

Apply via our Investor Portal

OR

Use this form if you wish to invest in the Premium Income Fund.

- ✓ **Please read and ensure you understand the Product Disclosure Statement (PDS) Release 2 accompanying this Application Form, and the Target Market Determination (TMD) available on our website www.rhodesam.com.au or otherwise by email request admin@rhodesam.com.au.**

If you have any questions, please contact the Applications Officer on 1300 425 594.

- ✓ **Complete this Application Form using block letters in black or blue pen. If you make an error whilst completing this form, please do not use correction fluid, simply cross out your mistake and initial your changes.**

Please complete **all sections** relevant to your application. You may refer to the **Type of Investor** section on Page 1 for more information.

If you have any questions, please contact the Applications Officer on 1300 425 594.

- ✓ **Nominate your preferred identification method - Online or Certified ID.**

You may choose **Online** verification to have your identity verified online (we will send you a link via SMS and email); **OR**, you may attach **Certified** copies of your **identification documents**. Please refer to our Identification Checklist at the end of this Application Form for more information on who can certify a document.

If you have any questions, please contact the Applications Officer on 1300 425 594.

- ✓ **Tell us your tax status.**

- If you are a resident of Australia for tax purposes, please provide us with your Tax File Number (TFN). If you do not supply us with your TFN (or exemption details), withholding tax will be deducted from your interest earned, at the highest marginal tax rate plus Medicare Levy and forwarded to the ATO. If you are exempt from quoting your TFN you must indicate this, or tax will be deducted from your interest.
- If you are a resident of the US, for tax purposes, you must provide us with your TIN. You will be required to fill out a supporting **FATCA Declaration** form. Please contact us and we will send you the required form, should this apply to you.
- If you are a resident of a country other than Australia (or the US), for tax purposes, you must let us know. You will be required to fill out a supporting **Tax Declaration** form. Please contact us and we will send you the required form, should this apply to you.

If you have any questions, please contact us on 1300 425 594 or email admin@rhodesam.com.au

- ✓ **Send your completed Application Form to us.**

Online/by email: investors@rhodesam.com.au

OR

Paper/by post: Rhodes Asset Management Ltd – Attention Applications Officer: PO Box 1753, Capalaba Qld 4157

- ✓ **Payment of Application Moneys.**

Your application cannot be processed until all relevant identification documentation has been verified by us, and Application Moneys have been received.

Application Form — Premium Income Fund

Please complete all relevant sections (see section 2)

Rhodes Asset Management Ltd (ACN 165 917 813 / AFSL 464772)

1. Investment Amount — Your application is subject a minimum investment amount of **\$20,000**.

Applications will not be accepted if the investment amount is below this threshold. Additional investments must be in multiples of **\$5,000**.

! Investment Amount (Minimum Investment **\$20,000**)

\$

Purpose of Investment

- Savings
- Growth
- Income
- Retirement

Source of Application Money

Note: You are required to provide this information under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

<input type="checkbox"/> Gainful employment	<input type="checkbox"/> Financial investments
<input type="checkbox"/> Inheritance / gift	<input type="checkbox"/> Business Activity
<input type="checkbox"/> Superannuation	<input type="checkbox"/> Other (please specify)

Distribution Reinvestment Plan (DRP)

I/we hereby apply to participate in the Distribution Reinvestment Plan (DRP).

An option for Premium Income Fund (PIF) investors to automatically reinvest their monthly distributions, thus allowing our investors to benefit from compounding returns.

2. Type of Investor — Tick the relevant boxes and complete all sections indicated.

Investors will also need to attach all required identification documents and / or undertake online verification of identity for individuals.

Individual Investor

(complete Sections 1,2,3,7,8,9,11-15)

Joint Investors

(complete Sections 1,2,3,7,8,9,11-15)

Partnership

(complete Sections 1,2,3,7,8,9,11-15)

Company (complete Sections 1,2,3,4,7-15)

Trust (complete Sections 1,2,5,7-15)

Super Fund (complete Sections 1,2,6-15)

and if the Trustee of the trust or SMSF is:

Individual(s) (also complete Section 3)

A Company (also complete Sections 3 & 4)

For an Existing Investor — I/We have previously invested as this entity in this or another Rhodes

fund.(complete or review sections 1,9,11-14 + any section where your circumstances have changed)

Investor or entity name: _____

3. Individual Investors / Directors / Trustees — If more than two investors / individuals, please attach further copies of this page or include details on a separate blank page.

Applicant 1:

Title: MR MRS MS MISS DR

Given Names:

Surname:

Preferred Name:

Date of Birth:

Residential Address (not a PO BOX):

Tax File Number (or exemption details):

TIN (if applicable):

Specify country of tax residency:

State:

Post Code:

Politically Exposed Person/PEP? NO YES (please tick)

(See: www.austrac.gov.au/glossary – for PEP definition)

Details (if applicable): _____

! Identification Method: Please tick.		<u>MANDATORY</u>
<input type="checkbox"/> Online verification; OR		Mobile:
		Email:
<input type="checkbox"/> Certified ID		<input type="checkbox"/> ATTACHED (please see Identification Checklist on Page 8)
Applicant 2:		Title: <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> DR
Given Names:		Surname:
Preferred Name:		Date of Birth:
Residential Address (not a PO BOX):		Tax File Number:
		TIN (if applicable):
		Specify country of tax residency:
State:	Post Code:	Politically Exposed Person/PEP? <input type="checkbox"/> NO <input type="checkbox"/> YES (please tick) (See: www.austrac.gov.au/glossary – for PEP definition) Details (if applicable): _____
! Identification Method: Please tick.		<u>MANDATORY</u>
<input type="checkbox"/> Online verification; OR		Mobile:
<input type="checkbox"/> Certified ID		<input type="checkbox"/> ATTACHED (please see Identification Checklist on Page 8)
4. Company / Corporate Trustee	! ATTACH a copy of an ASIC Company Extract Search (showing the company name, ACN, officeholders, directors, share structure etc)	
Name of Company:	TFN:	
Contact Person / Director:	ABN / ACN:	
Registered Office Address:	Place of Business:	
5. Trust	! ATTACH a Certified copy of the Trust Deed (showing the trust name, trustees, beneficiaries, settlors & appointers – where applicable)	
Name of Trust:	TFN:	
Postal Address:	ABN:	
Appointer(s):	Name(s):	
	Address:	
Settlor:	Name(s):	
	Address:	

6. SMSF

Name of Super Fund:	
Postal Address:	TFN:
	ABN:

7. Contact Information for Correspondence

(a) **Primary Contact Information for personal Correspondence** – It's important that you advise us of any changes to your contact details. You can update your contact information at any time by emailing us admin@rhodesam.com.au

Given Names:	Surname:
Phone:	Email:
Postal Address:	
Communication Preference: <input type="checkbox"/> Email <input type="checkbox"/> Post (please tick preference – if not specified, we will communicate with you by email)	

(b) Contact Information for nominated professional – (optional)

Yes, please also send a copy of my end of year statements to my nominated professional/s each year.
It's important that you advise us of any changes to their contact details. You can update their contact information at any time by emailing us admin@rhodesam.com.au

Accountant

Name:	Business name:
Email:	Phone:

Financial Advisor

Name:	Business name:
Email:	Phone:

Other Authorised Person

Name:	Business name:
Email:	Phone:

8. Electronic / Email Instruction Authority – Email instructions may require a follow up phone call from us to verify.

NOTE: By default, we will accept your instructions by email. Please leave this section blank if you agree that your instructions should be accepted by email. If you do not wish for your instructions to be accepted via email, please tick.

NO (tick if applicable)

9. Nominated Bank Account Details – Please provide your financial institution account details to receive your distribution/interest and future redemption payments. **Payments will only be made to an account held in the name of the investor/s.** Payments will not be made to any third-party accounts.

Bank / Financial Institution:	Branch (if known):
BSB Number:	Account Number:
Account Name:	

10. Beneficial Owner/s - If there are more than two beneficial owners, please attach further copies of this page.

Note: Not required for regulated trusts or SMSF.

Please provide the full legal name, date of birth, and residential address of all beneficial owners.

For a company, or fixed/unit trust, beneficial owners are all individuals who hold more than 25% of the company's issued capital or trust's issued units.

For a discretionary trust, a beneficial owner is the person who controls the activities of the trust (directly or indirectly including control by acting as trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the trustees; or the ability to appoint or remove the trustees).

Beneficial Owner 1: **Same as Applicant 1** (if this box is ticked, you do not need to fill out this section)

Given Names:		Surname:
Preferred Name:		Date of Birth:
Residential Address (not a PO BOX):		Tax File Number:
		TIN (if applicable):
		Specify country of tax residency:
State:	Post Code:	Politically Exposed Person/PEP? <input type="checkbox"/> NO <input type="checkbox"/> YES (please tick) (See: www.austrac.gov.au/glossary - for PEP definition) Details (if applicable): _____
! Identification Method: Please tick.		MANDATORY
<input type="checkbox"/> Online verification; OR <input type="checkbox"/> Certified ID		Mobile: _____
		Email: _____
		<input type="checkbox"/> ATTACHED (please see Identification Checklist on Page 8)

Beneficial Owner 2: **Same as Applicant 2** (if this box is ticked, you do not need to fill out this section)

Given Names:		Surname:
Preferred Name:		Date of Birth:
Residential Address (not a PO BOX):		Tax File Number:
		TIN (if applicable):
		Specify country of tax residency:
State:	Post Code:	Politically Exposed Person/PEP? <input type="checkbox"/> NO <input type="checkbox"/> YES (please tick) (See: www.austrac.gov.au/glossary - for PEP definition) Details (if applicable): _____
! Identification Method: Please tick.		MANDATORY
<input type="checkbox"/> Online verification; OR <input type="checkbox"/> Certified ID		Mobile: _____
		Email: _____
		<input type="checkbox"/> ATTACHED (please see Identification Checklist on Page 8)

11. Design & Distribution Obligation (DDO) filtering questions (You must complete Section A or B)

A. This section only needs to be completed if you are **INVESTING WITHOUT RECEIVING PERSONAL ADVICE FROM A FINANCIAL ADVISER.**

Financial product issuers need to comply with Design and Distribution Obligations (DDO) as regulated by the Australian Securities and Investment Commission (ASIC). These obligations are intended to help customers obtain the financial products that are appropriate for them. To assist us identify whether you are likely to be within the target market for the Trust, please answer the following questions prior to submitting your application.

If you are completing this form with pen rather than digitally, please tick one box per question

1. What is your main investment objective?

Income Distribution Capital Growth Capital Preservation

2. What do you anticipate your withdrawal needs may be?

Within 12 months of investing More than 12 months of investing

3. What is your tolerance for risk (and ability to bear loss)?

Low Medium High Very High

4. Are you willing to accept some fluctuation in your monthly income distributions?

Yes No

5. What is your intended use of this investment in your total investment portfolio?

Minor allocation (up to 25%) Core component (25% to 75%) Standalone (up to 100%)

B. This section must be completed if you are **INVESTING AS A RESULT OF USING A FINANCIAL ADVISOR. If you are making this investment because of a recommendation made by your Financial Advisor, please tick the box below, and supply your Financial Advisor's details. If you also consent to your Financial Advisor having access to your investment information, please also tick that box.**

I am investing under the advice of a qualified Financial Advisor.
 I consent to my Financial Advisor having access to my investment information until I withdraw this consent.

Financial Advisor Details

Name:	Business Name:
Authorised Representative number:	Authorised Representative number:
Phone number:	Phone number:

12. Declaration - By signing, you are making the declarations below in section 12.

Legal Notices: This Application Form relates to the Product Disclosure Statement (PDS) Release 2, relating to the Premium Income Fund class of units (Fund) in the Rhodes Credit Fund (RCF Trust). The PDS contains important information about investing in the Fund and you must read it before applying to invest. You may also read the Target Market Determination (TMD) which explains the type of investor this product is suitable for.

Rhodes Asset Management Ltd (ACN 165 917 813 / AFSL 464772) is the Responsible Entity of, and issuer of units in, the RCF Trust.

The Responsible Entity is committed to ensuring the confidentiality and security of your personal information. Your personal information will be handled in accordance with the Privacy Act 1988 (Cth) and our privacy policy, which is available on our website: www.rhodesam.com.au

When you receive a paper Application Form it should always be accompanied by a paper copy of the current PDS. Electronic Application Forms (such as downloaded and emailed copies) should always be accompanied by the current PDS. If the PDS is missing, do not complete this form. Instead, contact us on 1300 425 594 and you will be sent the current PDS. Prior to its completion and signing, this Application Form must not be handed to any person unless accompanied by the PDS Release 2.

When you apply to invest, you (the applicant) are telling us:

- you have read and understood the current Premium Income Fund PDS Rel 2 in which you are investing;
- you understand the information in the PDS is general information only and does not take into account your individual objectives, financial situation or needs;
- you had the opportunity to seek professional advice regarding all aspects of an investment in the Premium Income Fund;
- all details provided by you in this Application Form are true and correct and you understand that we will rely on the information in this Application Form;
- monies deposited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association;
- you are not bankrupt or a minor;
- you agree to be bound by the constitution of the RCF Trust, as amended from time to time, and the current PDS and you will become a unitholder on and subject to the terms of the Constitution (as amended from time to time);
- you authorise us to use the TFN, ABN or exemption provided (if any) for all future applications for Units;
- you understand the risks of investing in the Premium Income Fund of the RCF Trust;
- if requested by us, you will provide information we require in order to comply with an applicable law, including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act), the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS);
- you are not a 'politically exposed' person or organisation for the purpose of the AML/CTF Act and will notify us if you become a 'politically exposed' person or organisation for the purposes of the AML/CTF Act;
- you understand that we may (acting reasonably) decide to delay or refuse any request or transaction (including by suspending the issue of Units or withholding a distribution), if we are concerned that the request or transaction may breach any obligation of, or cause any person to commit or participate in an offence under, the AML/CTF Act, and we will not be liable to you if we do so;
- you understand that neither we, nor any related body corporate of either guarantees the repayment of capital invested in the Premium Income Fund, the performance of the Premium Income Fund or any particular return from the Premium Income Fund of the RCF Trust;
- you indemnify us and our related parties, officers, employees and agents, and hold each of us harmless from any loss, damage, liability, cost or expense, including reasonable legal fees (collectively, a Loss) due to or arising out of a breach of representation, warranty, covenant or agreement by you contained in any document provided by you to us, our related parties, officers, employees and agents in connection with an investment in the Premium Income Fund of the RCF Trust. The indemnification obligations provided herein survive the execution and delivery of this Application Form, any investigation at any time made by us and the issue of units in the Premium Income Fund of the Trust; and
- you consent to the handling of your personal information in accordance with the Privacy Act 1988 and our privacy policy.

13. Signature - Signing Instructions can be found at the end of this form.

Applicant 1: Print full name	Signature:
Position Held: Director / Company Secretary / Authorised Signatory	Date: (DD/MM/YYYY)
Applicant 2: Print full name	Signature:
Position Held: Director / Company Secretary / Authorised Signatory	Date: (DD/MM/YYYY)

14. Application Moneys - Your application cannot be processed until all relevant identification documentation has been verified by us, and Application Moneys have been received.

Bank Transfer/EFT:

Account Name: Certane CT Pty Ltd as sub-custodian for Rhodes Credit Fund Applications Account

BSB: 082 067

Account Number: 309 386 116

Reference: Please use name of investor (and your existing Rhodes Investor Number if you have one)

15. Lodgement - Send your completed Application Form to us.

Online/by email: investors@rhodesam.com.au

OR

Paper/by post: Rhodes Asset Management Ltd – Attention Applications Officer: PO Box 1753, Capalaba Qld 4157

If you have any questions, please contact the Applications Officer on

1300 425 594 or admin@rhodesam.com.au

Identification Checklist

If you have any questions, please contact the Applications Officer on 1300 425 594 or admin@rhodesam.com.au

Signing Instructions – Guide			
Type of Applicant	Correct Name	Incorrect Name	Signing Instructions
Individual	Fred John Jones	F.J. Jones	Each applicant
Company	ABC Pty Ltd	ABC P/L ABC Co	Two directors, a director and secretary, or single director if a sole director company
Trusts or Super Fund	Jane Jones <Jane Jones Family Trust> OR XYZ Pty Ltd <XYZ Family Trust A/C> OR ABC Pty Ltd as trustee for LMN Super Fund	Jane Jones Family Trust OR XYZ Trust	Each Individual trustee or director as for a company application
Deceased Estates	Patrick Jones <Est. Fred Jones A/C>	Estate of the Late Fred Jones	Each executor
Clubs, Incorporated Bodies, Bodies Names	Fred Jones and Patrick Jones <Jones Brothers A/C>	ABC Golf Association	Each authorised person
Power of Attorney	Fred John Jones	F.J. Jones	If signing under a power of attorney and you have not already lodged the power of attorney with us, please attach a certified copy of the power of attorney. Please write on the certified copy: <i>'I/We attest that the power of attorney has not been rescinded or revoked and that the person who gave the power of attorney is still living.'</i>

Certified Identification – Checklist

If you are investing as:	Documentation Required	Application must be in the name of:
Individual (required if you do not tick to have your ID verified online)	Certified ¹ copy of one of the following, for each applicant: <ul style="list-style-type: none"> • Passport (current or expired less than 2 years); • Drivers Licence (front and back); or • Any other form of photographic identification e.g. proof of age card (front and back) 	Full name of applicant(s) – unless otherwise indicated, multiple applicants are assumed to hold interests as joint tenants and agree that correspondence will be sent only to the primary contact listed in Section 7 .
Company; or Company Trustee	<ul style="list-style-type: none"> • Certified¹ copy of an ASIC Company Extract Search (showing the company name, ACN, officeholders, directors, share structure etc) • Also provide certified¹ ID for each director & beneficial owner 	The name of the company
Trust – other than a regulated trust	<ul style="list-style-type: none"> • Certified¹ copy of the Trust Deed (showing the trust name, trustees, beneficiaries, settlors & settlement sum, & appointers – or schedule – and signature pages, as applicable) • Also provide certified¹ ID for the trustee(s) & beneficial owner(s) – same as for company & individuals, as appropriate. 	Natural person(s) as trustee(s) OR company as trustee
Regulated super fund (SMSF)	Provide certified ¹ ID for the trustee(s) – same as for company & individuals, depending on the type of trustee(s).	Natural person(s) as trustee(s) OR company as trustee

⁽¹⁾ A certified copy is a document that has been certified as a 'true and correct copy of the original' by an Australian justice of the peace (JP), Commissioner for Declarations (CDec), lawyer, police officer, judge, notary public, accountant, authorised representative of an AFSL, permanent employee of Australia post, medical doctor or other authorised persons. **Do not send original documents. Certified copies will not be returned to you. Additional documentation may be required in some circumstances.**