possible delays in repayment of capital, possible loss of capital invested and possible loss of income. You have read and understood the risks outlined in the Information Memorandum.
- (n) You acknowledge and understand that you have relied in every respect on your own independent investigation, enquiries and appraisals in deciding to apply for Units and you have not relied on any representations or warranties made by the Issuer, any of its related bodies corporate, or any of their respective officers, directors, advisers, associates, affiliates or representatives (including administrators, placement agents, tax advisers and legal counsel) (each a **Relevant Person**) in connection with the Trust or the performance of the Trust other than those contained in the Constituent Documents.
- (o) You confirm that you have consulted a solicitor, accountant, investment adviser or other appropriate advisers regarding an investment in the Trust and its suitability for you or that you have formed a view that you do not require any advice.
- (p) You acknowledge and agree that application monies will be held in an account which may be interest bearing until invested in the Trust (or returned to you). Interest (if any) will be paid to the Trust.
- (q) You agree to us collecting, holding, disclosing and using your personal information and consent to it being used for:
 - (i) administration purposes and in relation to your holding and all transactions relating to the holding and for providing or marketing products and services to you;
 - (ii) ensuring compliance with all applicable regulatory or legal requirements including the requirements of regulatory bodies or relevant exchanges including the requirements of the superannuation law; and
 - (iii) any other purpose prescribed in the Constituent Documents or as required by law.

You acknowledge that we may not be able to process or accept your application or you may be compulsorily redeemed from the Trust in accordance with the Constituent Documents if you do not provide this and other information required under the Constituent Documents or to comply with applicable laws.

- (r) You agree that Relevant Persons and their service providers may disclose any of the information contained in this Agreement and any other information you furnish to any of them to their agents, contractors or third party service providers as otherwise required or permitted by law and permitted under the Constituent Documents.
- (s) You agree that if you decide not to provide to the Manager your tax file number or Australian Business Number or your reason for exemption, tax at the highest marginal tax rate plus Medicare levy (where applicable) may be deducted from your income as required by the tax legislation.
- (t) You agree to provide the Manager with any information it reasonably requests to assist it in fulfilling its tax or legal obligations and in connection with obtaining any exemption, reduction or refund of any withholding or other taxes imposed upon the Manager or the Trust.
- (u) You consent to the use of your information being disclosed to the related entities of the Manager, Trustee and Liverpool Partners Pty Ltd (ACN 159 465 193; Australian Financial Services licence no. 000429777) (**LVP**) for the purposes of administration of the Trust, direct marketing of potential investment opportunities (subject to your right of opt-out at any time), product management and development, and for other reasonable purposes.
- (v) You agree that you must not disclose or cause to be disclosed any confidential proprietary information concerning the Trust or Relevant Persons to any person or use any such confidential information for your own purposes or your own account, except as permitted under the Constituent Documents.
- (w) In order to comply with the Anti-Money Laundering and Counter-Terrorism Financing Act and related laws and regulations (**AML/CTF Law**), you agree to provide us with all true and correct information and assistance that we may request in order for us to comply with any AML/CTF Law.
- (x) You acknowledge that we reserve the right to request or re-verify such information as is necessary to meet this obligation and may, without liability to you, decide to delay or refuse any request or transaction if it is concerned that the request or transaction may breach any obligation of AML/CTF Law.
- (y) You represent that the Units are or will be purchased with funds that are from legitimate sources. You are not aware and have no reason to suspect:
 - (i) that the monies used to fund your investment in the Trust have been or will be derived from or related to proceeds of crime, money laundering, terrorism financing or similar activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement; and
 - (ii) the proceeds of your investment in the Trust will not be used to finance any illegal activities.
- (z) You acknowledge and agree that the Manager reserves the right in its absolute discretion to allocate Units or to not accept or to scale back an application for Units in its absolute discretion and to cancel the offer of Units.
- (aa) You acknowledge and agree that pursuant to clause 1.7 of the Trust Deed, there are rules as to consistency between Constituent Documents and these rules will be applied by the Issuer.
- (bb) You acknowledge that this Agreement does not constitute an offer in any jurisdiction which it would be unlawful to make the offer and you are in a jurisdiction in which the offer may be lawfully made.
- (cc) You agree that the Constituent Documents and any other agreement expressed to govern your investment in the Trust, contain the entire agreement of the parties with respect to the Units, and there are no representations, covenants or other agreements except as expressly stated or referred to in a Constituent Document.
- (dd) You acknowledge that if you use electronic instructions (online or email facility), you release, discharge and agree to indemnify the Manager, Trustee and their agents, including the registrar and their respective officers from and against all losses, liabilities, actions, proceedings, accounts, claims and demands arising from instructions received under the facility; and
- (ee) You agree that, except as permitted by applicable law, you may not cancel, terminate or revoke this Agreement or any agreement made hereunder once this Agreement is submitted. This Agreement (including the representations, warranties and covenants made in it) shall survive your death or legal disability and shall be binding upon your heirs, executors, administrators, successors and assigns.
- (ff) If you are a New Zealand resident investor, you:
 - (i) represent to us that you are a wholesale investor for the purposes of clauses 3(2) or 3(3)(b)(i)-(ii) of Schedule 1 of the Financial Markets Conduct Act 2013 (NZ) and have completed and submitted to us a safe harbour certificate (available by contacting the Administrator on +61 2 7201 9000 or ssg.aus@apexgroup.com); and
 - (ii) acknowledge and agree to the New Zealand selling restriction in the Information Memorandum.

(gg) This Agreement is governed by the laws of New South Wales, and the parties irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of New South Wales.

Schedule 2 KYC, AML and Identification Information and Documentation Forms

Application (Wholesale) | Individual

LVP Granite Fund

WHO SHOULD COMPLETE THIS FORM?

This application form is for individuals or sole traders, investing on their own behalf.

HOW TO COMPLETE THIS FORM

-
- Step 1** Before submitting this form, please read the Information Memorandum, available by contacting the Administrator on Ph: +61 2 7201 9000.
- Units in The Fund will only be issued following acceptance of an application form, with all required documents attached.
- Please complete using the editable PDF, sign and print or, please print, use black pen and write in BLOCK letters. If you make an error do not use correction fluid, instead, cross out your error and initial your changes.
- Note:** Please ensure all fields are completed including those in **sections A and B**.
-
- Step 2** Tell us your foreign tax status
- Please complete the Global Tax Reporting (FATCA/CRS) information in section 10.
-
- Step 3** Sign and send your documents to the below address.
- Please ensure you sign section 12 of the form in accordance with the instructions provided. You can return your forms by email or by post to:
- Apex Fund Services Pty Ltd
ACN 118 902 891
GPO Box 4968
Sydney NSW 2000
Email: ssg.aus@apexgroup.com
-
- Step 4** Make your payment
- Please refer to **section 4** of the application form and follow the instructions on how to pay the application amount. Your application cannot be processed until all relevant identification documents and cleared funds are received.
-

IMPORTANT INFORMATION

Please ensure all relevant fields are completed. If you do not complete all relevant sections your application may be rejected and returned to you for completion, resulting in a delay in processing your application.

If you have any questions as you complete this form, please refer to the FAQs, or contact us on +61 2 7201 9000.

LVP Granite Services Pty Ltd (ACN 695 016 383), a corporate authorised representative of Liverpool Partners Pty Ltd (ACN 159 465 193; AFSL 000429777) is the Trustee and issuer of this Application Form.

Investor details

What is the full legal name of the entity that will hold title to the units?

Full name of account designation

If you are an existing investor, please provide your account number

I/We confirm there are no changes to our identification documents previously provided and that these remain current and valid.

I/We confirm there are no changes to the information in our previous application provided and that it remains current and valid.

If you are an existing investor and have provided your details above, you can skip the 'investor details' and 'verification procedure' sections and continue to the 'investment details and distribution instructions' section on page 17 of this form.

1 Investor details

Complete all details below in respect of the individual(s) or sole trader(s) that will hold legal title to the units.

Investor 1

Title

Given name(s)

Surname

Business name (if sole trader)

ABN (if any, for sole trader)

Date of birth (DD/MM/YYYY)

Occupation

Residential address (or, if you are a sole trader, principal place of business) - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Postal address (if different to residential address) - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Contact details

Home number (including country and area code)

Mobile number (including country code)

Email (default address for all correspondence)

Tax details – Australian residents

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

TFN

Reason for exemption

1 Investor details

Politically Exposed Persons (PEP) Declaration	Are you, or have you ever been, a politically exposed person (PEP)? A PEP includes a senior government official, judge, senior military officer, senior executive of a state-owned enterprise, or a close associate or family member of such a person. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details (position held, country, dates):
---	--

2 Investor details

Complete all details below in respect of the individual(s) or sole trader(s) that will hold legal title to the units.

Investor 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business name (if sole trader)

ABN (if any, for sole trader)

Date of birth (DD/MM/YYYY)

Occupation

Residential address (or, if you are a sole trader, principal place of business) - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address (if different to residential address) - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Home number (including country and area code)

Mobile number (including country code)

Email (default address for all correspondence)

Tax details – Australian residents

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

TFN

Reason for exemption

2 Investor details

Politically Exposed Persons (PEP) Declaration

Are you, or have you ever been, a politically exposed person (PEP)? A PEP includes a senior government official, judge, senior military officer, senior executive of a state-owned enterprise, or a close associate or family member of such a person.
 Yes No

If Yes, please provide details (position held, country, dates):

If there are more than two individuals, please complete a separate application form signed by each additional applicant and submit it together with this form.

If clarification is required please contact us on +61 2 7201 9000 or ssg.aus@apexgroup.com.

3 Verification Procedure

If you cannot meet the requirements of option A and do not select option C, please follow the instructions in option B.

OPTION A

Provide a certified copy* of one of the following:

- | | |
|--|--------------------------|
| Current Australian Driver's Licence containing a photo of the person (scan the front and back) | <input type="checkbox"/> |
| Current Australian Passport or an Australian Passport that has expired within the preceding 2 years | <input type="checkbox"/> |
| Current Australian State or Territory Government Identity Card showing the person's date of birth, photo and signature | <input type="checkbox"/> |
| Current Foreign Government Identity Card showing the person's date of birth, photo and signature** | <input type="checkbox"/> |
| Current Foreign Driver's Licence showing the person's date of birth, photo and signature** | <input type="checkbox"/> |
| Current Foreign Passport showing the person's date of birth, photo and signature** | <input type="checkbox"/> |

OPTION B

If you can't provide any document from option A, then please provide a certified copy* of one document from group 1 and one document from group 2.

GROUP 1

- | | |
|---|--------------------------|
| Birth Certificate or Birth Extract issued by an Australian State or Territory | <input type="checkbox"/> |
| Australian Government issued Citizenship Certificate | <input type="checkbox"/> |
| Current Concession or Health Care Card issued by Centrelink (scan the front and back) | <input type="checkbox"/> |

GROUP 2

- | | |
|---|--------------------------|
| Commonwealth, State or Territory Government Notice within the preceding 12 months and recording the provision of financial benefits | <input type="checkbox"/> |
| Australian Taxation Office Notice within the preceding 12 months and recording the debt payable to or by the individual by or to (respectively) the ATO | <input type="checkbox"/> |
| Local Government or Utilities Provider Statement within the preceding 3 months and recording the provision of services | <input type="checkbox"/> |

OPTION C

As an alternative to providing certified copies under Options A or B, we may verify your identity using electronic identity verification (eIDV) services, biometric verification, or video-based identification in accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Rules 2025* (Cth).

- | | |
|--|--------------------------|
| If you wish to use electronic verification, please contact us on +61 2 7201 9000 or ssg.aus@apexgroup.com for further instructions. | <input type="checkbox"/> |
|--|--------------------------|

*Please see the FAQs at the end of this form for the meaning of certified copy.

** If the document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

4 Investment details and distribution instructions

Fund name	Fund Minimum AUD\$	Investment amount AUD\$	Distribution option (indicate (X) one option)	
			Pay to my bank a/c	Reinvest
LVP Granite Fund	25,000	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<hr/>	<hr/>	<hr/>

Note: We will only accept applications in their base currency. The minimum investment is \$25,000 (please refer to the IM of the Fund you are making your investment). However, we may waive or vary the investment minimums. Please nominate one distribution option. If no selection is made, distributions will be automatically reinvested. There may be periods in which no distribution is payable, or we may make interim distributions.

Please indicate the source and origin of funds being invested (required)	<input type="checkbox"/>
Savings	<input type="checkbox"/>
Investment	<input type="checkbox"/>
Superannuation contributions	<input type="checkbox"/>
Commission	<input type="checkbox"/>
Donation/gift	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>
Normal course of business	<input type="checkbox"/>
Sale of assets (e.g. shares, property)	<input type="checkbox"/>
Other	<input type="checkbox"/>

If 'Other' is selected, please provide details:

5 Payment of application amount

Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

EFT Direct debit

EFT Electronic Funds Transfer

Account name: LVP GRANITE SERVICES PTY LTD ATF LVP GRANITE FUND

BSB: 082124

Account number: 147307883

Your reference: Please use the name of the investor and investor number (if applicable).

Direct debit authority - Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

By completing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and LVP Granite Services Pty Ltd, as set out in this request and in your Direct Debit Request Service Agreement, available by contacting us on +61 2 7201 9000 or ssg.aus@apexgroup.com.

Financial institution name

Branch name

Account name

BSB number

Account number

I/We request and authorise LVP Granite Services Pty Ltd (ACN 695 016 383) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by our administrator.

Signature of primary account holder

Full name

Date of birth (DD/MM/YYYY)

□□/□□/□□□□

Signature of joint account holder (if applicable)

Full name

Date of birth (DD/MM/YYYY)

□□/□□/□□□□

6 Financial institution account details

Australian bank account details

Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. There may be periods in which no distribution is payable, or we may make interim distributions. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts.

Financial institution name

Branch name

Account name

BSB number

Account number

Foreign bank account details

Financial institution name

Branch name

Account name

SWIFT/BIC

ABA/FED (US)

IBAN (Europe)

7 Communication

Automatic online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

Annual report options

The annual financial statements of the Fund will be available for free on our website. If you would like to receive a copy by email, please indicate below.

Yes

Marketing materials

You may receive information from us via email relating to market commentary, services or information that may be of interest to you. By providing us with your contact details you consent to being contact by these methods for these purposes. Please indicate if you do not wish to receive marketing information from us or any companies within our group.

8 Wholesale investor certification

Investment in the Fund is restricted to wholesale investors. Please tick the appropriate box and provide the requested evidence.

I am investing \$500,000 or more in units

I am currently certified by an accountant as a wholesale investor (provide a copy of the current accountant's certification - i.e. less than two years old)

I am a professional investor - e.g. an Australian Financial Services licensee; an APRA regulated body; or control \$10m or more in assets (provide evidence of meeting one of these requirements)

Note: If we are not satisfied that you meet one of the requirements, you will not be able to invest in the Fund.

9 Financial Adviser details

Unless you check the box below to opt out of allowing your financial adviser access to information about your investment in the Fund, copies of all documentation you receive in respect of your investments will be provided to your financial adviser.

I do not want my financial adviser to receive any information in regard to my investment in the Fund.

(If you have checked the box above you do not need to complete any further information in this Section).

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Adviser email address

Operating your account

Do you want your financial adviser to be able to operate your account?

No

Yes – Please provide details below

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

We may suspend or terminate their appointment for any reason considered reasonable, and may change the terms on which they operate your account.

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

9 Financial Adviser details

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Details

AFSL holder name

AFSL number

Adviser name

Adviser code or Authorised representative number

ABN

Postal address (if different to residential address) - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone

Mobile

Contact details

Business number (include country and area code)

Mobile number (include country code)

Adviser signature

10 Authorised representative of investor

Please complete this section if you wish to appoint an individual or individuals to act on your behalf in relation to your investment in the Fund. If you have appointed an entity as your authorised representative, please contact us on +61 2 7201 9000 or ssg.aus@apexgroup.com to obtain the relevant KYC form.

10.1 Agent's details

Agent 1

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	
Agent's phone number	<input type="text"/>	
Email	<input type="text"/>	
Adviser signature	<input type="text"/>	

Agent 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	
Agent's phone number	<input type="text"/>	
Email	<input type="text"/>	
Adviser signature	<input type="text"/>	

If you wish to appoint more than two agents please complete the details on a separate sheet and attach to this application form.

10.2 How agents may act in relation to the account?

Please tick as applicable

Each agents listed above may provide instructions in relation to the investment individually without the consent of the other

All agents must act jointly to provide instructions in relation to the investment

Other arrangement – please provide details below

10.3 Verification procedure for authorised representatives who are individuals

For each authorised representative, please provide verification documents in accordance with the verification procedure in section 5. In addition, please provide evidence of each authorised representative’s authority to act on behalf of the investor. Please tick the document(s) you have provided.

Verification documents - mandatory

A certified copy of ID as per section 2

Authorised representative’s authority - one of the following (not required for a Financial Adviser listed in Section 11)

Certified copy of the authorising document (e.g. POA); or

A certified copy of a guardianship order; or

Other arrangement – please provide details

I confirm that the document authorising each authorised representative is still valid and has not been revoked.

11 Global tax reporting requirements (FATCA/CRS)

Why you need to complete this section?

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and a number of other foreign Governments have an agreement which requires us to obtain certain information from investors, including taxation information. You may be liable to a penalty if you provide information that is false or misleading in a material particular. We may decide not to open an account without first receiving the required information. For more information, visit www.ato.gov.au.

If you are unsure of any of the answers, please contact a legal or accounting professional.

11.1 Tax Residence - Individual/Sole Trader

HELP

Tell me about tax residence

You can be a resident of more than one country for tax purposes. Whether you are tax resident of a particular country for tax purposes is often based on the amount of time you spend in a country and the location of your residence and/or place of work. If you pay tax or have a tax liability somewhere, you are probably a tax resident there. Dual citizenship often brings dual tax residency.

It depends on the country. For the US, tax residency can be as a result of citizenship or residency for tax purposes. If you are unsure, ask someone who knows, usually your accountant.

(a) Individual - Investor 1

Are you a US resident for tax purposes?

- No
- Yes – please tell us your TIN

Are you an Australian resident for tax purposes?

- No
- Yes – please tell us your TFN

HELP

What is a TIN?

This is short for Taxpayer Identification Number, an identification number issued or used by tax authorities. In Australia, the equivalent is the tax file number (TFN). For the US, it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or a US Employer Identification Number. In other countries, it may have a different name.

HELP

No TIN? Reasons we accept are:

Reason A: The country of tax residency does not issue TINs to its tax residents Reason B: The entity/individual has not been issued with a TIN

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

Are you a resident of any other country for tax purposes?

Other than the US or Australia

- No
- Yes – please tell us which ones, using the following table

	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? See HELP box.
1			
2			
3			
4			

Please tell us your explanation to selection of Reason B

(b) Individual - Investor 2

Are you a US resident for tax purposes?

- No
- Yes – please tell us your TIN

Are you an Australian resident for tax purposes?

- No
- Yes – please tell us your TFN

HELP

What is a TIN?

This is short for Taxpayer Identification Number, an identification number issued or used by tax authorities. In Australia, the equivalent is the tax file number (TFN). For the US, it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or a US Employer Identification Number. In other countries, it may have a different name.

HELP

No TIN? Reasons we accept are:

Reason A: The country of tax residency does not issue TINs to its tax residents Reason B: The entity/individual has not been issued with a TIN

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

Are you a resident of any other country for tax purposes?

Other than the US or Australia

- No
- Yes – please tell us which ones, using the following table

(b) Individual - Investor 2

	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? See HELP box.
1			
2			
3			
4			

Please tell us your explanation to selection of Reason B

12 Third-Party Professional Lodgement

If this application is being lodged on your behalf by a lawyer, accountant, trust and company service provider, or other professional adviser (Gatekeeper Professional), please complete the following:

Name of professional/firm: _____

Type of professional:

- Lawyer
- Accountant
- Trust/Company Service Provider
- Other: _____

I/We confirm that the Gatekeeper Professional has conducted AML/CTF due diligence on me/us in accordance with Anti-Money Laundering and Counter-Terrorism Financing legislation and rules and can provide that information to the Fund on request:

Yes No

13 Declarations & acknowledgements

Please read the declarations below before signing this form. The required signature(s) are detailed at the bottom of this form. When you apply to invest, you (the applicant) are telling us that I/we:

- declare that I/we have read and understood the IM of the Fund and agree to be bound by its terms and conditions as they apply to the Fund and agree to be bound by the constitution of the Fund (both as amended from time to time).
- declare that I/we am/are not bankrupt or a minor, and I/we am/are authorised to sign this form.
- agree to the collection, disclosure and use of my/our personal information in accordance with LVP Granite Services Pty Ltd's Privacy Policy, the Privacy section of the Information Memorandum or otherwise as required by law.

- consent to my/our information being disclosed to the related entities of LVP Granite Services Pty Ltd for the purposes of administration of the Fund, direct marketing of potential investment opportunities (subject to my/our right of opt-out at
- any time), product management and development, and for other reasonable purposes.
- agree to the verification of my/our identity and provide any further information or documentation required by LVP Granite Services Pty Ltd to comply with its obligations under laws relating to anti-money laundering and counter-terrorism or any other law, including Australian and overseas taxation legislation.
- represent and covenant that the funds I/we are investing are not the proceeds of crime or money laundering, nor connected with the financing of terrorism and are not in breach of laws relating to anti-money laundering and counter-terrorism, in Australia or elsewhere.
- represent and warrant that I/we am/are not a designated person or proscribed person under the Autonomous Sanctions Act 2011 (Cth), the Charter of the United Nations Act 1945 (Cth), or any other applicable sanctions regime, and that I/we am/are not owned or controlled by any such person or entity, and that this investment will not be used to breach any sanctions laws.
- consent to ongoing customer due diligence such as enquiries as to source of funds/wealth, including periodic reviews of the information provided in this application form, and undertake to notify LVP Granite Services Pty Ltd promptly of any material changes to the information provided (including changes to beneficial ownership, PEP status, tax residency, or control of the investment).
- agree that LVP Granite Services Pty Ltd may request updated verification documentation from time to time to comply with its ongoing obligations under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) and *Anti-Money Laundering and Counter-Terrorism Financing Rules 2025* (Cth), and agree to provide such documentation within a reasonable timeframe.
- agree that LVP Granite Services Pty Ltd may in its absolute discretion determine not to issue units to me/us, may cancel any units that have been issued to me/us.
- understand that LVP Granite Services Pty Ltd needs time to determine whether to accept identification and verification documents (and to consider whether additional information is required) and acknowledge that even if all the information requested has been provided and received prior to the cut-off time, the processing of the application may be postponed or delayed pending acceptance in which case the application will be processed at the unit price applicable for the Business Day on which all information has been received and verified.
- acknowledge that none of the Custodian, LVP Granite Services Pty Ltd nor any of their subsidiaries, directors, associates or any other person guarantee the repayment of capital or the performance of the Fund and that an investment in the Fund is subject to risks including possible delays in repayment of capital, possible loss of capital invested and possible loss of income.
- declare that I/we have received this IM personally, or a print-out of it, accompanied by or attached to this application form before signing the application form.
- declare that all information provided in the application form or any other information provided in support of the application is true and correct and undertake to inform LVP Granite Services Pty Ltd of any changes to the information supplied as and when they occur.
- declare that if I/we are signing under a power of attorney, the power of attorney has not been revoked.
- acknowledge that this IM does not constitute an offer in any jurisdiction in which, or to any person for whom, it would be unlawful to make the offer and I/we are in a jurisdiction in which the offer may be lawfully made.
- declare that I/we have the legal power to invest in the Fund and by making this application. I/we will not contravene any law, regulation, authorisation or the relevant constitution or constituent documents of the investor
- acknowledge that if I/we use electronic instructions (online or email facility), I/we:

- release, discharge and agree to indemnify LVP Granite Services Pty Ltd and its agents, including the registrar and their respective officers from and against all losses, liabilities, actions, proceedings, accounts, claims and demands arising from instructions received under the facility;
- agree that a payment made in accordance with the conditions of the facility shall be in complete satisfaction of all obligations to me/us for a payment, notwithstanding it was requested, made or received without my/our knowledge or authority.

Declare that I am/we are a Wholesale, Sophisticated or Professional Investor (as defined in the Corporations Act 2001 (Cth));

By completing and signing this form:

- you represent having read and understood this form
- you represent this form is complete and accurate
- if you have applied for but not received your TIN or GIIN, you undertake to inform us within 30 days of receiving it
- you undertake that if information in this form changes, you will tell us within 30 days
- you declare that to the best of your knowledge and belief the information provided in the Global Tax Reporting section is true and correct
- you agree to notify LVP Granite Services Pty Ltd of any changes to your tax residency or that of any beneficial owners or controlling person.

14 Signatures

All applicants must sign

Signature 1

Signature

Date (DD/MM/YYYY)

□□/□□/□□□□

Full name

Signature 2

Signature

Date (DD/MM/YYYY)

□□/□□/
□□□□

Full name

Capacity

Investor 1

Agent

Capacity

Investor 2

Agent

Signature 3

Signature

Date (DD/MM/YYYY)

□□/□□/□□□□

Full name

Signature 4

Signature

Date (DD/MM/YYYY)

□□/□□/
□□□□

Full name

Capacity

Investor 3

Agent

Capacity

Investor 4

Agent

If signed under Power of Attorney

14 Signatures

Attorneys must attach a certified copy of the power of attorney. The attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her power of attorney and is also authorised to sign this form.

FAQs	
Translating documents by an accredited translator	<p>In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters at or above professional level.</p> <ul style="list-style-type: none"> • NAATI (https://www.naati.com.au/) <p>In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent authority. For these, escalate to the AML Compliance Officer for assistance.</p>
Getting your copies certified	Any document(s) requiring to be certified for verification purposes must be certified by an eligible person to be a true copy of the original document. Documents must be either certified on all pages or certified on the front page with a clear reference to the number of subsequent pages that are included.
Example of certification	<p>I certify that this is a true and correct copy of the original document</p> <p>Signature of Certifier Name of Certifier</p> <p>Capacity of certifier – e.g. Justice of the Peace Date of certification (DD/MM/YYYY)</p>
List of occupations that can certify (from the Statutory Declaration Regulations 2018)	<ul style="list-style-type: none"> • Architect • Chiropractor • Dentist • Financial adviser or financial planner • Legal practitioner • Medical practitioner • Midwife • Migration authorised representative registered under Division 3 of Part 3 of the Migration Act 1958 • Nurse • Occupational therapist • Optometrist • Patent attorney • Pharmacist • Physiotherapist • Psychologist • Trade marks attorney • Veterinary surgeon.
List of persons who can certify	<ul style="list-style-type: none"> • 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) • a judge of a court • a magistrate • a chief executive officer of a Commonwealth court • a registrar or deputy registrar of a court • a Justice of the Peace • a notary public (for the purposes of the Statutory Declaration Regulations 2018) • a police officer • an authorised representative of the Australian Postal Corporation who is in charge of an office supplying postal services to the public • a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public • an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)

FAQs

- an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018)
- a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 2018)
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

The following form is for the use of Australian Applicants only who are investing less than AUD \$500,000

ACCOUNTANT'S CERTIFICATE THAT CLIENT IS WHOLESALE UNDER SECTION 761G(7) OF THE CORPORATIONS ACT

Apex Fund Services Pty Ltd
ACN 118 902 891
GPO Box 4968
Sydney NSW 2000
Email: ssg.aus@apexgroup.com

I,

of

Certify as follows:

- 1 I am a qualified accountant for the purposes of the Corporations Act, being a member of the Institute of Chartered Accountants in Australia/Australian Society of Certified Practising Accountants/National Institute of Accountants and am subject to, and comply with, that body's continuing education requirements.
- 2 I am giving this certificate in accordance with Section 761G(7)(c) of the Corporations Act at the request of, and with reference to,

(Investor) and acknowledge that this certificate will be relied upon to make offers of financial products to the Investor without disclosure under Part 7.9 of the Corporations Act.

- 3 I certify that, having reviewed the financial position of the Investor:
 - (a) the Investor has net assets of at least A\$2.5 million; or
 - (b) the Investor had a gross income for each of the last two financial years of at least A\$250,000 a year.

Signature

Print name

Dated

Notes

The certificate should be:

1. Provided before any offer is made; and
2. Given no earlier than two years before the offer is made

Application (Wholesale) | Self Managed Super Fund (SMSF)

LVP Granite Fund

WHO SHOULD COMPLETE THIS FORM?

This application form is for investments made by trustees of Self Managed Superannuation Funds (SMSF).

HOW TO COMPLETE THIS FORM

Step 1 Before submitting this form, please read the Information Memorandum (IM), available by contacting the Administrator on Ph: +61 2 7201 9000.

Units in the Fund will only be issued following acceptance of an application form, with all required documents attached.

Please complete using the editable PDF, sign and print or, please print, use black pen and write in BLOCK letters. If you make an error do not use correction fluid, instead, cross out your error and initial your changes.

Note: Please ensure all fields are completed including those in sections A and B.

Step 2 Tell us your foreign tax status

Please complete the Global Tax Reporting (FATCA/CRS) information in section 10.

Step 3 Sign and send your documents to the below address.

Please ensure you sign section 12 of the form in accordance with the instructions provided. You can return your forms by email or by post to:

Apex Fund Services Pty Ltd
ACN 118 902 891
GPO Box 4968
Sydney NSW 2000s
Email: ssg.aus@apexgroup.com

Step 4 Make your payment

Please refer to section 4 of the application form and follow the instructions on how to pay the application amount. Your application cannot be processed until all relevant identification documents and cleared funds are received.

IMPORTANT INFORMATION

- Please ensure all relevant fields are completed. If you do not complete all relevant sections your application may be rejected and returned to you for completion, resulting in a delay in processing your application.
- We may require further ongoing customer due diligence such as enquiries into source of funds/wealth, including periodic reviews of the information provided in this application form from time to time as required under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) and *Anti-Money Laundering and Counter-Terrorism Financing Rules 2025* (Cth) (AML Rules).
- If you have any questions as you complete this form, please refer to the FAQs, or contact us on Ph: +61 2 7201 9000.

LVP Granite Services Pty Ltd (ACN 695 016 383), a corporate authorised representative of Liverpool Partners Pty Ltd (ACN 159 465 193; AFSL 000429777) is the Trustee and issuer of this Application Form.

Investor details

What is the full legal name of the entity that will hold title to the units?

Full name of account designation

If you are an existing investor, please provide your account number

I/We confirm there are no changes to our identification documents previously provided and that these remain current and valid.

I/We confirm there are no changes to the information in our previous application provided and that it remains current and valid.

If you are an existing investor and have provided your details above, you can skip the 'investor details' and 'verification procedure' sections and continue to the 'investment details and distribution instructions' section on page 43 of this form.

1 SUPERANNUATION FUND DETAILS

Full name of superannuation fund

Full business name (if any) of the trustee in respect of the superannuation fund

Country of establishment

Tax file number or exemption code

Australian Business Number (if any)

2 TRUSTEE DETAILS

Note: A Self-managed Super Fund (SMSF) may have either individual trustees or corporate trustees. If there are more than four (4) trustees, please complete section 2 of another application form and attach it to the main application form.

How many trustees does the SMSF have?

Type of trustee

Individual trustee (complete section 2.1)

Corporate trustee (complete section 2.2 & 2.3)

2.1 Individual trustee(s) details

Individual trustee 1

Title

Given name(s)

Surname

Date of birth
(DD/MM/YYYY)

Occupation

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

2.1 Individual trustee(s) details

Contact details

Home number (including country and area code)

Mobile number (including country code)

Email (default address for all correspondence)

All correspondence will be sent to the email address provided by individual trustee 1.

If you wish to receive correspondence directly to your email address, please check this box.

Individual trustee 2

Title

Given name(s)

Surname

Date of birth
(DD/MM/YYYY)

Occupation

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Contact details

Home number (including country and area code)

Mobile number (including country code)

Email (default address for all correspondence)

All correspondence will be sent to the email address provided by individual trustee 1.

If you wish to receive correspondence directly to your email address, please check this box.

Individual trustee 3

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation	<input type="text"/>
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Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details	<input type="text"/>	<input type="text"/>
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Home number (including country and area code)	Mobile number (including country code)
<input type="text"/>	<input type="text"/>

Email (default address for all correspondence)

All correspondence will be sent to the email address provided by individual trustee 1.
If you wish to receive correspondence directly to your email address, please check this box.

Individual trustee 4

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation	<input type="text"/>
-------------------------------	--	------------	----------------------

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details	<input type="text"/>	<input type="text"/>
-----------------	----------------------	----------------------

Home number (including country and area code)	Mobile number (including country code)
<input type="text"/>	<input type="text"/>

Email (default address for all correspondence)

All correspondence will be sent to the email address provided by individual trustee 1.

If you wish to receive correspondence directly to your email address, please check this box.

2.2 Corporate trustee details

Full business name as registered by ASIC

ACN

Nature of business

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Principal place of business (if any) (PO Box is not acceptable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Contact details (for company or contact person)

Name

Email

Business number (include country and area code)

Mobile number (include country code)

2.3 What type of company is the corporate trustee?

Public (companies whose name does NOT include the word Pty or proprietary; generally listed companies)	<input type="checkbox"/>
Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies)	<input type="checkbox"/>

Please complete the director details below if you are an Australian proprietary company. Do not complete for public companies.

Directors details

How many directors are there?

Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate sheet and attach to this form.

Director 1

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Director 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Director 3

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Director 4

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Investment details and distribution instructions				
Fund name	Fund Minimum AUD\$	Investment amount AUD\$	Distribution option (indicate (X) one option)	
			Pay to my bank a/c	Reinvest
LVP Project Granite	25,000	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: We will only accept applications in their base currency. The minimum investment is \$25,000 (please refer to the IM of the Fund you are making your investment). However, we may waive or vary the investment minimums. Please nominate one distribution option. If no selection is made, distributions will be automatically reinvested. There may be periods in which no distribution is payable, or we may make interim distributions.

Please indicate the source and origin of funds being invested (required)

- Savings
- Investment
- Superannuation contributions
- Commission
- Donation/gift
- Inheritance
- Normal course of business
- Sale of assets (e.g. shares, property)
- Other

4 Payment of application amount	
Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.	
<input type="checkbox"/>	EFT
<input type="checkbox"/>	Direct debit
EFT	Electronic Funds Transfer
Account name:	LVP GRANITE SERVICES PTY LTD ATF LVP GRANITE FUND
BSB:	082124
Account number:	147307883
Your reference:	Please use the name of the investor and investor number (if applicable).

Direct debit authority - Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

By completing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and LVP Granite Services Pty Ltd, as set out in this request and in your Direct Debit Request Service Agreement, available by contacting us on +61 2 7201 9000 or ssg.aus@apexgroup.com.

Financial institution name	Branch name
<input type="text"/>	<input type="text"/>
Account name	
<input type="text"/>	
BSB number	Account number
<input type="text"/>	<input type="text"/>

I/We request and authorise LVP Granite Services Pty Ltd to arrange, through its own financial institution, a debit to the nominated account as deemed payable by our administrator.

Signature of primary account holder	
<input type="text"/>	
Full name	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Signature of joint account holder (if applicable)	
<input type="text"/>	
Full name	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

5 Financial Institution Account Details

Australian bank account details

Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. There may be periods in which no distribution is payable, or we may make interim distributions. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts.

Financial institution name

Branch name

Account name

BSB number

Account number

Foreign bank account details

Financial institution name

Financial institution address

Account number

Account name

SWIFT/BIC

ABA/FED (US)

IBAN (Europe)

6 Communication

Automatic online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

Annual report options

The annual financial statements of the Fund will be available for free on our website. If you would like to receive a copy by email, please indicate below.

YES

Marketing materials

The annual financial statements of the Fund will be available for free on our website. If you would like to receive a copy by email, please indicate below.

You may receive information from us via email relating to market commentary, services or information that may be of interest to you. By providing us with your contact details you consent to being contact by these methods for these purposes. Please indicate if you do not wish to receive marketing information from us or any companies within our group.

7 Wholesale Investor Certification

Investment in the Fund is restricted to wholesale investors. Please tick the appropriate box and provide the requested evidence.

- I am investing \$500,000 or more in units
- I am currently certified by an accountant as a wholesale investor (provide a copy of the current accountant's certification - i.e. less than two years old)
- I am a professional investor - e.g. an Australian financial services licensee; an APRA regulated body; or control \$10m or more in assets (provide evidence of meeting one of these requirements)

Note: If we are not satisfied that you meet one of the requirements, you will not be able to invest in the Fund.

8 Financial Adviser Details

Unless you check the box below to opt out of allowing your financial adviser access to information about your investment in the Fund, copies of all documentation you receive in respect of your investments will be provided to your financial adviser.

- I do not want my financial adviser to receive any information in regard to my investment in the Fund.

(If you have checked the box above you do not need to complete any further information in this Section).

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Adviser email address

Operating your account

Do you want your financial adviser to be able to operate your account?

- No
- Yes- Please provide details below

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

We may suspend or terminate their appointment for any reason considered reasonable, and may change the terms on which they operate your account.

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

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Details

AFSL holder name

AFSL number

Adviser name

Adviser code or Authorised representative number

ABN

Postal address (if different to above) - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone

Mobile

Contact details (for company or contact person)

Business number (include country and area code)

Mobile number (include country code)

Adviser signature

9 Authorised Representative of Investor

Please complete this section if you wish to appoint an individual or individuals to act on your behalf in relation to your investment in the Fund. If you have appointed an entity as your authorised representative, please contact us on 1300 730 032 to obtain the relevant KYC form.

9.1 Agent's details

Agent 1

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Agent's phone number

Email

Agent's signature

Agent 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Agent's phone number

Email

Agent's signature

If you wish to appoint more than two agents please complete the details on a separate sheet and attach to this application form.

9.2 How authorised representatives may act in relation to the account?

Please tick as applicable

Each authorised representative listed above may provide instructions in relation to the investment individually without the consent of the other

All authorised representatives must act jointly to provide instructions in relation to the investment

Other arrangement – please provide details below

9.3 Verification procedure for authorised representatives who are individuals

For each authorised representative, please provide verification documents in accordance with the verification procedure in section 5. In addition, please provide evidence of each authorised representative's authority to act on behalf of the investor. Please tick the document(s) you have provided.

Verification documents - mandatory

A certified copy of ID as per section 2

Authorised representative's authority - one of the following (not required for a Financial Adviser listed in Section 11)

Certified copy of the authorising document (e.g. POA); or

A certified copy of a guardianship order; or

Other arrangement – please provide details

I confirm that the document authorising each authorised representative is still valid and has not been revoked. If you cannot meet the requirements of option A, please follow the instructions in option B.

If you cannot meet the requirements of option A, please follow the instructions in option B.

Option A

Provide a certified copy* of one of the following:

Current Australian Driver's Licence containing a photo of the person (scan the front and back)

Current Australian Passport or an Australian Passport that has expired within the preceding 2 years

Current Australian State or Territory Government Identity Card showing the person's date of birth, photo and signature

Current Foreign Government Identity Card showing the person's date of birth, photo and signature**

Current Foreign Driver's Licence showing the person's date of birth, photo and signature**

Current Foreign Passport showing the person's date of birth, photo and signature**

Option B

If you can't provide any document from option A, then please provide a certified copy* of one document from group 1 and one document from group 2.

Group 1

Birth Certificate or Birth Extract issued by an Australian State or Territory

Australian Government issued Citizenship Certificate

Current Concession or Health Care Card issued by Centrelink (scan the front and back)

Group 2

Commonwealth, State or Territory Government Notice within the preceding 12 months and recording the provision of financial benefits

Australian Taxation Office Notice within the preceding 12 months and recording the debt payable to or by the individual by or to (respectively) the ATO

Local Government or Utilities Provider Statement within the preceding 3 months and recording the provision of services

OPTION C

As an alternative to providing certified copies under Options A or B, we may verify your identity using electronic identity verification (eIDV) services, biometric verification, or video-based identification in accordance with the AML/CTF Rules.

OPTION C

If you wish to use electronic verification, please contact us on +61 2 7201 9000 or ssg.aus@apexgroup.com for further instructions.



*Please see the FAQs at the end of this form for the meaning of certified copy.

**If the document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

10 Global tax reporting requirements (FATCA/CRS)

Why you need to complete this section?

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and a number of other foreign Governments have an agreement which requires us to obtain certain information from investors, including taxation information. You may be liable to a penalty if you provide information that is false or misleading in a material particular. We may decide not to open an account without first receiving the required information. For more information, visit www.ato.gov.au.

If you are unsure of any of the answers, please contact a legal or accounting professional.

10.1 Regulated Superannuation Funds

Are you a regulated superannuation fund?

- I am the trustee of a regulated superannuation fund (this includes a self-managed superannuation fund)
- I am NOT the trustee of a regulated superannuation fund
(If you are not the trustee of a regulated superannuation fund, you must use the Trusts & Companies form. Please do not complete this form.)

HELP

Regulated superannuation fund means self-managed superannuation funds, APRA regulated superannuation funds, Australian Government or semi-government superannuation funds and pooled super trusts.

11 Third-Party Professional Lodgement

If this application is being lodged on your behalf by a lawyer, accountant, trust and company service provider, or other professional adviser (Gatekeeper Professional), please complete the following:

Name of professional/firm: _____

Type of professional:

- Lawyer
- Accountant
- Trust/Company Service Provider
- Other: _____

I/We confirm that the Gatekeeper Professional has conducted AML/CTF due diligence on me/us in accordance with Anti-Money Laundering and Counter-Terrorism Financing legislation and rules and can provide that information to the Fund on request:

- Yes No

12 Signatures

For individual trustees, all trustees to sign. For companies or corporate trustee, the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signature 1 _____

Signature 2 _____

Signature

Date (DD/MM/YY) □□/□□/□□□□

Full name

Signature

Date (DD/MM/YY) □□/□□/□□□□

Full name

Capacity

Individual trustee 1

Director

Company Secretary

Agent

Capacity

Individual trustee 2

Director

Company Secretary

Agent

Signature 3

Signature

Date (DD/MM/YY) □□/□□/□□□□

Full name

Signature 4

Signature

Date (DD/MM/YY) □□/□□/□□□□

Full name

Capacity

Individual trustee 3

Director

Company Secretary

Agent

Capacity

Individual trustee 4

Director

Company Secretary

Agent

If signed under Power of Attorney

Attorneys must attach a certified copy of the power of attorney. The attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her power of attorney and is also authorised to sign this form.

FAQs	
Translating documents by an accredited translator	<p>In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters at or above professional level.</p> <ul style="list-style-type: none"> • NAATI (https://www.naati.com.au/) <p>In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent authority. For these, escalate to the AML Compliance Officer for assistance.</p>
Getting your copies certified	Any document(s) requiring to be certified for verification purposes must be certified by an eligible person to be a true copy of the original document. Documents must be either certified on all pages or certified on the front page with a clear reference to the number of subsequent pages that are included.
Example of certification	<p>I certify that this is a true and correct copy of the original document</p> <p>Signature of Certifier Name of Certifier</p> <p>Capacity of certifier – e.g. Justice of the Peace Date of certification (DD/MM/YYYY)</p>
List of occupations that can certify (from the Statutory Declaration Regulations 2018)	<ul style="list-style-type: none"> • Architect • Chiropractor • Dentist • Financial adviser or financial planner • Legal practitioner • Medical practitioner • Midwife • Migration authorised representative registered under Division 3 of Part 3 of the Migration Act 1958 • Nurse • Occupational therapist • Optometrist • Patent attorney • Pharmacist • Physiotherapist • Psychologist • Trade marks attorney • Veterinary surgeon.
List of persons who can certify	<ul style="list-style-type: none"> • 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) • a judge of a court • a magistrate • a chief executive officer of a Commonwealth court • a registrar or deputy registrar of a court • a Justice of the Peace • a notary public (for the purposes of the Statutory Declaration Regulations 2018) • a police officer • an authorised representative of the Australian Postal Corporation who is in charge of an office supplying postal services to the public • a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public

	<ul style="list-style-type: none"> • an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955) • an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018) • a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 2018) • an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees • a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.
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The following form is for the use of Australian Applicants only who are investing less than AUD \$500,000

ACCOUNTANT'S CERTIFICATE THAT CLIENT IS WHOLESALE UNDER SECTION 761G(7) OF THE CORPORATIONS ACT

Apex Fund Services Pty Ltd
ACN 118 902 891
GPO Box 4968
Sydney NSW 2000
Email: ssg.aus@apexgroup.com

I,

Of _____

Certify as follows:

- 1 I am a qualified accountant for the purposes of the Corporations Act, being a member of the Institute of Chartered Accountants in Australia/Australian Society of Certified Practising Accountants/National Institute of Accountants and am subject to, and comply with, that body's continuing education requirements
- 2 I am giving this certificate in accordance with Section 761G(7)(c) of the Corporations Act at the request of, and with reference to,

(Investor) and acknowledge that this certificate will be relied upon to make offers of financial products to the Investor without disclosure under Part 7.9 of the Corporations Act.

- 3 I certify that, having reviewed the financial position of the Investor:
 - (a) the Investor has net assets of at least A\$2.5 million; or
 - (b) the Investor had a gross income for each of the last two financial years of at least A\$250,000 a year.

Signature

Print name

Dated

Notes

The certificate should be:

Provided before any offer is made; and

Given no earlier than two years before the offer is made

Application (Wholesale) | Trust & Companies

LVP Granite Fund

WHO SHOULD COMPLETE THIS FORM?

This application form is for domestic and foreign companies investing on their own behalf, and individuals, domestic and foreign companies investing in their capacity as trustee of a trust.

If you are a self-managed super fund (SMSF) please use the stand alone application form for SMSF.

HOW TO COMPLETE THIS FORM

-
- Step 1** Before submitting this form, please read the Information Memorandum (IM), available by contacting the Administrator on Ph: +61 2 7201 9000.
- Units in The Fund will only be issued following acceptance of an application form, with all required documents attached.
- Please print, use black pen and write in BLOCK letters. If you make an error do not use correction fluid, instead, cross out your error and initial your changes.
- Note:** Please ensure all fields are completed including those in section A and B.
-
- Step 2** For identification and verification purposes please complete the following sections in accordance with your investment type.
- If you are:
- a regulated trust, complete sections 1, 2 and 3 (where applicable)
 - a regulated custodian, complete sections 1, 2 and 3
 - an unregulated trust, complete sections 1, 2, 3 (where applicable) and 4
 - a company acting on your own behalf, please complete section 3 and 4 (where applicable)
- all investors must complete sections A to B and 13. Review the instructions in sections 1 to 4 to determine if you need to complete those sections
-
- Step 3** Tell us your foreign tax status
- Please complete the Global Tax Reporting (FATCA/CRS) information in section 13.
-
- Step 4** Sign and send your documents to the below address.
- Please ensure you sign section 15 of the form in accordance with the instructions provided. You can return your forms by email or by post to:
- Apex Fund Services Pty Ltd
ACN 118 902 891
GPO Box 4968
Sydney NSW 2000
Email: ssg.aus@apexgroup.com
-
- Step 5** Make your payment
- Please refer to section 4 and 5 of the application form and follow the instructions on how to pay the application amount. Your application cannot be processed until all relevant identification documents and cleared funds are received.

IMPORTANT INFORMATION

- Please ensure all fields are completed. If you do not complete all relevant sections your application may be rejected and returned to you for completion, resulting in a delay in processing your application.
- We may require further ongoing customer due diligence such as enquiries into source of funds/wealth, including periodic reviews of the information provided in this application form from time to time as required under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) and *Anti-Money Laundering and Counter-Terrorism Financing Rules 2025* (Cth) (AML Rules).
- If you have any questions as you complete this form, please refer to the FAQs, or contact us on +61 2 7201 9000.

LVP Granite Services Pty Ltd (ACN 695 016 383), a corporate authorised representative of Liverpool Partners Pty Ltd (ACN 159 465 193; AFSL 000429777) is the Trustee and issuer of this Application Form.

Section A: Investor details

What is the full legal name of the entity that will hold title to the units?

Full name of account designation

- I/We confirm there are no changes to our identification documents previously provided and that these remain current and valid.

- I/We confirm there are no changes to the information in our previous application provided and that it remains current and valid.

If you are an existing investor and have provided your details above, you can skip the 'Trust', 'Trustee', 'Company details', 'Beneficial owner' and 'verification procedure for individual trustee, beneficial owner(s), senior managing official and appointor' sections and continue to the 'investment details and distribution instructions' section on page 71 of this form.

1. TRUST

Please complete this section if you are:

- An individual acting in your capacity as trustee of a trust, or
- A company acting in your capacity as a trustee of a trust.

For guidance about when you may be acting as a trustee and for whom, please refer to the FAQs at the back of this form.

1.1 Trust details

Full name of trust. If the trust for which you act as a trustee does not have a name, please insert N/A

Type of trust

Business name (if any) of the trustee of the trust

Country in which the trust was established

Nature of business

1.2 Type of trust

1.2.1 Custodian

- No – go to 1.2.2.
- Yes – please complete the questions below

a.	Do you provide a custodial or depository service of the kind described in item 46 of table 1 in subsection 6(2) of the AML/CTF Act 2006 (Cth)? (i.e. to the underlying investor not your related body corporate)	<input type="checkbox"/> <input type="checkbox"/>
b.	Do you hold an AFSL or are you exempt from the requirement to hold such license? If Yes, AFSL Number or specify the grounds for exemption <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
c.	Are you enrolled as a reporting entity with AUSTRAC, or do you satisfy one of the 'geographical link' tests in subsection 6(6) of the Anti-Money Laundering and Counter-Terrorism Financing Act (AML/CTF Act)?	<input type="checkbox"/> <input type="checkbox"/>
d.	Are you enrolled as a reporting entity with AUSTRAC, or do you satisfy one of the 'geographical link' tests in subsection 6(6) of the Anti-Money Laundering and Counter-Terrorism Financing Act (AML/CTF Act)?	<input type="checkbox"/> <input type="checkbox"/>

If you have answered Yes to all questions in 1.2.1, go to section 2. If not, please complete 1.2.2.

Regulated trust

1.2.2 Registered MIS – is the trust for which you are the trustee a registered managed investment scheme?

- No – go to 1.2.3.
- Yes – please tell us the ARSN, then go to section 2.

1.2.3 Unregistered MIS - unregistered managed investment scheme (where the scheme is not registered by ASIC; has only wholesale clients and does not make small scale offering to which section 1012E of the Corporations Act applies)

- No – go to 1.2.4.
- Yes - please provide the ABN for the unregistered managed investment scheme, then go to 1.4.

Trust ABN or registration/licence number

1.2.4 Government superannuation fund - is the trust for which you are the trustee a government superannuation fund established by legislation?

- No – go to 1.2.5.
- Yes - please tell us the name of the Act that establishes the fund, then go to 1.4.

1.2.5 Other regulated trust (a trust registered and subject to the regulatory oversight of a commonwealth statutory regulator in relation to its activities as a trust)

Note: This includes registered charities with the ACNC, superannuation funds, approved deposit funds, pooled superannuation trusts, public sector superannuation schemes (within the meaning of the Superannuation Industry (Supervision) Act 1993 (Cth)). If you are an SMSF, please use the stand alone application form for SMSF.

- No – go to 1.3
- Yes - please provide the details below, then go to section 2.

Provide name of regulator (eg ASIC, APRA, ATO & ACNC)

Provide the trust's ABN or registration/licensing details

1.3 Unregulated trusts

All other unregulated trusts must complete this section. This includes family trusts, testamentary trusts, discretionary trusts, other unit trusts, deceased estates and unregistered charitable trusts, along with nominee and sub-custodian entities that do not qualify as a custodian under 1.2.1.

Note: You do not have to complete this section if you are a regulated trust.

Trust ABN (if any)

Trust TFN (if any)

Now go to 1.3.1.

1.3.1 Beneficiary details (class of beneficiaries)

Do the terms of the trust describe the beneficiaries by reference to members of a class?

- No - go to 1.3.2.
- Yes - please provide details of the class to which the beneficiaries belong (e.g. family members, unitholders, unnamed charities). Then go to Settlor details 1.3.3.

For a nominee or sub-custodian

The beneficiary is the person or entity for whom the applicant holds its interests in the trust. This may be specified in the trust or relationship agreement between the applicant and the person or entity that appointed the applicant as nominee/sub-custodian

1.3.2 Beneficiary details (specified beneficiaries)

Please specify each beneficiary below (using the applicable section for individuals or companies). If there are more beneficiaries than there is space for below, please complete the details in a separate sheet and attach to this application form.

Individual beneficiary 1

Title

Given name(s)

Surname

Individual beneficiary 2

Title

Given name(s)

Surname

Individual beneficiary 3

Title

Given name(s)

Surname

Individual beneficiary 4

Title

Given name(s)

Surname

Corporate Beneficiary 2

Company name

ACN

Corporate Beneficiary 2

Company name

ACN

Corporate Beneficiary 3

Company name

ACN

Corporate Beneficiary 4

Company name

ACN

Now go to 1.3.3.

1.3.3 Settlor details

The settlor may be the person or entity that provided the applicant with funds to make the investment and may be specified in the trust or relationship agreement. If not, the settlor may be the person or entity that appointed the applicant as nominee or sub-custodian.

Please provide the name of the settlor of the trust (unless they are deceased or the material asset contribution to the trust by the settlor at the time the trust was established was less than \$10,000).

Title

Given name(s)

Surname

Related body corporate

Note: You do not have to complete this section if you are a regulated trust.

1.4 Trust verification procedures

1.4.1 Did you answer yes to all of the questions in 1.2.1 or any of the questions in 1.2.2 – 1.2.5?

No – go to 1.4.3.

Yes – please go to 1.4.2

1.4.2 Verification procedure for regulated trusts

Please provide a copy of the document(s) as set out below.

For trustees of unregistered managed investment scheme which only has wholesale clients and does not make small scale offerings to which s1012e of the Corporations Act applies (you answered yes 1.2.3)

A letter confirming these details from an external lawyer or accountant

The relevant offer document for the scheme in English

For regulated Government superannuation funds (you answered yes 1.2.4)

An extract of the establishing legislation, sourced from a government website.

Now go to section 2.

1.4.3 Verification procedure for non-regulated trusts

Trust deed

A certified copy of the trust deed/will or if not reasonably available a certified extract * of the trust deed that includes the name of the trust, trustees, and settlor(s) where applicable; or

A letter from an accountant or solicitor verifying the name, existence of the trust and the name of the settlor(s) where applicable

Letter of compliance for nominees and sub-custodians

If you have relied on the ACIP and OCDD performed by a member of your designated business group in respect to the underlying investor, please attach a signed AML/CTF compliance letter from the entity that has appointed you

*Please see the FAQs at the back of this form for the meaning of certified copy and certified extract. Now go to section 2.

2. TRUSTEE DETAILS

2.1 Type of trustee

- The trustees are all individuals - go to 2.2.
- The trustees are all companies - go to 2.3.

2.2 Individual trustee(s) details

Individual trustee 1

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY) □□/□□/□□□□

Occupation

Residential address (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Home number (including country and area code)

Mobile number (including country code)

Email (default address for all investor correspondence)

Individual trustee 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY) □□/□□/□□□□

Occupation

Residential address (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Home number (including country and area code)

Mobile number (including country code)

Email (default address for all investor correspondence)

All correspondence will be sent to the email address provided by Individual trustee 1.

If you wish to receive correspondence directly to your email address, please check this box

2.3 Corporate trustee details

Corporate trustee 1

Company name

ACN

Nature of business

Registered office address (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Corporate trustee 2

Company name

ACN

Nature of business

Registered office address (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Now go to section 3.

3. COMPANY DETAILS

Please complete this section if you are:

A company investing on your own behalf, or

A corporate trustee.

Full legal name of company as registered by ASIC

ACN

Nature of business

Do you have an authorised signatories list (ASL)? No Yes - For the ASL to be valid, please provide all the requirements below

A certified copy of the ASL with the full name, position and signature of each authorised representative

A certified copy of the authorising document (e.g. Power of Attorney)

Please tick to confirm the authorising document or Power of Attorney is still valid and it has not been revoked

Do you have a verifying officer? No Yes – Please provide all of the following

Full name of verifying officer

Date of birth (DD/MM/YYYY)

Verifying officer residential address

certified copy of your ID (see section 5)

letter of appointment in company's letterhead signed by a Director/Secretary/ Trustee/ Partner or other person authorised to sign on behalf of the Customer

I confirm I have:

Identified the authorised representatives or signatories of the above customer in accordance with requirements of the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and have provided with this Agreement the full name and signature of each authorised representative or signatory (ASL).

• collected the following details from each authorised representative or signatory:

full name of authorised representative/signatory

title of the position/role held by the authorised representative/signatory with the customer

a copy of the authorised representative/signatory's signature; and

evidence of the authorised representative/signatory's authorisation to act on behalf of the customer

made a record of the above details for each authorised representative/signatory which will be retained by the customer.

Signature of Verifying Officer

Date ((DD/MM/YYYY)

If you are an Australian company, go to 3.1.

If you are a foreign company, go to 3.2.

3.1 Australian company

Registered office address (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Principal place of business address (if different to registered office address) (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb		State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address (if different to above) (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb		State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACN	ABN
<input type="text"/>	<input type="text"/>

Contact details (for company or contact person)

Name	Email
<input type="text"/>	<input type="text"/>

Business number (include country and area code)	Mobile number (including country code)
<input type="text"/>	<input type="text"/>

Now go to 3.3.

3.2 Foreign company

Country of formation

Registered in Australia? No Yes – Please provide below the ARBN

Registered in country of formation? No Yes – Name of foreign registration body and identification number (if any)

If you are a foreign company registered in Australia, please provide your principal place of business in Australia, or the full name and address of your Australian authorised representative.

If you are not registered in Australia, please provide either the full address of the company as registered by the foreign registration body or the principal place of business in the country of formation.

A PO Box/RMB/Locked Bag is not acceptable

Unit	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb		State	Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address (if different to above) (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

--	--	--

Suburb

State

Postcode

Country
(if not
Australia)

--	--	--	--

Contact details (for company or contact person)

Name

Email

Business number (include country and area code)

Mobile number (including country code)

3.3 Type of company

Are you a public company or a private/proprietary company?

- Private/proprietary company – please go to 3.4
- Public company – please go to 3.5.

3.4 Private/Proprietary company

Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies.

Directors details

How many directors are there?

Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate sheet and attach to this application form.

Director 1

Title

Given name(s)

Surname

Director 2

Title

Given name(s)

Surname

Director 3

Title

Given name(s)

Surname

Director 4

Title

Given name(s)

Surname

Now go to 3.6.

3.5 Public company

Are you an Australian listed company?

- No – please go to 3.6

Yes – please provide name of the market/exchange on which the company is listed

Listed company name

Market/exchange

Now go to 3.8.

3.6 Majority owned subsidiary of an Australian public listed company

Are you a majority-owned subsidiary of an Australian publicly listed company?

No – please go to 3.7

Yes - please provide name of the parent listed company and the market/exchange on which the company is listed

Listed company name

Market/exchange

Now go to 3.8.

3.7 Regulated company

This only includes companies that are licensed by an Australian Commonwealth, State or Territory statutory regulator and are subject to regulatory oversight for example, Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL) and Registrable Superannuation Entity (RSE) Licensees.

Are you a regulated company?

No – please go to 3.8

Yes - please provide details of the regulator and licence number below, then go to Section 6

Regulator

Licence number

Now go to 3.8.

3.8 Verification procedures for regulated companies

Please provide a copy of one or more of the following:

ASIC or Foreign Company extract

Company Annual Statement

Certified Company Share Structure

A public document issued by the relevant company

4. BENEFICIAL OWNER

4A Beneficial owner of a company (including a company acting in the capacity of trustee)

You must complete this section, unless you meet the exemption criteria, you are only exempt from completing Section 4 if you answer yes to any one of the following:

3.5 (you are an Australian domestic listed company)

3.6 (you are a majority-owned subsidiary of an Australian listed company)

3.7 (you are a company that is licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator).

OR

You are a foreign listed company

OR

You are a wholly owned subsidiary of a listed company in a financial market that is subject to disclosure requirements that ensure transparency of beneficial ownership.

A beneficial owner is an individual who ultimately owns (directly or indirectly) 25% or more of the customer, or controls (directly or indirectly) the customer (see FAQs).

If you cannot identify any beneficial owners, please go to the fallback procedure at 4.2.

Please provide details of your beneficial owner(s) below (see FAQs for guidance).

4.1 Beneficial owner(s) details

Beneficial owner 1

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address (A PO Box/RMB/Locked Bag is not acceptable)

Date of birth (DD/MM/YYYY) □□/□□/□□□□ Occupation

Beneficial owner 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address (A PO Box/RMB/Locked Bag is not acceptable)

Date of birth (DD/MM/YYYY) □□/□□/□□□□

Occupation

Beneficial owner 3

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address (A PO Box/RMB/Locked Bag is not acceptable)

Date of birth (DD/MM/YYYY) □□/□□/□□□□ Occupation

Beneficial owner 4

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address (A PO Box/RMB/Locked Bag is not acceptable)

Date of birth (DD/MM/YYYY) □□/□□/□□□□

Occupation

4.2 Fallback procedure

If you are a company (investing on your behalf) or corporate trustee and cannot identify any beneficial owner owning 25% or more, please complete 4.2.1.

4.2.1 Senior managing official

Please provide the details of the senior managing official (or equivalent) (please see FAQs for the meaning of 'senior managing official')

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)

Company Title

Residential address (a PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

4B. BENEFICIAL OWNER OF THE TRUST

You must complete this section if you are an unregulated trust. The beneficial owner of a trust is an individual who controls (directly or indirectly) the operations of the trust and has power to appoint or remove the trustee(s) of the trust.

You are exempt from completing this section if:

- You are a custodian and the beneficial owner is the underlying investor(s). If not, complete 4.2.2.

4.2.2 Beneficial owner of the trust (individual with power to appoint or remove trustees)

Please provide the details of the individual who directly or indirectly controls the Trust. If this is confirmed to be the same individual as the trustee, he/she must be listed again below to confirm the trust's beneficial owner.

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)

Company Title

Residential address (a PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Please follow the verification procedure in section 5, unless the individual is already providing the ID as a trustee or beneficial owner of the corporate trustee.

5. VERIFICATION PROCEDURE FOR INDIVIDUAL TRUSTEE, BENEFICIAL OWNER(S), SENIOR MANAGING OFFICIAL AND APPOINTOR

Please complete the below verification procedure in respect of each individual identified in section 4. You may also need to complete the below in respect of an individual trustee if directed to do so under 2.2. If you cannot meet the requirements of option A, please follow the instructions in option B.

OPTION A

Provide a certified copy* of one of the following

- Current Australian Driver's Licence containing a photo of the person (scan the front and back)
- Current Australian Passport or an Australian Passport that has expired within the preceding 2 years
- Current Australian State or Territory Government Identity Card showing the person's date of birth, photo and signature
- Current Foreign Government Identity Card showing the person's date of birth, photo and signature**
- Current Foreign Driver's Licence showing the person's date of birth, photo and signature**
- Current Foreign Passport showing the person's date of birth, photo and signature**

OPTION B

If you can't provide any document from option A, then please provide a certified copy* of one document from group 1 and one document from group 2.

GROUP 1

- Birth Certificate or Birth Extract issued by an Australian State or Territory
- Australian Government issued Citizenship Certificate
- Current Concession or Health Care Card issued by Centrelink (scan the front and back)

GROUP 2

- Commonwealth, State or Territory Government Notice within the preceding 12 months and recording the provision of financial benefits
- Australian Taxation Office Notice within the preceding 12 months and recording the debt payable to or by the individual by or to (respectively) the ATO
- Local Government or Utilities Provider Statement within the preceding 3 months and recording the provision of services

If the investor is below the age of 18, please contact us on 1300 730 032

*Please see the FAQs at the end of this form for the meaning of certified copy.

**If the document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

6. INVESTMENT DETAILS & DISTRIBUTION INSTRUCTIONS

Fund name	Fund Minimum AUD\$	Investment amount AUD\$	Distribution option (indicate (X) one option)	
			Pay to my bank a/c	Reinvest
LVP Granite Fund	25,000	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: We will only accept applications in their base currency. The minimum investment is \$25,000 (please refer to the Investment Memorandum of the Trust you are making your investment). However, we may waive or vary the investment minimums. Please nominate one distribution option. If no selection is made, distributions will be

automatically reinvested. There may be periods in which no distribution is payable, or we may make interim distributions.

Please indicate the source and origin of funds being invested

- Savings
- Investment
- Superannuation contributions
- Commission
- Donation/gift
- Inheritance
- Normal course of business
- Sale of assets (e.g. shares, property)
- Other

7. PAYMENT OF APPLICATION AMOUNT

Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

EFT Direct debit

EFT Electronic Funds Transfer

Account name: LVP GRANITE SERVICES PTY LTD ATF LVP GRANITE FUND

BSB: 082124

Account number: 147307883

Your reference: Please use the name of the investor and investor number (if applicable).

Direct debit authority - Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

By completing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and LVP Granite Services Pty Ltd, as set out in this request and in your Direct Debit Request Service Agreement, available here.

Financial institution name

Branch name

Account name

BSB number

Account number

I/We request and authorise LVP Granite Services Pty Ltd (ACN 695 016 383) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by our administrator.

Signature of primary account holder

Full name Date (DD/MM/YYYY)

Signature of joint account holder (if applicable)

Full name Date (DD/MM/YYYY)

8. FINANCIAL INSTITUTION ACCOUNT DETAILS

Australian bank account details

Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. There may be periods in which no distribution is payable, or we may make interim distributions. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts.

Financial institution name Branch name

Account name

BSB number Account number

Foreign bank account details

Financial institution name Financial institution address

Account number Account name

SWIFT/BIC ABA/FED (US)

IBAN (Europe)

9. WHOLESALE INVESTOR CERTIFICATION

Investment in the Fund is restricted to wholesale investors. Please tick the appropriate box and provide the requested evidence.

- I am investing \$500,000 or more in units
- I am currently certified by an accountant as a wholesale investor (provide a copy of the current accountant's certification - i.e. less than two years old)
- I am a professional investor - e.g. an Australian financial services licensee; an APRA regulated body; or control \$10m or more in assets (provide evidence of meeting one of these requirements)

10. FINANCIAL ADVISER DETAILS

Unless you check the box below to opt out of allowing your financial adviser access to information about your investment in the Fund, copies of all documentation you receive in respect of your investments will be provided to your financial adviser.

I do not want my financial adviser to receive any information in regard to my investment in the Fund.

(If you have checked the box above you do not need to complete any further information in this Section).

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Adviser email
address

Operating your account

Do you want your financial adviser to be able to operate your account?

No

Yes – Please provide details below

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

We may suspend or terminate their appointment for any reason considered reasonable, and may change the terms on which they operate your account.

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

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Details

AFSL holder name

AFSL number

Adviser name

Adviser code or Authorised representative number

ABN

Postal address (if different to above) (A PO Box/RMB/Locked Bag is not acceptable)

Property/building
name

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone	Mobile
<input type="text"/>	<input type="text"/>
Contact details	
Business number (include country and area code)	Mobile number (include country code)
<input type="text"/>	<input type="text"/>
Adviser signature	
<input type="text"/>	

11. AUTHORISED REPRESENTATIVE OF INVESTOR

Please complete this section if you wish to appoint an individual or individuals to act on your behalf in relation to your investment in the Fund. If you have appointed an entity as your authorised representative, please contact us on +61 2 7201 9000 or ssg.aus@apexgroup.com to obtain the relevant KYC form.

11.1 Agent's details

Agent 1

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Agent's phone number

Email

Agent's signature

Agent 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Agent's phone number

Email

Agent's signature

If you wish to appoint more than two agents please complete the details on a separate sheet and attach to this application form.

11.2 How authorised representatives may act in relation to the account?

Please tick as applicable

Each authorised representative listed above may provide instructions in relation to the investment individually without the consent of the other

All authorised representatives must act jointly to provide instructions in relation to the investment

Other arrangement – please provide details below

11.3 How authorised representatives may act in relation to the account?

For each authorised representative, please provide verification documents in accordance with the verification procedure in section 5. In addition, please provide evidence of each authorised representative's authority to act on behalf of the investor. Please tick the document(s) you have provided.

Verification documents – mandatory

A certified copy of ID as per section 2

Authorised representative's authority - one of the following (not required for a financial adviser listed in Section 11)

Certified copy of the authorising document (e.g. POA); or

A certified copy of a guardianship order; or

Other arrangement – please provide details

I confirm that the document authorising each authorised representative is still valid and has not been revoked.

12. TAX INFORMATION - GLOBAL TAX REPORTING REQUIREMENTS (CRS/FATCA)

Why you need to complete this section?

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and a number of other foreign Governments have an agreement which requires us to obtain certain information from investors, including taxation information. You may be liable to a penalty if you provide information that is false or misleading in a material particular. We may decide not to open an account without first receiving the required information. For more information, visit www.ato.gov.au.

If you are unsure of any of the answers, please contact a legal or accounting professional.

12.1 Regulated Superannuation Funds

Are you a regulated superannuation fund?

I am the trustee of a regulated superannuation fund. Now go to Section 13.

I am NOT the trustee of a regulated superannuation fund. Now go to 12.2

12.2 Companies and Non-Superannuation Trusts

12.2.1 Are you a specified US person for tax purposes?

No

Yes - please tell us your TIN

Are you an Australian resident for tax purposes?

- No
- Yes - please tell us your TFN

HELP
No TIN? Reasons we accept are:
Reason A: The country of tax residency does not issue TINs to its tax residents Reason B: The entity/individual has not been issued with a TIN
Reason C: The country of tax residency does not require the TIN to be disclosed

12.2.2 Are you a resident of any other country for tax purposes? Other than the US or Australia?

- No
- Yes - please tell us which ones, using the following table

HELP
Tell me about tax residence
You can be a resident of more than one country for tax purposes. Whether you are tax resident of a particular country for tax purposes is often based on the amount of time you spend in a country and the location of your residence and/or place of work. If you pay tax or have a tax liability somewhere, you are probably a tax resident there. Dual citizenship often brings dual tax residency.
It depends on the country. For the US, tax residency can be as a result of citizenship or residency for tax purposes. If you are unsure, ask someone who knows, usually your accountant.

	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See above HELP box.
1			
2			
3			
4			

Please tell us your explanation to selection of Reason B

12.2.3 Are you a financial institution?

Be careful - financial Institution is broadly defined - see HELP box

- No
- Yes - please tell us your GIIN* - see HELP box.

HELP
What is a Financial Institution?

For further details about a Financial Institution, please refer to the ATO's AEOI Guidance - [here](#).

HELP

What is a GIIN?

This stands for Global Intermediary Identification Number. GIINs are 19 digits long, issued by US tax authorities (the IRS) to non US financial institutions and sponsoring entities for purposes of identifying their registration with the IRS under US tax laws (called FATCA).

For further details about the GIIN please refer to the IRS GIIN Composition Information - Please refer [here](#).

Where to now?

I ticked yes and completed my GIIN - go to 12.2.4.

I ticked yes and I am a Managed Investment Entity in a non-CRS participating jurisdiction - If no, proceed to question 12.2.6.

I ticked yes but did not write a GIIN – please tick below why you did not write a GIIN - then go to 12.2.4.

- Exempted financial institution
- Deemed compliant financial institution
- Exempt beneficial owner
- Non-participating financial institution
- Non-reporting IGA financial institution
- Sponsored financial institution - their GIIN is

Other

12.2.4 Are you a public company listed on a stock exchange or a related entity of a publicly listed company or a governmental entity?

- No
 - Yes - then go to section 13 and 14.
-

12.2.5 Are you active or passive?

- I am an 'active' non financial entity. Please tell us what type of active NFE you are below - then go to section 13 and 14.
- I am a 'passive' non financial entity.

Unit	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See 12.1.2 HELP box.
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Controlling person 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY) □□/□□/□□□□	City and country of birth	
<input type="text"/>	<input type="text"/>	

Residential address

Unit	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See 12.1.2 HELP box.
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Controlling person 3

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY) □□/□□/□□□□

City and country of birth

Residential address

Unit

Street number

Street name

Suburb

State

Postcode

Country

	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See 12.1.2 HELP box.
1			
2			
3			
4			

Controlling person 4

Title

Given name(s)

Surname

Date of birth (DD/MM/YYYY) □□/□□/□□□□

City and country of birth

Residential address

Unit

Street number

Street name

Suburb

State

Postcode

Country

	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See 12.1.2 HELP box.
1			
2			
3			
4			

13. SIGNATURE(S)

For individual trustees, all trustees to sign. For companies or corporate trustee, the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signature 1

Signature

Date of birth (DD/MM/YYYY) / /

Full name

Capacity

Individual trustee 1

Director

Company Secretary

Agent

Signature 2

Signature

Date of birth (DD/MM/YYYY)

/ /

Full name

Capacity

Individual trustee 2

Director

Company Secretary

Agent

Signature 3

Signature

Date of birth (DD/MM/YYYY) / /

Full name

Capacity

Individual trustee 3

Director

Company Secretary

Agent

Signature 4

Signature

Date of birth (DD/MM/YYYY)

/ /

Full name

Capacity

Individual trustee 4

Director

Company Secretary

Agent

If signed under Power of Attorney

Attorneys must attach a certified copy of the power of attorney. The attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her power of attorney and is also authorised to sign this form.

FAQs

What should a trust deed extract include?

An extract of the trust deed should include the following information:

- the full name (if any) of the trust;
- the full name of the trustee(s), and
- the full name of the settlor of the trust.

Disclosure Certificates for Trusts

The AML Rules allow a reporting entity to request that a customer provide a 'disclosure certificate' to verify KYC information about a trust, but only in certain circumstances, including

- the reporting entity has determined that the information cannot otherwise be reasonably obtained or verified
- the information to be provided or verified is reasonably required under the AML/CTF program applying to the reporting entity
- the reporting entity has applied the relevant procedures and requirements in its AML/CTF program, but has been unable to obtain or verify the information.
- The disclosure certificate must:
- contain the full name of the trustee(s) and the full name of the entity that appointed the trustee(s) (if this information is already disclosed in the application form you do not need to repeat it in the disclosure certificate)
- contain the full name of the appropriate officer
- contain certification by the appropriate officer that the information contained in the disclosure certificate is true, accurate and complete; to the best of their knowledge and belief
- contain the date of certification by the appropriate officer

The nominee has been duly appointed and the purpose for the appointment as the nominee. Appropriate officers include any authorised signatory, director or company secretary.

In these circumstances we will accept a disclosure certificate on the letterhead of the parent company appointing the nominee or sub-custodian, stating the full name of the appointed entity and the capacity in which they have been appointed. That may not necessarily be formally in a trust capacity, but in a capacity which gives rise to a trustee relationship.

Who is a senior managing official?

A senior managing official is an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

Who is a 'beneficial owner'?

A beneficial owner is an individual who ultimately owns (directly or indirectly) 25% or more of the customer, or controls (directly or indirectly) the Customer. Control includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Information that may assist you in determining your beneficial owner includes (as relevant):

- a certificate of incorporation of a company with ASIC/and or an annual statement including the amendments submitted to ASIC
- a trust deed
- a partnership agreement

- the constitution and/or certificate of information for an incorporated association, or
- the constitution of a registered co-operative.

Determining the beneficial owner of a trust

A beneficial owner of a trust may include:

- any individual shareholder who holds the legal title to 25% or more of the issued shares in the trustee;
- directors of the trustee (if they own or control the trustee)
- company secretary of the trustee (if they own or control the trustee), and/or
- any other individual who has the power to appoint or remove the trustee as the trustee of the trust.

For a nominee that has been appointed by a related body corporate to hold interests in the fund or trust, the nominee agreement may specify the beneficial owner. This may be (but is not necessarily) the person that appointed the nominee.

For a foreign company making an investment as a custodian under a single trust with multiple beneficiaries, the trust document under which the custodian is appointed may specify the beneficial owner/s.

For a foreign company making an investment acting as a custodian for multiple trusts with multiple underlying investors, each trust document with each underlying investor may specify the beneficial owner/s.

Guidance on types of trusts

You will be the trustee of a trust if you are an individual or a company that will hold interests in the fund or trust for another person or persons (known as the beneficiary). It is important to carefully consider who is the beneficiary of the trust for which you are the trustee, keeping in mind that the beneficiary may hold its interest on trust for someone else (i.e. there may be layers of trust relationships down to the underlying investor).

Trustees may include:

Trustees of a managed investment scheme: Managed investment schemes are a type of trust. The trustee of a managed investment scheme is generally a company. If the managed investment scheme is registered with ASIC, the trustee is known as the responsible entity.

Custodians or nominees: These are companies that provide custodial or depository services. In the context of managed investment schemes, custodians or nominees may hold interests on trust for the responsible entity of the scheme. The responsible entity for the scheme then holds interests on trust for the investors in that scheme.

Trustees of self - managed super funds: SMSFs are a type of trust. The trustee of an SMSF may be a company or two to six individuals. If the trustee is a company, there can be one to six members (or beneficiaries) of the SMSF and each member of the SMSF must be a director of the company trustee. If the trustees are individuals, there can be two to six members (or beneficiaries) of the SMSF and each of those members must be a trustee.

Trustees of retail super funds: Retail super funds are a type of trust. The trustee of a retail super fund is a company.

Trustees of family trusts: The trustee of a family trust may be one or more individuals or a company or other type of entity. The trustee holds money or property for the beneficiaries of the family trust.

Trustees of charitable trusts: Some charities are structured as trusts. Trustees of charitable trusts are commonly individuals (for example, a

board of trustees) or a company. Other charities may be structured as companies or associations.

Trustees of deceased estates and testamentary trusts: An estate refers to all an individual's assets upon their death. When a person dies, their assets may be held in trust for distribution to the beneficiaries. These trusts may also be known as testamentary trusts. The trustee may be, for example, an executor, a solicitor or an accountant. Testamentary trusts are discretionary trusts established in wills, that allow the trustees of each trust to decide, from time to time, which of the nominated beneficiaries (if any) may receive the benefit of the distributions from that trust for any given period.

Where to find trust relationship details?

This will depend on the type of trust in respect of which you are acting as a trustee

For example, some investors act as a nominee or sub-custodian for a related body corporate that acts as a custodian. In this scenario, the investor may look to the relationship agreement with the relevant related body corporate to find details of the trust relationship that may exist between the investor and the related body corporate. The person or entity that appoints a nominee to act as a trustee may be the related body corporate.

Translating documents by an accredited translator

In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) at or above professional level.

NAATI (<https://www.naati.com.au/>)

In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent authority. For these, escalate to the AML compliance officer for assistance.

Getting your copies or extracts certified

Any document(s) requiring certification for verification purposes must be certified by an eligible person to be a true copy of the original document. Documents must be either certified on all pages or certified on the front page with a clear reference to the number of subsequent pages that are included.

Example of certification

I certify that this is a true and correct copy of the original document

Signature of Certifier

Name of Certifier

Capacity of certifier – e.g. Justice of the Peace Date of certification (DD/MM/YYYY)

List of occupations that can certify (from the Statutory Declaration Regulations 2018)

- Architect
- Chiropractor
- Dentist
- Financial adviser or financial planner
- Legal practitioner
- Medical practitioner
- Midwife
- Migration authorised representative registered under Division 3 of Part 3 of the Migration Act 1958
- Nurse
- Occupational therapist
- Optometrist
- Patent attorney
- Pharmacist

- Physiotherapist
 - Psychologist
 - Trade marks attorney
 - Veterinary surgeon.
- List of persons who can certify
- 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)
 - a judge of a court
 - a magistrate
 - a chief executive officer of a Commonwealth court
 - a registrar or deputy registrar of a court
 - a Justice of the Peace
 - a notary public (for the purposes of the Statutory Declaration Regulations 2018)
 - a police officer
 - an authorised representative of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
 - an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
 - an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018)
 - a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 2018)
 - an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees
 - a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

The following form is for the use of Australian Applicants only who are investing less than AUD \$500,000

ACCOUNTANT'S CERTIFICATE THAT CLIENT IS WHOLESALE UNDER SECTION 761G(7) OF THE CORPORATIONS ACT

Apex Fund Services Pty Ltd
 ACN 118 902 891
 GPO Box 4968
 Sydney NSW 2000
 Email: ssg.aus@apexgroup.com

I,

Of

Certify as

1. I am a qualified accountant for the purposes of the Corporations Act, being a member of the Institute of Chartered Accountants follows in Australia/Australian Society of Certified Practicing

Accountants/National Institute of Accountants and am subject to, and comply with, that body's continuing education requirements.

2. I am giving this certificate in accordance with Section 761G(7)(c) of the Corporations Act at the request of, and with reference to,

(Investor) and acknowledge that this certificate will be relied upon to make offers of financial products to the Investor without disclosure under Part 7.9 of the Corporations Act.

3. I certify that, having reviewed the financial position of the Investor:
- a) the Investor has net assets of at least A\$2.5 million; or
 - b) the Investor had a gross income for each of the last two financial years of at least A\$250,000 a year.

Signature

Print name

Dated

Notes

The certificate should

be:

- 1. Provided before any offer is made; and
- 2. Given no earlier than two years before the offer is made