

MANAGED FUNDS

APPLICATION FORM

GUIDE TO COMPLETING THIS FORM

HOW TO INVEST

1. Read the Product Disclosure Statement and the important information in the DDH Managed Funds Additional Information Guide.
2. Complete ALL relevant sections of this *DDH Managed Funds Application* form.
3. All individual and beneficial owners that are party to this application must complete Section 16 "Declaration of overseas tax status".
4. Read and sign the declaration in this *Application* form.
5. Attach your original certified copies of supporting identification and documents.

HOW TO LODGE YOUR APPLICATION

Your completed *Application* form, originally certified supporting identification and documents can be posted, lodged directly at the DDH office, or a copy emailed electronically to investorservices@ddhgraham.com.au.

DDH requires a clear and legible copy of all documents and may request the original forms or further information regarding the application.

Postal address

DDH Graham Limited
GPO Box 330
Brisbane QLD 4001

Office address

DDH Graham Limited
Level 9, 324 Queen St
Brisbane QLD 4000

Payment method

Payment via electronic transfer can be made to DDH's bank account, using the following details:

Account name: DDH Graham Limited Application Account

Bank: Bank of Queensland

BSB: 124 001

Account number: 9987 51333

Reference: Use a description that clearly identifies you.

Alternative payment method

If you prefer, you may submit payment via cheque made payable to 'DDH Graham Limited Application Account' and marking it 'Not Negotiable'.

If you are adding to an existing investment, please complete an *Additional Application* form, available from <https://ddhgraham.com.au> or by phoning 1800 226 174.

If you have an existing investment but wish to establish a new account please complete this *Application* form.

SUPPORTING IDENTIFICATION DOCUMENTS

Australian anti-money laundering and counter-terrorism financing laws oblige DDH to ask for supporting identification documents from prospective investors in order to meet our obligations under *Anti-Money Laundering and Counter-*

Terrorism Financing Act 2006 (Cth) laws (AML/CTF). These laws apply to all fund managers in Australia.

By investing in a fund, you agree that:

- you do not apply for an interest in the fund under an assumed name;
- any money invested by you in the fund is not derived from or related to any criminal activities;
- any proceeds from your investment in the fund will not be used in relation to any criminal activities;
- if we ask, you will provide us with additional information we reasonably require for the purposes of AML/CTF laws (including information about you, any beneficial interest in the fund, or the source of funds);
- we may obtain information about you or any beneficial owner of an interest in the fund from third parties if we believe this is necessary to comply with AML/CTF laws; and
- in order to comply with AML/CTF laws we may be required to take action, including:
 - delaying or refusing the processing of any application or withdrawal;
 - disclosing information that we hold about you (or any holder of a beneficial interest in the fund) to our related bodies corporate or service providers, or relevant regulators of AML/CTF laws (whether in or outside of Australia).

AUTOMATIC EXCHANGE OF INFORMATION

Australia participates in Automatic Exchange of Information (AEOI) regimes concerning the automatic exchange of financial account information with a number of foreign jurisdictions. These regimes are known as the Foreign Account Tax Compliance Act (FATCA) in the case of exchange by Australia with the United States of America and the Common Reporting Standard (CRS or Standard) in the case of exchange by Australia with other countries that have implemented the Standard.

CRS and FATCA obligations are imposed on Australian financial institutions (AFI's) through the operation of the Taxation Administration Act 1953. A requirement of the legislation implementing FATCA and CRS is that AFI's must collect and report specified information to the Australian Taxation Office (ATO).

Each of the DDH Managed Funds is expected to be subject to the FATCA and CRS obligations. Section 16 sets out the information required to be collected by DDH and all applicable applicants **must** provide responses to the questions in this section as appropriate. If you do not provide the information requested, we will not be able to process your application.

DDH is not able to provide tax advice and cannot determine the impact or compliance obligations of FATCA or CRS on investors. DDH strongly encourages investors to seek the advice of an experienced tax advisor to determine what actions, if any, investors need to consider.

WHAT TYPE OF INVESTOR AM I?

The following table sets out your investor type that will determine the form(s) of identification and information required.

Investor type	Description	Sections to complete on Application Form
Individual(s), Sole Traders & Minors	Investing in your personal capacity. This includes individuals investing on behalf of a minor. Sole Trader describes a business that is owned and controlled by one person.	Individuals – 1.1 and/or 1.2 Sole Traders – 1.3 Minors – 1.4
Individual Trustee Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund	Investing in your personal capacity as a trustee on behalf of a Trust or Superannuation Fund. A Trust will be established pursuant to a Trust Deed. Trusts can include: <ul style="list-style-type: none"> • Superannuation Funds (including self-managed superannuation funds) • Family Trusts • Managed Investment Schemes • Charitable Trusts • Testamentary Trusts 	Individuals – 1.1 and/or 1.2 Trust or Superannuation Fund – 3
Corporate Trustee Australian company acting as a Trustee(s) of a Trust or Superannuation Fund	Company incorporated in Australia, acting in the capacity of trustee on behalf of a Trust or Superannuation Fund. A Trust will be established pursuant to a Trust Deed, examples of which are listed in the section above.	Company – 2 Trust or Superannuation Fund – 3
Company	Company incorporated in Australia including: <ul style="list-style-type: none"> • Proprietary company (ending in "Pty Ltd") • Public company (ending in "Limited") – listed on a securities exchange or unlisted. • Companies limited by guarantee. 	Company – 2
Partnership	Established pursuant to a partnership agreement/deed.	Partnership – 4
Association	Incorporated Association is registered by the State or Territory in which the association is based and involves formal appointments of a public officer and Committee. Unincorporated Association does not have a legal identity and cannot hold assets in its own name. Appointment of individuals as trustees who own the assets, but hold them for the benefit of the association.	Associations – 5
Government body	Government body is a legal entity that is owned or controlled by Commonwealth, State or Local government.	Government body – 6

FORMS OF IDENTIFICATION REQUIRED

This section outlines the types of certified ID and documentation requirements you will need to provide. We will collect these documents before processing your application, but may request additional information at a later date. If you do not provide the documents we request, we will not be able to process your application.

Please read the sections applicable to you and **ATTACH AN ORIGINAL CERTIFIED COPY OF THE DOCUMENT TO YOUR APPLICATION FORM.**

Account type	Certified copies of documentation required*	Account must be in the name of	Sections to complete on Application form
Individual	<p>Option 1 – provide one document from the selection below:</p> <ul style="list-style-type: none"> Australian driver's licence containing your photograph; Australian Passport; identification card issued by a state or territory that contains your date of birth and a photograph; or foreign government issued passport or similar travel document containing your photograph and signature. <p>OR</p> <p>Option 2 – provide one document from the section below:</p> <ul style="list-style-type: none"> Australian birth certificate; Australian citizenship certificate; pension card issued by Centrelink; or foreign driver's licence that contains your photograph. <p>AND</p> <ul style="list-style-type: none"> a notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains your name and residential address; a notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by you by or to the Commonwealth; a notice issued by a local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to you (the notice must contain your name and residential address); OR a National Identity Card issued by a foreign government that contains your photograph and signature. 	Your full name Your full name	Individual/Joint accounts: 1.1 Applicant A 1.2 Applicant B Individual as Trustee: 1.1 Applicant A 1.2 Applicant B
Sole trader	Information required as for:	Your full name	1.1 Applicant A 1.2 Applicant B
	<ul style="list-style-type: none"> Individual; AND The full address of the principal place of business (if any); AND A copy of the ABN of the business. 	Full name of business	1.3 Business name
Minor (less than 18 years old)	<ul style="list-style-type: none"> Minor's birth certificate, OR A notice that: <ul style="list-style-type: none"> - Was issued by a school principal within the preceding three months; - Contains the minor's name and residential address; AND - Records the period of time the minor attended the school; AND Identification as required for an Individual for all account signatories. 	The minor or trustees for the minor	1.4 Minor Name AND 1.1 Applicant A and/or 1.2 Applicant B

Company	<ul style="list-style-type: none"> Certificate of registration or incorporation issued by ASIC; or Certificate of registration or incorporation issued by the relevant foreign registration body; <p>AND</p> <ul style="list-style-type: none"> if a listed public company or a majority owned subsidiary of a listed public company, a search of the relevant stock exchange; or if a listed public company or a majority owned subsidiary of a listed public company, a public document issued by the relevant company; or if a licenced domestic company, a search of the licence or other records of the relevant regulator; <p>OR</p> <ul style="list-style-type: none"> if an unlisted public company or private company, identification as required for an Individual for all beneficial owners. 	The name of the company	<p>Companies & Corporate Trustees:</p> <p>2.1 Name</p> <p>2.2 Type</p> <p>If applicable,</p> <p>2.3 Director names</p> <p>7. Beneficial Owners</p>
Unregulated Trusts (e.g. family trusts)	<ul style="list-style-type: none"> Trust Deed; AND Identification as required for: <ul style="list-style-type: none"> Individual Trustee/s (refer to an Individual above); or Corporate Trustee (refer to a Company above). 	The trustees of the trust	<p>Individuals:</p> <p>3. Trust Name</p> <p>1. Individual Details</p> <p>7. Beneficial Owners</p> <p>Companies:</p> <p>3. Trust Name</p> <p>2. Company Details</p> <p>7. Beneficial Owners</p>
Regulated Trusts (e.g. superannuation fund)	<ul style="list-style-type: none"> Identification as required for: <ul style="list-style-type: none"> Individual Trustee/Corporate Trustee (refer to an Individual above, only 1 individual to be verified for a Corporate Trustee). 	The trustees of the trust	<p>Individuals:</p> <p>3. Trust Name</p> <p>1. Individual Details</p> <p>Companies:</p> <p>3. Trust Name</p> <p>2. Company Details</p>
Partnership	<ul style="list-style-type: none"> Partnership Agreement; OR Minutes of a Partnership Agreement; or Membership details of a relevant professional association; or A search of the relevant ASIC or other regulators database; or A notice issued by the ATO within the last 12 months; AND Identification as required for an Individual for all beneficial owners. 	The principals of the partnership	<p>4. Partnership Name</p> <p>4. Partner Details</p> <p>7. Beneficial Owners</p>
Incorporated Association	<ul style="list-style-type: none"> An original or certified copy of the Constitution or Rules of the association; OR Information provided by ASIC or the government body responsible for the incorporation of the association; AND Signed meeting minutes showing which officers can operate the account; AND Identification as required for an Individual for all beneficial owners. 	The name of the incorporated body	<p>1. Individual Details</p> <p>5. Association</p> <p>7. Beneficial Owners</p>
Unincorporated Association	<ul style="list-style-type: none"> An original or certified copy of the Constitution or Rules of the association; AND Signed meeting minutes showing which officers can operate the account; AND Identification as required for an Individual for all beneficial owners. 	Officers on behalf of the unincorporated body	<p>5. Association</p> <p>1. Individual Details</p> <p>7. Beneficial Owners</p>
Government Bodies	<ul style="list-style-type: none"> Search on the relevant Commonwealth, State or Territory website for confirmation of the government body's existence; or Review of the relevant register of government bodies; or Extract of the relevant legislation as obtained from a government website. 	The name of the Government Body	<p>6. Government Bodies</p>

*Additional documentation may be required in some circumstances. We reserve the right to vary these requirements at any time.

Alternative forms of identification may be acceptable under circumstances permitted by law. Please call us on 1800 226 174 or email investorservices@ddhgraham.com.au for further information.

BENEFICIAL OWNER INFORMATION

In accordance with AML/CTF laws DDH must collect additional information on for the following investor types:

- Companies where individual shareholders control or own 25% or more of the issued capital (refer section 7); and
- Unregulated trusts (e.g. family trusts) where individual beneficiaries control or are entitled to a 25% or more interest by membership class in the Trust (refer section 7).
- For partnerships, this includes, but is not limited to, partners who hold 25% or more beneficial interest in the partnership (refer section 7).
- For associations, this includes, but is not limited to, the Chairman (or equivalent), secretary, or treasurer who holds 25% or more beneficial interest in the association (refer section 7).

CERTIFYING COPIES OF SUPPORTING IDENTIFICATION AND DOCUMENTS

An originally certified document is a document that has been certified as a true copy of the original document by an eligible certifier. To certify a document, take the original document and the photocopy to one of the people listed in the **Eligible certifiers** section of this form and ask them to certify that the photocopy is a true and correct copy of the original document.

Certified identification documentation must have been certified within the last 12 months. We can accept an original or electronic copy (scan or photo) of the original certified documents.

Sample wording or similar to be used by the certifier is provided below.

I, [full name], certify that this is a true and correct copy of the original [name, occupation, licence number (if any), signature and date].

For multiple page documents, the certifier is required to certify each page of the document, or provide the statement below initialing each page. If there are no page numbers on the original document, then the certifier should add them.

I, [full name], certify that this page and the following 'x pages' are a true and correct copy of the original [name, occupation, licence number (if any), signature and date].

Important: The person providing the certification must date and sign the identification documents and clearly write information about their name, occupation and licence or registration number (if any). Alternatively, if they have a stamp that includes this information they may stamp the document.

ALL identification documentation provided must be in the name of the investor.

Non-English documents must be accompanied with a translation prepared by an accredited translator.

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

ELIGIBLE CERTIFIERS: WHO CAN CERTIFY COPIES OF DOCUMENTS?

Eligible certifiers are listed below. They must be Australian citizens and cannot be a member of the Australian Defence Force, a relative of the investor, or sign on behalf of themselves (if they are an authorised document certifier).

Legal

- 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, registrar, or deputy registrar of an Australian court
- a Magistrate
- a Public Notary
- a Justice of the Peace
- a Commissioner of Declarations

Police

- a police officer

Post Office

- an agent 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

Finance corporations

- a bank / building society / credit union / finance company officer with 2 or more continuous years of service
- 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

Pharmacist

- a pharmacist

Accountant

- a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Please call us on 1800 226 174 or email investorservices@ddhgraham.com.au if you have any queries in regards to this information.

ANNUAL REPORTS

Annual reports for each Fund will be available on our website at <https://ddhgraham.com.au> by 30 September following the financial year end of 30 June. If you require a copy please contact us on 1800 226 174.

PRIVACY NOTIFICATION

DDH is committed to respecting your privacy and complying with laws regulating how organisations deal with personal information. A copy of our Privacy Policy and Collection Statement is available on our website at <https://ddhgraham.com.au> which sets out how we handle personal information.

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MANAGED FUNDS APPLICATION FORM



Please complete form using CAPITAL letters. Complete ALL sections.

Are you currently invested in a DDH Graham Managed Fund?

<input type="checkbox"/> Yes	→ Account number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AND										
→ Do you want to create a new account with DDH Graham?										
<input type="checkbox"/> Yes → Please complete ALL relevant sections in this application.										
<input type="checkbox"/> No → DO NOT USE THIS FORM Please refer to the latest relevant PDS and submit an <i>Additional Application</i> form, available from https://ddhgraham.com.au or by phoning 1800 226 174.										
<input type="checkbox"/> No	→ Please complete ALL relevant sections in this application.									

Target market for our funds

Important: Please respond to ALL questions in this section to avoid delays with processing your application. We are unable to process your request without this information.

The target market determination ('TMD') for the DDH range of funds can be found at <https://ddhgraham.com.au/offer-documents-and-forms/> and includes a description of who the fund is appropriate for, based upon the characteristic of the fund, and the likely investment objectives, financial situation and needs of the investor that each fund had been designed to meet.

Please answer the following questions so that we can meet our regulatory obligations to take reasonable steps to ensure our products are distributed in line with those TMDs.

Which of the below statements best describe your intended use and percentage of your total investing portfolio?

- ☐ Solution/standalone (up to 100%)
- ☐ Major allocation (up to 75%)
- ☐ Core component (up to 50%)
- ☐ Minor allocation (up to 25%)
- ☐ Satellite allocation (up to 10%)

Which of these investment goals best describes your primary investment objective for this investment?

- ☐ Capital growth
- ☐ Capital preservation
- ☐ Capital guaranteed
- ☐ Income distribution

Which of these statements best describes your attitude to investment risk, ability to bear loss, and return?

- ☐ Low (Unwilling to see a reduction in value of investment even in the short term. Risk of loss is low as is corresponding return.)
- ☐ Medium (Unwilling to see a reduction in the value of investment in the medium term, willing to accept some risk in the short term compensated with a higher return.)
- ☐ High (Seeking a high return from investment over the long term, willing to see a reduction in short to medium term compensated with a higher return.)
- ☐ Very high (Seeking to maximise returns and are willing to accept periods of investment losses over the life time of your investment. You are willing to accept the risk that can derive from the use of aggressive investment strategies such as investment in alternative assets, derivatives or from the use of leverage.)
- ☐ Extremely high (You prefer extremely high risk, speculative or complex products and are willing to accept significant volatility and losses, with the potential of accelerated returns potentially in a short timeframe.)

Which of these statements best describes how long you expect to remain invested in this fund?

- ☐ Short term (less than 2 years)
- ☐ Medium term (between 2 and 5 years)
- ☐ Long term (more than 5 years)

Which of these statements best describes the frequency of which you would like to be able to withdraw your investment from this fund?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually or longer

Type of account

- | | |
|---|---|
| <input type="checkbox"/> Individual or joint | (Complete Section 1 plus 8-17 , where applicable) |
| <input type="checkbox"/> Sole trader | (Complete Section 1 plus 8-17 , where applicable) |
| <input type="checkbox"/> Minor (less than 18 years old) | (Complete Section 1 plus 8-17 , where applicable) |
| <input type="checkbox"/> Trust, super fund or SMSF | |
| <input type="checkbox"/> Individual trustee | (Complete Sections 1 & 3 plus 7-17 , where applicable) |
| <input type="checkbox"/> Corporate trustee | (Complete Sections 2 & 3 plus 7-17 , where applicable) |
| <input type="checkbox"/> Company | (Complete Section 2 plus 7-17 , where applicable) |
| <input type="checkbox"/> Partnership | (Complete Section 4 plus 7-17 , where applicable) |
| <input type="checkbox"/> Association / co-operative | (Complete Section 5 plus 7-17 , where applicable) |
| <input type="checkbox"/> Government bodies | (Complete Section 6 plus 8-17 , where applicable) |

1. Individual, joint investors, sole traders, minors, individual trustees

Important: Please complete ALL sections to avoid delays with processing your application.

1.1 INVESTOR 1 / INDIVIDUAL TRUSTEE

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other:

First name

Middle name(s)

Surname

Date of birth

 / /

Country of birth

Town of birth

Citizenship

Dual citizenship

Residential address (PO Box is not acceptable)

Tax Status

☐ I am only an Australian resident for tax purposes (if this box is not ticked, please complete section 16).

What is your occupation?

☐ Student ☐ Retired (provide previous occupation & industry) ☐ Other (complete occupation & industry)

Occupation

Industry (choose one of the options listed in Appendix 1)

Source of funds (please choose one or more options listed in Appendix 2)

Are you a potential Politically Exposed Person? *

☐ Yes ☐ No

* A Politically Exposed Person is an individual or a close family member or close associate of an individual, who holds a prominent public position or function in an Australian government body, or foreign government body, or an international organisation.

1.2 INVESTOR 2 / INDIVIDUAL TRUSTEE

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other:

First name

Middle name(s)

Surname

Date of birth

 / /

Country of birth

Town of birth

Citizenship

Dual citizenship

Residential address (PO Box is not acceptable)

Tax Status

☐ I am only an Australian resident for tax purposes (if this box is not ticked, please complete section 16).

What is your occupation?

☐ Student ☐ Retired (provide previous occupation & industry) ☐ Other (complete occupation & industry)

Occupation

Industry (choose one of the options listed in Appendix 1)

Source of funds (please choose one or more options listed in Appendix 2)

Are you a potential Politically Exposed Person? *

☐ Yes ☐ No

* A Politically Exposed Person is an individual or a close family member or close associate of an individual, who holds a prominent public position or function in an Australian government body, or foreign government body, or an international organisation.

1.3 Are you making this application as a sole trader?

☐ No ☐ Yes →

Full business name

ABN/ARBN/ACN

1.4 Are you making this application on behalf of a minor?

☐ No ☐ Yes →

First name

Middle name(s)

Surname

Date of birth

 / /

What is your relationship with the child/minor?

2. Company or Corporate Trustee of Trust or Superannuation Fund

2.1 NAME OF COMPANY OR CORPORATE TRUSTEE

ACN

Contact name

Registered Office (PO Box is not acceptable)

Principal Place of Business/Agent Address/Administration Address (as applicable)

Industry (choose one of the options listed in Appendix 1)

Source of funds (please choose one or more options listed in Appendix 2)

2.2 COMPANY TYPE

Please select from each column and provide the required information:

<input type="checkbox"/> Australian Company	<input type="checkbox"/> Public Company	<input type="checkbox"/> ASIC registered	→ ACN or ARBN
<input type="checkbox"/> Foreign Company	<input type="checkbox"/> Proprietary or Private Company	<input type="checkbox"/> Foreign registered	→ Foreign registration number
			Name of relevant foreign registration body
			Country of incorporation
	<input type="checkbox"/> Majority owned subsidiary of Listed Public Company		→ Name of parent company and relevant exchange
	<input type="checkbox"/> Listed on market/exchange		→ Details of market/exchange (including registration number if applicable)
	<input type="checkbox"/> Other (please provide details)		→ Details of regulator (including registration number if applicable)

Please ensure that you complete Section 7 for all Beneficial Owners, unless the following applies:

If you are an Australian or foreign listed public company, you do not need to complete section 2.3 below, or section 7.

2.3 NAMES OF DIRECTORS (PROPRIETARY COMPANIES ONLY)

Director 1 Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:		
First name				Middle name(s)			
Surname				Date of birth			
				/ /			
Country of birth				Town of birth			
Citizenship				Dual citizenship			
Residential address (PO Box is not acceptable)							
Occupation				Industry (choose one of the options listed in Appendix 1)			
Source of funds (please choose one or more options listed in Appendix 2)							

Director 2 Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:		
First name				Middle name(s)			
Surname				Date of birth			
				/ /			
Country of birth				Town of birth			
Citizenship				Dual citizenship			
Residential address (PO Box is not acceptable)							
Occupation				Industry (choose one of the options listed in Appendix 1)			
Source of funds (please choose one or more options listed in Appendix 2)							

Director 3 Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:		
First name				Middle name(s)			
Surname				Date of birth			
				/ /			
Country of birth				Town of birth			
Citizenship				Dual citizenship			
Residential address (PO Box is not acceptable)							
Occupation				Industry (choose one of the options listed in Appendix 1)			
Source of funds (please choose one or more options listed in Appendix 2)							

Director 4 Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:		
First name				Middle name(s)			
Surname				Date of birth			
				/ /			
Country of birth				Town of birth			
Citizenship				Dual citizenship			
Residential address (PO Box is not acceptable)							
Occupation				Industry (choose one of the options listed in Appendix 1)			
Source of funds (please choose one or more options listed in Appendix 2)							

3. Trust or Superannuation Fund

3.1 FULL NAME OF TRUST OR SUPERANNUATION FUND

Registered business name (if any) of Trust

ABN

Source of funds (please choose one or more options listed in Appendix 2)

*Please complete Individual trustee details in Section 1 OR Corporate trustee details in Section 2. If there is more than one trustee, please attach details on a separate sheet and attach to this form.

Full name of Settlor of Trust or Superannuation Fund

You do not need to provide the Settlor's details if the Settlor is deceased or the material asset contribution to the trust by the Settlor at the time the trust is established is less than \$10,000.

3.2 TRUST TYPE

Please select one option below and provide the requested information:

<input type="checkbox"/> Registered Managed Investment Scheme	→ ARSN	<input type="text"/>
<input type="checkbox"/> Unregistered Managed Investment Scheme	→ ABN	<input type="text"/>
<input type="checkbox"/> Self-Managed Superannuation Fund	→ ABN	<input type="text"/>
<input type="checkbox"/> Other Australian Regulated Trust	→ Name of regulator (e.g. ASIC, APRA, ATO)	<input type="text"/>
	→ Registration/Licensing details or Trust's ABN	<input type="text"/>
	Details of regulator (including registration number if applicable)	<input type="text"/>
<input type="checkbox"/> Government Superannuation Fund	→ Name of Legislation Establishing the Fund	<input type="text"/>
<input type="checkbox"/> Other Trust Type (e.g. family, unit, charitable, testamentary, foreign)	→	<input type="text"/>

Please ensure that you complete Section 7 for all Beneficial Owners, unless the following applies:

If you are a Registered Managed Investment Scheme, Unregistered Managed Investment Scheme (provided you do not make small scale offerings to which section 1012E Corporations Act 2001 (Cth) applies), Self-Managed Superannuation Fund, Regulated Trust or Government Superannuation Fund, you do not need to complete section 7 - Beneficial Ownership.

4. Partnership

4.1 FULL NAME OF PARTNERSHIP

Registered business name of Partnership

ABN or other registration number

Address (PO Box is not acceptable)

Country in which established (if not Australia)

Industry (choose one of the options listed in Appendix 1)

Source of funds (please choose one or more options listed in Appendix 2)

Where the Beneficial Owners differ from the Partners listed below, you must also complete Section 7.

Partner 1 Details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other:

First name

Middle name(s)

Surname

Date of birth

Country of birth

Town of birth

Citizenship

Dual citizenship

Residential address (PO Box is not acceptable)

Occupation

Industry (choose one of the options listed in Appendix 1)

Source of funds (please choose one or more options listed in Appendix 2)

Partner 2 Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:		
First name				Middle name(s)			
Surname				Date of birth			
				/ /			
Country of birth				Town of birth			
Citizenship				Dual citizenship			
Residential address (PO Box is not acceptable)							
Occupation				Industry (choose one of the options listed in Appendix 1)			
Source of funds (please choose one or more options listed in Appendix 2)							

Partner 3 Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:		
First name				Middle name(s)			
Surname				Date of birth			
				/ /			
Country of birth				Town of birth			
Citizenship				Dual citizenship			
Residential address (PO Box is not acceptable)							
Occupation				Industry (choose one of the options listed in Appendix 1)			
Source of funds (please choose one or more options listed in Appendix 2)							

Partner 4 Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:		
First name				Middle name(s)			
Surname				Date of birth			
				/ /			
Country of birth				Town of birth			
Citizenship				Dual citizenship			
Residential address (PO Box is not acceptable)							
Occupation				Industry (choose one of the options listed in Appendix 1)			
Source of funds (please choose one or more options listed in Appendix 2)							

5. Associations

5.1 FULL NAME OF ASSOCIATION

<input type="checkbox"/> Incorporated	<input type="checkbox"/> Unincorporated	ABN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of principal place of administration or registered office (if any) (PO Box is not acceptable)										
Country of establishment (if not Australia)										
Identification number (if any)										
Chairman (or equivalent officer)										
Secretary (or equivalent officer)										
Treasurer (or equivalent officer)										
Public officer										
Residential address (PO Box is not acceptable) of chairman, secretary or treasurer (if no public officer)										
Industry (choose one of the options listed in Appendix 1)										
Source of funds (please choose one or more options listed in Appendix 2)										

Please ensure that you complete Section 7 for all Beneficial Owners.

6. Government bodies INCLUDING GOVERNMENT DEPARTMENTS

6.1 FULL NAME OF GOVERNMENT BODY

Address of principal place of operation or registered office (PO Box is not acceptable)

Establishing legislation

☐ Separate legal entity, agency of authority

☐ Established under legislation of the Commonwealth, state or territory or a foreign country (please provide details)

Source of funds (please choose one or more options listed in Appendix 2)

7. Beneficial ownership

Please complete the beneficial ownership information for the entity types listed below.

☐ **Company or corporate trustee of trust or superannuation fund**

Provide details of all shareholders and/or controlling persons who own 25% or more of the company's issued capital. If no individual owns 25% or more of the company's issued capital, please provide the details of the individual(s) who exercise control of the company through the capacity to determine decisions about the company's financial and operational policies.

☐ **Unregulated trust**

Provide details of all beneficial owners of the trust. 'Owns' in this case means 25% or more of that class of units.

☐ **Partnership**

Provide details of all partners and any other person who holds 25% or more beneficial interest in the partnership.

☐ **Association**

Provide details of all Chairman (or equivalent), secretary, or treasurer or other individual who holds 25% or more beneficial interest in the association.

Beneficiary 1 Details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other:

First name

Middle name(s)

Surname

Date of birth

Country of birth

Town of birth

Citizenship

Dual citizenship

Residential address (PO Box is not acceptable)

Occupation

Industry (choose one of the options listed in Appendix 1)

Source of funds (please choose one or more options listed in Appendix 2)

Beneficiary 2 Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:		
First name				Middle name(s)			
Surname				Date of birth			
				/ /			
Country of birth				Town of birth			
Citizenship				Dual citizenship			
Residential address (PO Box is not acceptable)							
Occupation				Industry (choose one of the options listed in Appendix 1)			
Source of funds (please choose one or more options listed in Appendix 2)							

Beneficiary 3 Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:		
First name				Middle name(s)			
Surname				Date of birth			
				/ /			
Country of birth				Town of birth			
Citizenship				Dual citizenship			
Residential address (PO Box is not acceptable)							
Occupation				Industry (choose one of the options listed in Appendix 1)			
Source of funds (please choose one or more options listed in Appendix 2)							

Beneficiary 4 Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:	<input type="text"/>
First name			Middle name(s)			
<input type="text"/>			<input type="text"/>			
Surname			Date of birth			
<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>			
Country of birth			Town of birth			
<input type="text"/>			<input type="text"/>			
Citizenship			Dual citizenship			
<input type="text"/>			<input type="text"/>			
Residential address (PO Box is not acceptable)						
<input type="text"/>						
Occupation			Industry (choose one of the options listed in Appendix 1)			
<input type="text"/>			<input type="text"/>			
Source of funds (please choose one or more options listed in Appendix 2)						
<input type="text"/>						
If there are additional beneficial owners, please provide their full names, dates of birth and residential addresses on a separate page and attach to this form.						

8. Contact details YOU MUST COMPLETE THIS ITEM

Postal address (if different to previously provided)			
<input type="text"/>			
<input type="text"/>		State	<input type="text"/>
<input type="text"/>		Post code	<input type="text"/>
Country	<input type="text"/>		
Phone (business hours)	Phone (after hours)	Mobile phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			
<input type="text"/>			
Facsimile			
<input type="text"/>			

9. How would you like us to act on your instructions?

Please select one of the following options (if you do not select an option, we will only accept instructions via letter).

- ☐ **Letter** - Only your original, signed written instructions will be acted on.
- ☐ **Electronic (email or facsimile)** - Signed written instructions or originals will be acted on.
Refer to the Additional Information Guide for the terms and conditions.

10. Investment selection

Important: Initial applications must be for a minimum of \$2,000 per fund or \$500 where you establish a regular savings plan. Amount to be invested must be in Australian dollars unless indicated otherwise. DDH will automatically reinvest your distribution in units of your chosen fund if you do not make a selection between 'reinvest distributions' and 'credit bank account'. If you select to 'credit bank account' for your distributions, please provide your bank details in section 11.

10.1 Which Fund(s) would you like to invest in?

Fund name	Amount to be invested	Reinvest distributions (please tick ✓)	Credit bank account (please tick ✓)
DDH Aggressive Growth Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>
DDH Australian Shares Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>
DDH Balanced Growth Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>
DDH Cash Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>
DDH Conservative Growth Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>
DDH Fixed Interest Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>
Arculus Preferred Income Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>
Arculus Fixed Income Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>

10.2 In addition to this investment, do you wish to start a savings plan?

- ☐ No
- ☐ Yes → Please read and complete the *Regular Savings Plan* form, available from <https://ddhgraham.com.au> or by phoning 1800 226 174.

11. Banking instructions

Payments will **ONLY** be made into an Australian domiciled bank account in the name of the investor.

BSB number	Account number
<input type="text"/>	<input type="text"/>
Account name (e.g. John Smith)	
<input type="text"/>	
Name of financial institution	
<input type="text"/>	
Address of financial institution	
<input type="text"/>	
<input type="text"/>	State <input type="text"/>
<input type="text"/>	Post code <input type="text"/>

12. Online access

Do you wish to apply for access to view your investments online?

- ☐ No
- ☐ Yes → Please ensure you have supplied your email address in section 8.

13. Adviser or broker details IF APPLICABLE

Important: If you have an adviser or broker, your adviser or broker should complete all sections below.

Adviser number (if applicable)

Business name

AFSL number

Dealer group (if different from above)

Full name of individual adviser

Postal address

State Post code

Business phone

Mobile phone

Facsimile

Email address

14. Adviser remuneration IF APPLICABLE

Contribution fee

Please specify the contribution fee the applicant is to pay on investment in the Fund(s) with a contribution fee payable:

Initial entry fee **(GST inclusive)**. If no amount is nominated, Nil will apply.

☐ Nil

% Note: Maximum fee is 3.3% GST inclusive for all funds except the Arculus Preferred Income Fund.
The maximum contribution fee for the Arculus Preferred Income Fund is 1.1% GST inclusive.

Ongoing Adviser Service fee

Please specify the ongoing adviser service fee the applicant is to pay from their investment in the Fund(s).

Ongoing adviser service fee **(GST inclusive)**. If no amount is nominated, Nil will apply.

☐ Nil

% Note: Maximum fee is 2.2% GST inclusive for all funds except the Arculus Preferred Income Fund.
The maximum ongoing adviser service fee for the Arculus Preferred Income Fund is 0.55% GST inclusive.

Adviser signature

Applicant 1 signature

Applicant 2 signature

15. What is your Tax File Number, Australian Business Number or exemption?

If provided, your TFN will apply automatically to any future investment in the Funds or switches to other DDH Managed Funds unless you indicate otherwise. You can choose not to quote your TFN / ABN or claim an exemption. Declining to quote a TFN is not an offence. We are authorised to receive tax file information under tax law. For more information about TFNs / ABNs please call your nearest tax office. If you choose not to quote your Tax File Number (TFN) / Australian Business Number (ABN) nor claim an exemption, we are required to deduct tax at the highest marginal tax rate plus Medicare levy from any income payable to you.

Investor 1

TFN ABN

Or (select one of the following and fill in the appropriate TFN / ABN details)

☐ Partnership ☐ Company ☐ Trust ☐ Superannuation Fund

TFN ABN

Do you have a tax exemption?

Any applicant who has a TFN but is exempt, should still quote that TFN. Exempt applicants should then indicate their exemption below to avoid tax being deducted from any income distribution. Applicants in the name of a trustee on behalf of a minor should quote their TFN.

- ☐ Child under 18. Note that the funds do not accept investments directly in the name of a minor. Applicants can only be accepted in the name of a trustee.
- ☐ Recipient of age, invalid, service or veteran's pension.
- ☐ Recipient of another type of pension - wife, carer, widow, sole parent, special benefit.
- ☐ Organisation not required to lodge tax return.
- ☐ Non-resident of Australia.

This section is only for tax residents of a country other than Australia

If you have completed Section 16 and have a Tax Identification Number, please enter it below.

Tax Identification Number (TIN)

Investor 2

TFN ABN

Or (select one of the following and fill in the appropriate TFN / ABN details)

☐ Partnership ☐ Company ☐ Trust ☐ Superannuation Fund

TFN ABN

Do you have a tax exemption?

Any applicant who has a TFN but is exempt, should still quote that TFN. Exempt applicants should then indicate their exemption below to avoid tax being deducted from any income distribution. Applicants in the name of a trustee on behalf of a minor should quote their TFN.

- ☐ Child under 18. Note that the funds do not accept investments directly in the name of a minor. Applicants can only be accepted in the name of a trustee.
- ☐ Recipient of age, invalid, service or veteran's pension.
- ☐ Recipient of another type of pension - wife, carer, widow, sole parent, special benefit.
- ☐ Organisation not required to lodge tax return.
- ☐ Non-resident of Australia.

This section is only for tax residents of a country other than Australia

If you have completed Section 16 and have a Tax Identification Number, please enter it below.

Tax Identification Number (TIN)

Investor 3

TFN ABN

Or (select one of the following and fill in the appropriate TFN / ABN details)

☐ Partnership ☐ Company ☐ Trust ☐ Superannuation Fund

TFN ABN

Do you have a tax exemption?

Any applicant who has a TFN but is exempt, should still quote that TFN. Exempt applicants should then indicate their exemption below to avoid tax being deducted from any income distribution. Applicants in the name of a trustee on behalf of a minor should quote their TFN.

- ☐ Child under 18. Note that the funds do not accept investments directly in the name of a minor. Applicants can only be accepted in the name of a trustee.
- ☐ Recipient of age, invalid, service or veteran's pension.
- ☐ Recipient of another type of pension - wife, carer, widow, sole parent, special benefit.
- ☐ Organisation not required to lodge tax return.
- ☐ Non-resident of Australia.

This section is only for tax residents of a country other than Australia

If you have completed Section 16 and have a Tax Identification Number, please enter it below.

Tax Identification Number (TIN)

Investor 4

TFN ABN

Or (select one of the following and fill in the appropriate TFN / ABN details)

☐ Partnership ☐ Company ☐ Trust ☐ Superannuation Fund

TFN ABN

Do you have a tax exemption?

Any applicant who has a TFN but is exempt, should still quote that TFN. Exempt applicants should then indicate their exemption below to avoid tax being deducted from any income distribution. Applicants in the name of a trustee on behalf of a minor should quote their TFN.

- ☐ Child under 18. Note that the funds do not accept investments directly in the name of a minor. Applicants can only be accepted in the name of a trustee.
- ☐ Recipient of age, invalid, service or veteran's pension.
- ☐ Recipient of another type of pension - wife, carer, widow, sole parent, special benefit.
- ☐ Organisation not required to lodge tax return.
- ☐ Non-resident of Australia.

This section is only for tax residents of a country other than Australia

If you have completed Section 16 and have a Tax Identification Number, please enter it below.

Tax Identification Number (TIN)

16. Declaration of overseas tax status

16.1 FATCA and CRS – Non-individuals

Please complete this section for entities which are tax residents of any country other than Australia.

Name

Country

TIN

Please enter your TIN where specified in Section 15 - Investor 1

Is the entity a:

- ☐ Financial Institution (other than a US financial institution)
Company's Global Intermediary Identification Number (GIIN), if applicable
-
- Company does not have a (GIIN), please provide its tax status
-
- If you are unsure of your tax status, please consult your accountant or tax specialist.
You do not need to complete section 16.2 below.
- ☐ Non-Financial Public Company (Public companies that are not Financial Institutions as described above).
- ☐ Corporation the stock of which is regularly publicly traded on an established securities market or its affiliates
- ☐ Governmental Entity or Central Bank
- ☐ International Organisation
- ☐ Other Active NFE ("Active Non-Financial Entity")
- ☐ Passive NFE (other than Investment Entity located in a CRS Non-Participating Jurisdiction and managed by another Financial Institution)

You do not need to complete section 16.2 below.

- ☐ Non-Financial Proprietary Company (Proprietary companies that are not Financial Institutions as described above)
- ☐ Other – provide details

16.2 FATCA and CRS – Individuals and Beneficial Owners

Please complete this section if an individual or beneficial owner* that are party to this application has an overseas tax status. If the Individual or Entity is a tax resident of any other country outside of Australia, please indicate the country(ies) in which they are a resident for tax purposes and each country's associated Tax Identification Number (TIN). If a TIN is not available, please tick the appropriate reasons.

Investor 1

Name

Country

Tax Identification Number (TIN) **Please enter your TIN where specified in Section 15 - Investor 1**

Reason if no TIN provided (please tick one)

☐ Foreign TIN not issued by this country ☐ Individual is under age ☐ Foreign TIN pending issue by the country's tax authority

Investor 2

Name

Country

Tax Identification Number (TIN) **Please enter your TIN where specified in Section 15 - Investor 2**

Reason if no TIN provided (please tick one)

☐ Foreign TIN not issued by this country ☐ Individual is under age ☐ Foreign TIN pending issue by the country's tax authority

Investor 3

Name

Country

Tax Identification Number (TIN) **Please enter your TIN where specified in Section 15 - Investor 3**

Reason if no TIN provided (please tick one)

☐ Foreign TIN not issued by this country ☐ Individual is under age ☐ Foreign TIN pending issue by the country's tax authority

Investor 4

Name

Country

Tax Identification Number (TIN) **Please enter your TIN where specified in Section 15 - Investor 4**

Reason if no TIN provided (please tick one)

☐ Foreign TIN not issued by this country ☐ Individual is under age ☐ Foreign TIN pending issue by the country's tax authority

*A beneficial owner is any individual who has control (direct or indirectly) of an entity. Control includes the capacity to influence the way the entity conducts its affairs through trusts, formal or informal agreements, arrangements, understandings and practices:

- For companies, where an individual who owns 25% or more (directly or indirectly) or has control (directly or indirectly) of the company.
- For partnerships this includes but is not limited to partners who hold 25% or more beneficial interest in the partnership.
- For unincorporated/incorporated association/cooperative entity this includes but is not limited to the Chairman (or equivalent), secretary or treasurer who holds 25% or more beneficial interest in the entity.
- For trusts this includes but is not limited to beneficiaries who hold more than 25% or more beneficial interest in the trust property and the appointer who has the power to appoint or remove trustee of the trust.

Note: if there is insufficient space to complete this section, please photocopy this section to provide additional details.

17. Applicant acknowledgement and signature(s) ALL APPLICANTS MUST COMPLETE THIS SECTION

17.1 Applicant acknowledgement

I/We agree to be bound by the provisions of the Constitution that governs the Fund(s) in which I/we apply to invest as amended from time to time.

I/We have read the Product Disclosure Statement ('PDS') for the relevant DDH Managed Fund.

I/We agree that if we use the facsimile service I/we will be bound by the terms and conditions applicable to the facility as set out in the Additional Information Guide, as amended from time to time.

I/We acknowledge that DDH Graham Limited ('DDH') may accept instruction from any one investor in a joint unitholding, unless I/we have specified otherwise on this Application Form.

I/We acknowledge and agree to promptly repay any withdrawal, distribution or other payment notified by the Responsible Entity to me/us which has been made in error.

I/We understand that information concerning me/us collected from any source, including any information contained in this Application Form:

- relating to the outcome of this application
- relating to my death or insolvency
- which otherwise incorporates any DDH references for any of my/our accounts with DDH may be made available or used by my/our adviser whose details appear on this form, DDH or any entity carrying out functions on behalf of DDH for the purposes of:
 - enabling DDH to process my/our application and administer the products or services DDH supplies to me/ us
 - DDH offering other services or products which may be of interest to me/us unless I/we request in writing that DDH does not do so
 - prevention and detection of money laundering and terrorist financing
 - verifying my/our identity and customer due diligence purposes, or
 - any other purpose authorised by law.

I/We also understand that failure to provide information required in this application may affect the success of this application or any further application I/we may make to DDH.

I/We can amend any personal information that DDH holds about me/us or find out what information DDH holds about me/us, by contacting the Privacy Officer, DDH Graham Limited, GPO Box 330, Brisbane Qld 4001 at any time in writing.

While DDH will take all reasonable steps to protect information that I/we provide, DDH cannot guarantee the

security of certain types of information provided by me/us (for example over the internet or by email).

I/We hereby consent for DDH to collect, retain, use, store and disclose such information as detailed before.

I/We hereby certify that I/we am/are not a foreign shell bank (a bank that does not maintain a physical presence in any country).

I/We hereby certify that I/we am/are not a US Person(s) (as defined below) nor do I/we act on behalf of or for the benefit of any US Person and I/we agree to notify DDH immediately if I/we become a US Person.

I/We acknowledge that where I/we have provided information about another individual, I/we have made them aware of that fact and the contents of DDH's Privacy Policy and Collection Statement.

Further, I/we understand and agree that the units described in the PDS may not be offered to a US Person (as defined below) and I/we will not, subject to the discretion of DDH, at any time cause my/our units to be sold or transferred, directly or indirectly to or for the benefit of a US Person.

US Persons include:

- a. any natural person resident in the United States;
- b. any partnership or corporation organised or incorporated under the laws of the United States;
- c. any estate of which any executor or administrator is a US Person;
- d. any trust of which any trustee is a US Person;
- e. any agency or branch of a foreign entity located in the United States;
- f. any non-discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary for the benefit or account of a US Person;
- g. any discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary organised, incorporated or (if an individual) resident in the United States; and
- h. any partnership or corporation if (a) organised or incorporated under the laws of any foreign jurisdiction and (b) formed by a US Person principally for the purpose of investing in securities not registered under the US Securities Act of 1933, as amended, unless it is organised or incorporated, and owned, by 'accredited investors' (within the meaning given to such term in Regulation D under the Securities Act) who are not natural persons, estates or trusts.

I/We certify that I/we received the PDS for the relevant DDH Managed Fund in Australia and have completed this Application Form in Australia.

17.2 Electronic verification

- ☐ We may disclose your personal information to a third-party service provider for the purpose of verifying your identity through electronic verification. This would involve submitting details such as your name, address, date of birth and identification document numbers to the Australian Government Document Verification Service (DVS), which is a national online system that allows organisations to match an individual's identifying information with the government record to verify their identity. Privacy information is available from the DVS website <http://www.dvs.gov.au>. By ticking this box, you consent for DDH to disclose your personal information to a third-party service provider and the DVS, to electronically verify your identity, from time to time.

17.3 Significant Investor Visa application

- ☐ This investment will be used for a Significant Investor Visa application. If in doubt, contact DDH to confirm if the relevant DDH Managed Fund qualifies under the Significant Investor Visa program.

17.4 Applicant signing authorities

Please indicate below who can authorise instructions in relation to your investment. If you do not tick one of the options below, all instructions must be signed by all of the signatories below, or as otherwise permitted by law. You must provide a certified copy for all authorised signatories.

- ☐ Signatory 1 ONLY ☐ Allow other authorised signatories
(please complete the *Authorised Representative* form at <https://ddhgraham.com.au> to submit with this application OR provide a certified copy of an authorised signatories list)
- ☐ Signatory 2 ONLY
- ☐ Signatory 1 AND 2 ☐ Power of attorney
(please submit a certified copy of the power of attorney and identification documents required for an individual)
- ☐ Either Signatory 1 OR 2

17.5 Applicant signatures

SIGNATORY 1

1st Individual applicant OR director OR office bearer (company signatories must include their company title)

Signature

Date signed

 / /

Full name

Capacity (if company)

- ☐ Director
- ☐ Sole director and sole secretary

SIGNATORY 2

2nd Joint individual applicant OR director/secretary OR office bearer (company signatories must include their company title)

Signature

Date signed

 / /

Full name

Capacity (if company)

- ☐ Director
- ☐ Secretary

- Companies signing by duly authorised representatives must provide appropriate documentation showing the proper appointment of the representatives to DDH Graham Limited.
- If signed under Power of Attorney, the attorney hereby certifies that no notice of revocation of that power has been received by the attorney.
- Applications by clubs, charities, churches or unincorporated bodies must be signed by the authorised office bearers (e.g. A. Smith - President) and a copy of the Constitution/Rules attached.

Checklist

Before you submit your application and identification documents, please ensure:

- ☐ Address (not postal address) matches identification documents provided.
- ☐ Bank details provided are in the same name as the applicant(s).
- ☐ Certified identification documents include date and number of pages certified.
- ☐ 'Declaration of Overseas Tax Status' section 16 is completed.
- ☐ Declaration above is signed and dated.
- ☐ All questions in the 'Target market for our funds' section (page 8) have been completed.

Appendix 1. Industry

1. Accommodation and Food Services
2. Administrative and Support Services
3. Adult industries including licensed brothels, adult/sex shops and adult/strip clubs
4. Agriculture, Forestry and Fishing
5. Arms manufacturers, importers, wholesalers or retailers
6. Arts and Recreation Services
7. Charitable organisations, not for profit organisations and political or religious organisations (excluding schools/educational institutions affiliated with or owned by religious organisations)
8. Construction
9. Digital currency exchanges
10. Education and Training
11. Electricity, Gas, Water and Waste Services
12. Financial and Insurance Services
13. Gaming/Gambling Industry – includes Sporting or Leagues clubs, hotels and pubs that offer poker machines and/or gambling and gaming facilities
14. Health Care and Social Assistance
15. Information Media and Telecommunications
16. Legalised cannabis related production, distribution or specialised dispensing/sales
17. Licensed payday or similar type lender
18. Licensed Remitters/Money Service Business (MSB)
19. Manufacturing
20. Mining
21. Other Services
22. Pawnbrokers
23. Payment facilitators
24. Political or religious organisations (excluding schools/educational institutions/hospitals or aged care facilities) affiliated with or owned by religious organisations
25. Private ATM Operators
26. Professional, Scientific and Technical Services
27. Public Administration and Safety
28. Rental, Hiring and Real Estate Services
29. Retail Trade
30. Shell companies
31. Shipping/logistics
32. Social clubs and associations, including entities such as, School Canteens, Social sporting clubs, Professional Fishing Associations, Medical associations and Motorcycle clubs
33. Specialist art/antique and precious metal/stones dealers
34. Transport, Postal and Warehousing
35. Virtual currency businesses
36. Wholesale Trade

Appendix 2. Source of Funds

- | | | |
|--|--|---|
| <ul style="list-style-type: none">• Salary/wages• Commission• Bonus• Business income/earnings• Business profits• Investment income/earnings• Corporate investments earnings• Rental income• Loan | <ul style="list-style-type: none">• Ext investment/capital injection• Insurance payment• Compensation payment• Government benefits• Government grant• Sale of assets• Liquidation of assets• Mergers & Acquisitions | <ul style="list-style-type: none">• Controlled money account• Redundancy• Inheritance• Superannuation/pension• Gift/donation• Windfall• Tax refund• Additional sources (provide a value) |
|--|--|---|

Please return your completed form by sending us a scanned copy via email to investorservices@ddhgraham.com.au or post to our mailing address: DDH Graham Limited, Reply Paid 330, Brisbane QLD 4001



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