

APPLICATION FORM

If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS Use ticks in boxes where applicable The applicant must complete, print and sign this form

Keep a photocopy of your completed Application Form for your records

Please ensure all relevant sections are complete before submitting this form

This is the Application Form for the Funds listed in section 8.2.

This Application Form should accompany the Product Disclosure Statement and Additional Information Guide (collectively known as 'PDS') for the Funds issued by Ironbark Asset Management (Fund Services) Limited (ABN 63 116 232 154 AFSL 298626) ('Ironbark'). The PDS contains important information about investing in the Funds. You should read the relevant PDS before applying for units in the Funds.

Information in a PDS may change from time to time. Where information that changes is not materially adverse to investors, Infinity may update this information by updating the relevant document or by publishing an update at www.infinityassetmanagement.com.au

The information provided in the PDS is general information only and does not take into account your personal financial situation or needs. You should obtain your own financial advice tailored to your own personal circumstances.

If you are an existing investor in the Fund(s) and would like to make an additional investment in the Fund(s), please see the PDS for details on how to make an additional investment.

A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS. Infinity will provide you with a copy of the PDS and the Application Form, on request without charge.

Please use block letters and a black or blue pen. If you make an error while completing your application form, do not use correction fluid. Cross out your mistakes and initial your changes.

Contact details	
Client Services:	1300 84 74 34 contact@infinityassetmanagement.com.au
Post your completed application to:	Ironbark Asset Management (Fund Services) Limited C/- State Street Australia Limited – Unit Registry Level 14, 420 George Street Sydney NSW 2000

Section 1: Introduction

ın	is application	torm is bei	ng completea:	

on behalf of a client on behalf of myself

Please provide the following contact details:

Email Telephone (including country code)

Do you have an existing investment in an Ironbark Fund?

YES - my details are:

Account number

Account name

Contact telephone number (including country code)

NC

Please complete the sections relevant to you, as shown on Page 2.

Type of Investor	Sections to complete	Pages
ALL INVESTORS MUST COMPLETE	Section 1	1
ALL INVESTORS MUST COMPLETE	Section 8 - 10	16 - 25
Then complete the section relevant to you:		
Individual(s)	Section 2	4 - 6
Other Entity (Partnership/Association/Registered Cooperative/Government Body/Estate/Custodian)	Section 3	6 - 9
Total Community of the design of the second state of the second st	Section 2	4 – 6
Trust/Superannuation fund with an individual trustee	Section 4	9 - 11
	Section 4	9 – 11
Trust/Superannuation fund with a corporate trustee	Section 5	11 - 13
Company	Section 5	11 - 13
And complete the below sections if you would like to appoint a power of attorney, agent or	financial adviser:	
Power of attorney, authorised representation or agent	Section 6	13 - 14
Financial adviser	Section 7	15
If you do not fit into these categories, or you are unsure which category relates to you, plea	se call Infinity on 1300 84 74	34

Important Information:

Additional information required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ('AML/CTF Act'), the US Foreign Account Tax Compliance Act ('FATCA') and the OECD Common Reporting Standard ('CRS') Legislation.

In accordance with the AML/CTF Act, FATCA and the CRS, the Responsible Entity is required to collect additional information about you. The Responsible Entity may also ask you to provide certified copies of certain identification documents along with the Application Form.

Under the AML/CTF Act, FATCA and CRS, the Responsible Entity is prohibited from processing your application until all of the information and supporting documentation requested in this form has been received. In most cases, the information that you provide in this form will satisfy the AML/CTF Act, FATCA and CRS. However, in some instances the Responsible Entity may contact you to request further information. It may also be necessary for the Responsible Entity to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act, FATCA and CRS.

Declarations

When you complete this Application Form you make the following declarations:

- I/We have read the PDS to which this Application Form applies and agree to be bound by the terms and conditions of the PDS and the Constitution of the Fund(s) in which I/we have chosen to invest. By signing this Application Form, I/we acknowledge that I/we have read and understood the PDS.
- I/We acknowledge that Ironbark is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank.
- If I/we have provided an email address, I/we consent to receive ongoing investor information including PDS information, confirmation of transactions and additional information as applicable via email.
- I/We hereby consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services which I/we have engaged the services of Ironbark or its related bodies corporate and to foreign government agencies (if necessary).
- I/We hereby acknowledge and agree that Ironbark have outlined in the PDS provided to me/us how and where I/we can obtain a copy of the Ironbark Privacy Statement.
- I/we hereby confirm that the personal information that I/we have provided to Ironbark is correct and current in every detail, and should these details change, I/we shall promptly advise Ironbark in writing of the change(s).
- I/We have received and accepted this offer in Australia.
- I/We acknowledge that Ironbark does not guarantee the repayment of capital or the performance of the Fund(s) or any particular rate of return from the Fund(s).
- I/We acknowledge that an investment in the Fund(s) is not a deposit with or liability of Ironbark and is subject to investment risk including possible delays in repayment and loss of income or capital invested.
- If I/we have completed and lodged the relevant sections on authorised representatives/agents on the Application Form then I/we agree to release, discharge and agree to indemnify Ironbark from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from Ironbark acting on the instructions of my/our authorised representatives, agents and/or nominees.
- I/We have obtained my/our own independent professional financial investment advice from a licensed financial adviser taking into account my/our personal needs, objectives, financial and taxation situation (having regard to the nature and any complexities of this product) and have been provided with a statement of advice.
- If this is a joint application, each of us agrees that our investment is held as joint tenants.
- I/We acknowledge that I am/we are 18 years of age or over and I am/we are eligible to hold units in the Fund(s) in which I/we have chosen to invest.
- I/We acknowledge and agree that where Ironbark, in its sole discretion, determines that:
 - o I am/we are ineligible to hold units in the Fund(s) or have provided misleading information in my/our Application Form; or
 - I/we owe any amounts to Ironbark;

Then I/we appoint Ironbark as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund(s).

- I/We agree to provide further information or personal details to Ironbark if required to meet its obligations under anti-money laundering and counter-terrorism legislation and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.
- I/We hereby declare that I/we are not a US Person as defined in the PDS.

Terms and conditions for collection of Tax File Numbers ('TFN') and Australian Business Numbers ('ABN')

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption, we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements. For more information about the use of TFNs for investments, contact the enquiries section of your local branch of the Australian Taxation Office. Once provided, your TFN will be applied automatically to any future investments in the Fund(s) where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Exempt investors should attach a copy of the certificate of exemption. For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

TFN exemption codes:

Е	Investments held by pension and benefit recipients — please write the full name of the benefit you receive (e.g. Age Pensions).	N	Non-residents – please provide your country of residence for tax purposes.
0	Entities not required to lodge an income tax return — please provide the reason as to why the entity does not have to lodge an income tax return.	D	Do not wish to quote TFN.
Χ	Other exemption – please provide us with any other reason for your exemption.		

WHEN YOU SIGN THIS APPLICATION, YOU DECLARE THAT YOU HAVE READ AND AGREED TO THE DECLARATIONS ABOVE

Section 2: Individual(s) or Individual Trustee(s)

Complete this section if you are investing in your own name or as an individual trustee

PLEASE SEE PAGE 5 FOR DETAILS REGARDING THE REQUIRED AML/CTF DOCUMENTATION

2.1 Type of investor

Tick one box only and complete		

Individual - complete 2.2

Sole trader - complete 2.2 and 2.4

Jointly with another individual(s) - complete 2.2, 2.3, and 2.5

Individual trustee for an individual(s) - complete 2.2, 2.3, and 2.5 (if there is more than one individual trustee)

Individual trustee for a trust - complete 2.2 and 2.3 (also complete Section 3)

2.2 Investor 1

Title Full Given Name(s) Surname

Daytime phone number (including country code)

Date of birth

TFN (or exemption code) or reason for exemption (see example codes on page 3)

Street address

Unit No Building Name

Street No Street Name

Suburb State Post code Country

Are you a foreign resident for tax purposes?

No Yes, please advise country of residence

Do you hold dual citizenship?

No Yes, please advise country of residence

2.3 Investor 2

Title Full Given Name(s) Surname

Daytime phone number (including country code)

Date of birth

TFN (or exemption code) or reason for exemption (see example codes on page 3)

Street address

Unit No Building Name

Street No Street Name

Suburb State Post code Country

Are you a foreign resident for tax purposes?

No Yes, please advise country of residence

Do you hold dual citizenship?

No Yes, please advise country of residence

2.4 Sole trader details

Business name (if applicable, in full)

Australian Business Number ('ABN') (if obtained)

Street address

Unit No Building Name

Street No Street Name

Suburb State Post code Country

2.5 Signing authority

Please tick to indicate signing requirements for future instructions (e.g withdrawals, change of account details etc.)

Only one investor required to sign

All investors must sign

Note: See page 3 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

PLEASE ATTACH AML/CTF DOCUMENTATION (SEE BELOW) AND CONTINUE TO SECTION 8

Identification documents - Individuals

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing ('AML/ CTF') compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

Identification documentation provided must be in the name of the Applicant. Non-English language documents must be translated by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided. If you are unable to provide the identification documents described, please call **Client Services on 1800 034 402.** In some instances, Ironbark may request that you provide further identification documentation.

Each individual investor must provide either:

- one document from Group A; or
- one document from Group B AND one document from Group C.

These documents should be provided as a CERTIFIED COPY of the original.

GROUP A (one of these)

A current Australian driver's license (or foreign equivalent) that includes a photo

An Australian passport

A current passport (or similar) issued by a foreign government or the United Nations ('UN') (or an agency of the UN) that provides your signature

An identity card issued by a State or Territory Government that includes a photo

A national identity card issued by a foreign government or the UN (or an agency of the UN). If it is in a language other than English, please include a translation prepared by an accredited translator

OR

GROUP B (one of these)

A birth certificate or birth extract issued by a State or Territory Government

A citizenship certificate issued by the Commonwealth Government

A citizenship certificate issued by a foreign government. If it is in a language other than English, please include a translation prepared by an accredited translator

A birth certificate issued by a foreign government or the UN (or an agency of the UN). If it is in a language other that English, please include a translation prepared by an accredited translator.

A pension card issued by Centrelink

AND

GROUP C (one of these)

A notice from an Australian government (Commonwealth, State or Territory) recording financial benefits

An ATO notice issued stating an assessment owing/payable to/from the ATO to yourself

A notice from a local government or utilities provider recording services received (e.g. a water or electricity/gas bill. Or a rates notice)

All Group C documents must be issued during the last 12 months and must contain your name and residential address

Section 3: Other Entity

Complete this section if you are investing for a partnership or as a partner, association, registered co-operative, government body, estate or custodian.

PLEASE SEE PAGE 8 FOR DETAILS REGARDING THE REQUIRED AML/CTF DOCUMENTATION

3.1 General information

Full name of entity

Entities registered business name (if any)

Country where entity established

3.2 Type of entity

Is the entity regulated by a professional association?

Yes, please provide the name of the association

Name of association

Membership details

No, please provide number of partners/committee members/public members

Street Name

Please provide details of any partner who is a beneficial owner who owns or controls (directly or indirectly) 25% or more of the partnership. (If more than four (4) applications, please provide further information in an attachment)

Partner/Committee Member/Public Member 1

Title	Full Given Name(s)		Surname			
Daytime phone number (including country code)						
Date of birth						
Street address						
Unit No	Building Name					

Suburb State Post code Country

Country of birth

Street No

Partner/Committee Member/Public Member 2

Title Full Given Name(s) Surname

Daytime phone number (including country code)

Date of birth

Street address

Unit No Building Name

Street No Street Name

Suburb State Post code Country

Country of birth

Partner/Committee Member/Public Member 3

Title Full Given Name(s) Surname

Daytime phone number (including country code)

Date of birth

Street address

Unit No Building Name

Street No Street Name

Suburb State Post code Country

Country of birth

Partner/Committee Member/Public Member 4

Title Full Given Name(s) Surname

Daytime phone number (including country code)

Date of birth

Street address

Unit No Building Name

Street No Street Name

Suburb State Post code Country

Country of birth

PLEASE ATTACH AML/CTF DOCUMENTATION (SEE PAGE 8) AND CONTINUE TO SECTION 8

Identification documents – Partnership, association, registered co-operative, government body, estate or custodian

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

Identification documentation provided must be in the name of the Applicant. Non-English language documents must be translated by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided. If you are unable to provide the identification documents described, please call **Infinity on 1300 84 74 34.**

In some instances, Ironbark may request that you provide further identification document.

Refer to the appropriate entity structure for details of required identification documents.

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Partnership	GROUP A One of these AND Group B An original, certified copy or certified extract of the partnership agreement A certified copy or certified extract of minutes of a partnership An original current membership certificate (or equivalent) of a professional association A notice issued by the ATO within the last 12 months An original or certified copy of a certificate of registration of business name issued by a government agency in	A current passport A current passport (or similar) issued by a foreign government or the UN (or an agency of the UN) that provides your signature An identity card issued by a State or Territory Government A national identity card issued by a foreign government or the UN (or an agency of the UN)	
	Australia	it is in a language other than English, please include a translation prepared by an accredited translator Please provide all the below: The registration number (if any) of the association	
	Description	Please provide all the below:	
	Incorporated Association is registered by the State or Territory in which the association is based. Features include:	The registration number (if any) of the association	
	- Not for profit	The registered office details of the association	
Association	- Appointment of a public officer and committee	The principal place of business of the association	
	 Profits, if any, can only be used to promote non-profit objectives 	The full name of the public officer and committee members of the association	
	Unincorporated Associations does not have a legal identity and cannot hold assets in its own name. It must appoint individuals as trustees, who own the assets but hold them for the benefit of the association.	Certified copy of photo identification for at least 2 of the public officer/committee members	
		Please provide all the below:	
		The registration number (if any) of the association	
	Description	The registered office details of the association	
Registered Co-operative	A Registered Co-operative is a democratic structure owned and controlled by the people it serves, who join together for a	The principal place of business of the association	
	common benefit. It is a separate legal entity (registered under the relevant State or Territory legislation) with the general aim of providing services for its members rather than making profits.	The full name of the public officer and committee members of the association	
		Certified copy of photo identification for at least 2 of the public officer/committee members	
Government Body	Description A Government Body is a legal entity that is owned or controlled by a Federal, State, or Local Government (e.g. universities, local councils and statutory agencies).	Evidence of establishment (e.g. specific piece of legislation)	
Beneficial Owners	Provide the identification documents listed under individuals on page	ge 5 for each beneficial owner.	

Estate	Provide an original certified copy of the grant of probate or letters of administration including the names of the administrators; OR An original certified copy of the death certificate AND the identification documents of any power of attorney or authorized representative
Custodian	Provide a certified copy of the Power of Attorney and Authority Signatory List

Section 4: Trust/Superannuation Fund

Complete this section if you are investing for a trust or superannuation fund.

PLEASE SEE PAGE 10 FOR DETAILS REGARDING THE REQUIRED AML/CTF DOCUMENTATION

4.1 General information

Full name of trust or superannuation fund

Business name (if any)

Country were trust established

4.2 Trustee details

How many trustees are there?

Individual - At least one trustee must complete Section 2 of this form

Company - At least one trustee must complete Section 4 of this form

4.3 Type of Trust

Registered managed investment scheme Australian Registered Scheme Number (ARSN)

Regulated trust (including SMSF)

Name of regulator (e.g. ASIC, APRA, ATO)

Registration/license details

ABN

TFN (or exemption code)

Other trust also complete section 4.4. Please describe:

4.4 Beneficiaries

Complete this section only if you ticked 'Other trust' in 4.3.

Does the Trust Deed name beneficiaries?

Yes, how many? No

Provide the full name of each beneficiary (if more than 4, please provide as an attachment):

2

3

4

No, describe the class of beneficiary

(e.g. the name of the family group, class of unit holders, the charitable purpose or charity name)

Note: See page 3 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

4.5 Beneficial Ownership Information

Complete this section only if you ticked 'Other trust' in 4.3.

Please provide the **Full Name**, **Date of Birth and Residential Address** of any beneficial owner of the trust. A beneficial owner of a trust is any individual who has a **25% or more interest** in the trust or **controls the trust**. This includes the **appointor** of the trust (who holds the power to appoint or remove the trustees of the trust), the **settlor** of any trust over \$10,000 upon establishment, and **beneficiaries with at least a 25% interest** in the trust. All beneficial owners will need to provide AML verification documents as per page 5.

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Date of birth Full name Street address (not a PO Box) Suburb State Post code Country Beneficial owner 2 Full name Date of birth Street address (not a PO Box) Suburb State Post code Country Beneficial owner 3 Full name Date of birth Street address (not a PO Box) Suburb State Post code Country Beneficial owner 4 Full name Date of birth

PLEASE ATTACH AML/CTF DOCUMENTATION (SEE BELOW) AND CONTINUE TO SECTION 8

Country

Post code

Identification documents - Trust/Superannuation Fund

State

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

Identification documentation provided must be in the name of the Applicant. Non-English language documents must be translated by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided. If you are unable to provide the identification documents described, please call **Infnity on 1300 84 74 34.**

In some instances, Ironbark may request that you provide further identification document.

If you are one of the following types of trust/trustee;

- Registered managed investment schemes;
- Regulated superannuation fund (including self-managed superannuation funds); or
- Government superannuation fund;

Then you need to provide at least one of the following identification documents:

A copy of the company search on the ATO database

A copy of the company search of the relevant regulator's website

A copy or relevant extract of the legislation establish the government superannuation fund sourced from a government website

GROUP A (one of the following)

Street address (not a PO Box)

Suburb

A certified copy or certified extract of the Trust Deed

Signed meeting minutes showing the full name of the trust

Annual report or audited financial statements

A certified copy of a notice issued by the ATO within the previous 12 months

A letter from a qualified lawyer or accountant confirming the name of the trust (original only)

AND:

GROUP B (select applicable option for trustee type)

If you are an **Individual Trustee** – please provide the identification documents listed on page 5

If you are a Corporate Trustee - please provide the identification documents listed on page 12

If you are a combination of both - please complete for one trustee from each investor type listed on page 5 and page 12

Other trust with Beneficial Owners

Please provide the identification documents listed under individuals for each beneficial owner

Section 5: Company/Corporate Trustee

Complete this section if you are investing for a company or where a company is acting as a trustee.

PLEASE SEE PAGE 13 FOR DETAILS REGARDING THE REQUIRED AML/CTF DOCUMENTATION

5.1 Company type

Australian public company - complete 5.2

Foreign public company – complete 5.2 and 5.3

Australian proprietary company – complete 5.2, 5.4 and 5.5

Foreign private company - complete all sections

5.2 Company details

Company name

Australian Company Number ('ACN')/ABN (if registered in Australia)

Given name(s) of contact person

Registered street address (not a PO box)

Suburb State Post code Country

Principal place of business in Australia

Note for non-Australian companies: you must provide a local agent name and address if you do not have a principal place of business in Australia.

Tick if the same as above, otherwise please provide:

Registered street address (not a PO box)

Suburb State Post code Country

5.3 Additional details for Non-Australian companies

Tick if the company is registered with ASIC

Australian Registered Body Number (ARBN)

Tick if the company is registered with a regulatory body

Name of regulatory body

Company identification number issued (if any)

Registered street address (not a PO box)

Suburb State Post code Country

Note: See page 3 of the Application Form for terms and conditions relating to the collection to TFNs and ABNs

All proprietary companies ar	nd foreign private companies r	nust provide the full name of each d	irector of the compa	any:
1				
2				
3				
4				
If there are more that 4 director	rs, please provide as an attachm	ent.		
5.5 Beneficial Owner				
Managing Officials: All propr managing official of the compa	rietary or non-listed public dor my (such as the managing direct	nestic companies and foreign cor or or directors who are authorised to	npanies must provi	de the full name of each senior iny's behalf)
1		2		
3		4		
	y or non-listed public domestion of the company's issued cap	c and foreign companies must pro ital.	vide the details of e	ach shareholder who owns directly
Shareholder 1				
Full Name				Date of Birth
Street address (not a PO box)				
Suburb	State	Post code	Country	
Shareholder 2				
Full Name				Date of Birth
Street address (not a PO box)				
Suburb	State	Post code	Country	
Shareholder 3				
Full Name				Date of Birth
Street address (not a PO box)				
Suburb	State	Post code	Country	
Shareholder 4				
Full Name				Date of Birth
Street address (not a PO box)				

PLEASE ATTACH AML/CTF DOCUMENTATION (SEE BELOW) AND CONTINUE TO SECTION 8

Country

Post code

Identification documents - Company/Corporate Trustee

State

Suburb

5.4 Director information

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

Identification documentation provided must be in the name of the Applicant. Non-English language documents must be translated by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided. If you are unable to provide the identification documents described, please call **Infinity on 1800 84 74 34.** In some instances, Ironbark may request that you provide further identification documentation

If you are an Australian company provide at least one of the following identification documents: A certified copy of the Certificate of Registration or License A copy of a company search on the ASIC database A copy of information regarding the company/trustee's license or other information held by the relevant Commonwealth, State or Territory regulatory body If you are a non-Australian company one of the following: A certified copy of the company's certificate of registration or incorporation (issued by ASIC or equivalent in the domestic jurisdiction) showing the company's registration number A certified copy of the company's articles of association or constitution A copy of a company search on the ASIC database or relevant foreign registration body All the above must clearly show the company's full name and type (i.e. public or private) Other Trust with Beneficial Owners Please provide the identification documents listed under individuals on page 5 for each beneficial owner. Section 6: Authorised representative or agent Complete this section if you are completing this Application Form as an agent under a direct authority such as a Power of Attorney. You must also complete the section relevant to the investor/applicant that you are acting on behalf of. **6.1 Power of Attorney** I would like to appoint an authorised representative to operate on this account OR

I am an agent under a Power of Attorney or the investor's legal or nominated representative – complete 6.2

The appointed Authorised signatory can do the following things in respect of my/our investments in the Fund(s):

- Change my/our account details to my/our investments in the Fund(s);
- Obtain details of my/our investments in the Fund(s)
- Issue investment and/or withdrawal instructions on my/our behalf relating to my/our investments in the Fund; and
- Issue instructions as to how my/our investment distributions are to be paid.

Full name of authorised representative agent

Title of role held with the applicant

Signature		

6.2 Power of Attorney documentation

You must attach a valid Power of Attorney

The document is an original or certified copy

The document is signed by the applicant/investor

The document is current and complete

The document permits the attorney/agent (you) to transact on behalf of the applicant/investor

PLEASE SEE PAGE 14 FOR DETAILS REGARDING THE REQUIRED AML/CTF DOCUMENTATION

Identification documents - Authorised representative or agent

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

Identification documentation provided must be in the name of the Applicant. Non-English language documents must be translated by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided. If you are unable to provide the identification documents described, please call **Infinity on 1300 84 74 34.**

In some instances, Ironbark may request that you provide further identification document.

Individual agents

These documents should be provided as a **CERTIFIED COPY** of the original.

Each Individual Agent must provide either:

- One document from Group A, or
- One document from Group B and one document from Group C

GROUP A (one of these)

A current Australian driver's license (or foreign equivalent) that includes a photo

An Australian passport

A current passport (or similar) issued by a foreign government or the United Nations ('UN') (or an agency of the UN) that provides your signature

An identity card issued by a State or Territory Government that includes a photo

A national identity card issued by a foreign government or the UN (or an agency of the UN). If it is in a language other than English, please include a translation prepared by an accredited translator

OR

GROUP B (one of these)

A birth certificate or birth extract issued by a State or Territory Government

A citizenship certificate issued by the Commonwealth Government

A citizenship certificate issued by a foreign government. If it is in a language other than English, please include a translation prepared by an accredited translator

A birth certificate issued by a foreign government or the UN (or an agency of the UN). If it is in a language other that English, please include a translation prepared by an accredited translator.

A pension card issued by Centrelink

GROUP C (one of these)

A notice from an Australian government (Commonwealth, State or Territory) recording financial benefits

An ATO notice issued stating an assessment owing/payable to/from the ATO to yourself

A notice from a local government or utilities provider recording services received (e.g. a water or electricity/gas bill. Or a rates notice)

All Group C documents must be issued during the last 12 months and must contain your name and residential address

Section 7: Financial adviser - Complete if applicable

By completing this section, you nominate the named adviser as your financial adviser for the purpose of your investment in the Fund. You also consent to give your financial adviser/authorised representative/agent access to your account information.

7.1 Financial adviser

I am a financial adviser	completing this application form	n as an authorised representative or age	nt.
Name of adviser			
Dealer Group			
Name of advisory firm			
AFSL number			
Postal address			
Suburb	State	Post code	Country
Email address of advisory firm	(required)		Adviser/Dealer Group stamp
Email address of adviser			
Business telephone (including	country code		
Facsimile (including country co	de)		
7.2 Financial adviser decla	<u>aration</u>		
I have completed an ap	opropriate Customer Identification	on Procedure ('CID') on this investor which	ch meets the AML/CTF Act
AND EITHER			
I have attached the rele	evant CID documents		
OR			
	e CID documents however I will not ark if I ever become unable to		Ironbark on request. I also agree to forward
financial and taxation situation	(having regard to the nature and	ned in this Application Form taking into and any complexities of this product), have nt by the Investor(s) and have provided to	complied with all requirements of the
If I cease being the financial ad	lviser for the investor, I will notify	y the Administrator at that time.	
Financial adviser signature		Date	
(Adviser detailed in Section 7.1)		

Section 8: All applicants – ALL INVESTORS MUST COMPLETE THIS SECTION

8.1 Contact details

Please note that generally all correspondence in regard to your investment, including statements, will be sent to your email address.

Contact Details			
Given name(s) of contact person			
Email address			
Mailing address			
Suburb	State	Post code Count	rry
Facsimile			
Phone (Business/Home)			
Phone (Mobile)			
Cross here if you wish to re	eceive correspondence via post t	o the mailing address above.	

8.2 Investment details

Please write the Australian dollar amount you wish to invest in the table below. You may elect to receive distribution as cash into your nominated Australian bank account or reinvest them as additional units in the Fund(s). Please indicate your preference below. If you do not select a distribution method, distribution will be reinvested in the Fund(s) from which the distribution was made. Please refer to the PDS for further information on minimum initial and additional investment amounts.

			MINIMUM	FUND	INVESTMENT	(DI EASE C	TION OPTIONS DNLY TICK ONE)
FUND NAME	APIR CODE	PDS DATE	INTIAL INVESTMENT	CODE	AMOUNT \$	REINVEST	DEPOSIT INTO NOMINATED FINANCIAL INSTITUTION
Infinity Core Australian Equity Class	DAM4946AU	26/09/2023	\$25,000	Q2EN			
Infinity SMID Australian Equity Class	DAM3303AU	26/09/2023	\$25,000	Q2EQ			

8.3 Inve	<u>estor banking</u>	<u>details</u>
Bank ac	count details:	
Account	Name	
Financia	l Institution	
Branch		
BSB		Account Number
Bank Co	ountry	
8.4 Pay	ment method	
	Cheque	
	Cheques draw	n on an Australian bank account should be made payable to 'Ironbark Asset Mgmt Apps Account <name investor="" of="">'</name>
	Electronic Fu	nds Transfer
	Account Name	State Street Australia Limited ACF Ironbark Asset Management (Fund Services) Limited ATF Infinity Private Assets Fund
	Investor Name	
	Financial Instit	ution: Westpac Banking Corporation
	BSB:	032 143
0 F D	Account Numb	er: 896 963 tment and source of funds
Please o	outline the purpor	se of the investment (e.g. superannuation, portfolio investment, etc.)
		e/s of initial funding and anticipated ongoing funding (e.g. salary, savings, business activity, financial investments, real estate, d expected level of fund activity or transactions)
8.6 Elec	ctions	
Annual	Financial Repo	t
		ort for the Fund(s) in which you invest will be available at www.infinityassetmanagement.com.au from 30 September each ea copy provided directly to you select
	A. To receive	a paper copy of the annual report(s) for the Fund(s) in which you are invested to be mailed to you.
	B. To receive	an electronic copy of the annual report(s) for the Fund(s) in which you are invested to be sent to you.
Notice o	of meeting	
The Res	ponsible Entity r	nay at any time convene a meeting of Investors to consider any matter, including resolutions for the Funds.
	A. To receive	a paper copy of the notice of meeting.
	B. To receive	an electronic copy of the notice of meeting.
If no elec	ction is made, ar	d we have a valid email address, an electronic copy will be provided.
Privacy		
		narketing information from Ironbark (and Ironbark's related corporate bodies) about products and services that may be of mation may be distributed by mail, email or other forms of communication.
	Yes	No

Section 9: Foreign Tax Compliance: US Foreign Account Tax Compliance Act ('FATCA') and other jurisdictions Common Report Standards ('CRS') – ALL INVESTORS MUST COMPLETE THIS SECTION

What is FATCA and CRS?

FATCA and CRS are two ways in which a large number of governments are seeking the same thing - to improve global tax compliance. Both require financial institutions to capture relevant information on foreign taxpayers, as follows:

- FATCA promotes cross border tax compliance by US taxpayers, by implementing an international standard for the automatic exchange of information related to those taxpayers. Australia has entered into an inter-governmental agreement (IGA) with the US to implement FATCA in Australia, to be administered through the ATO. The AUS-USA FATCA IGA requires the ATO to obtain detailed account information for US citizens and/or taxpayers on an annual basis. The effect of this is that, to satisfy their FATCA obligations, relevant Australian financial institutions must identify any US taxpayers and report those taxpayers' financial account data to the ATO. The Tax Laws Amendment (Implementation of the FATCA Agreement) Act 2014 (Cth) gave domestic legal effect to the obligations by inserting Division 396-A FATCA into the Taxation Administration Act 1953 (Cth).
- CRS is a global reporting standard, developed by the OECD, for the automatic exchange of information (AEOI). Its goal is to allow tax authorities to obtain a clearer understanding of financial assets held abroad by their residents, for tax purposes. Over 96 countries have agreed to share information on residents' assets and incomes in accordance with defined reporting standards. Once again, this means that financial institutions around the globe must provide tax authorities with taxpayer financial account data, and the financial institutions must therefore collect this information from their customers and pass it on. The Tax Laws Amendment (Implementation of the Common Reporting Standard) Act 2016 (Cth) gave domestic legal effect to the obligations by inserting Division 396-C Common Reporting Standard into the Taxation Administration Act 1953 (Cth).

FATCA and CRS information - Who should complete this section?

This section should be completed by the person complete the application form who is **authorized to provide tax residency and certification information** for:

- All other applicants; and
- The underlying entity for example: trust or partnership etc.; and
- The beneficial owners and controlling persons.

Tick this box if you confirmed you are an existing Investor in Section 1 and have certified your tax residency status for both FATCA and CRS since 1 July 2017. Your FATCA and CRS certification is complete and no further information is required.

Personal information collection for the purposes of the FATCA and the CRS will be:

- a. Used for the purpose of meeting the Issuer's obligations under CRS and the Intergovernmental Agreement ('IGA') between Australia and the US implementing the US legislation known as FATCA;
- b. Used for other purposes relating to my holding such as to verify my identity and to review and correct discrepancies in the information recorded about me and my holdings

FATCA and CRS certification of individual, joint individual, sole trader or deceased estate

If you are an **individual, joint individual, a sole trader**, or you will hold the account on behalf of another individual or a deceased estate, then please select the best option below and answer the associated questions. If your account is held on behalf of an entity, eg a company, trust, partnership etc, please go to the section on the next page 'FATCA and CRS certification of an entity.' If you do not provide this information, we will not be able to accept your application.

Is the following statement correct? (Tick if applicable)

Your account is held by an individual or an entity acting in the capacity of executor or administrator of a deceased estate, where EITHER certified copies of the death certificate or Grant of Probate/Letters of Administration have already been provided to us, **OR** certified copies of these documents are attached to this application.

If you selected the above, Your FATCA and CRS certification is complete and no further information is required.

Is/are all of the Individual applicant(s) (including the person/s for whom the account will be held eg a children's account) a citizen or a resident for tax purposes in a country other than Australia?

Yes – please **complete 9.1.2 Foreign Individual Investors and Individual Beneficial Owner** details below. **Note:** If an individual is both an Australian and a foreign tax resident, or a tax resident of more than one foreign country, you must also provide this information.

No – your FATCA & CRS certification is complete and **no further information is required.**

Only some of the individuals are Australian Tax residents:

- For those individuals who are **Australian tax residents only** (including the person/s for whom the account is held), please complete **9.1.2 Australian tax resident information** below.
- For the remaining individuals (i.e who are NOT solely Australian tax residents), please complete **9.1.3 Foreign individual investors** and individual beneficial owner details below.

9.1.2 Australian tax resident information (if more than 3 Australian tax residents please provide information in an attachment)

Full name of Australian tax resident 1

Full name of Australian tax resident 2

Full name of Australian tax resident 3

9.1.3 Foreign individual investor(s) and individual beneficial owner(s) details (if more than 3 individual investors and beneficial owners please provide information in an attachment)

Please provide ALL information, including your foreign Taxpayer Identification Number ('TIN'), or exclusions, as relevant. Where a TIN is issued by your jurisdiction, failure to provide this information may result in your application not being processed.

Full name of individual 1 Date of birth

Street address (PO box is NOT acceptable)

Country 1 of Tax residency	Country 2 of tax residency	Country 3 of tax residency
TIN 1	OR	y does not issue TINs available, but has not been obtained or has been issued a TIN
TIN 2	OR	y does not issue TINs available, but has not been obtained or has been issued a TIN
Tin 3	OR	y does not issue TINs available, but has not been obtained or has been issued a TIN
Full name of individual 2		Date of birth

Street address (PO box is NOT acceptable)

Country 1 of Tax residency	Country 2 of tax residency	y Country 3 of tax residency
TINI 4		Country does not issue TINs
TIN 1	OR	TIN is available, but has not been obtained or has been issued a TIN
TINI O		Country does not issue TINs
TIN 2	OR	TIN is available, but has not been obtained or has been issued a TIN
Tin 3	OR	Country does not issue TINs
11110	OK	

TIN is available, but has not been obtained or has been issued a TIN

Full name of individual 3 Date of birth

Country 2 of tax residency

Street address (PO box is NOT acceptable)

Country 1 of Tax residency

TIN 1	TIN 1	OR	Country does not issue TINs
	TIIN I		TIN is available, but has not been obtained or has been issued a TIN
	TIN 2	OR	Country does not issue TINs
TIIN Z	TIIN 2	UK	TIN is available, but has not been obtained or has been issued a TIN
Tin 3	- 2	OR	Country does not issue TINs
	1111 3		TIN is available, but has not been obtained or has been issued a TIN

Country 3 of tax residency

9.1.4 FATCA and CRS certification of an entity

If you are an Investor that is one of the following:

- A company or other incorporated body, or
- Another type of entity e.g. a trust, partnership, cooperative or association etc.; or
- An individual/s that will hold the Account on behalf of another entity that is a superannuation fund, trust, partnership, government body, cooperative, association or other type of entity, please select ONE option that best describes your organization from the following:

An Australian regulated superannuation Fund (including a complying SMSF) retirement or pension fund.

Please provide the superannuation fund's ABN to complete your certification

If you selected this option, your certification is complete and no further information is required

An account held by an entity acting in the capacity of executor or administrator of a deceased estate, where EITHER a certified copy of the death certification or Grant of Probate/Letters of Administration have already been provided to us, OR certified copies of these documents are attached to this application

If you selected this option, your certification is complete and no further information is required

Public Listed Company, or a Majority Owned Subsidiary of a Public Listed Company, (includes public listed companies or majority owned subsidiaries of listed companies that are not Financial Institutions)

Please provide the name of the market or stock exchange where your company is listed

Please provide your company's unique exchange code here, e.g. ASX code, ticker code.

If you selected this option, your certification is complete and no further information is required.

Not a Financial Account. Certain accounts are NOT considered to be 'Financial Accounts' for the purposes of FATCA and CRS. These include:

- An employee share scheme or trust as defined in the Income Tax Assessment Act 1997.
- An escrow account established in connection with a court order or judgement, or a sale, exchange, or lease of real or personal property where certain requirements have been met.

If you selected this option, your certification is complete and no further information is required.

Exempt Beneficial Owner. Under CRS and FATCA, and exempt beneficial owner includes, but is not limited to:

- Australian government organization or agency
- Reserve Bank of Australia
- International (including intergovernmental) organisation

If you selected this option, your certification is complete and no further information is required.

Financial institution, includes:

- Depository institution
- Investment entity
- Specified insurance company
- Custodian institution

If you selected this option, please complete 9.2.1 Financial Institution below.

Non-Financial Entity ('NFE' or 'NFFE'), this includes the following entity types:

- Private or proprietary company that is NOT a financial institution
- Public unlisted company that is NOT a financial institution
- Partnership
- Trust
- Cooperative
- Association or club
- Registered or non-registered charitable organization
- Other type of entity

If you selected this option, please complete 9.2.2 NFE/NFFE entities below.

9.2.1 Financial Institution

What is your Global Intermediary Identification Number ('GIIN')?

If you do not have a GIIN, what is your financial institution status? (Tick one):

Deemed Compliant Foreign Financial Institution ('FFI')

Excepted FFI

Non-participating FFI

Other (please specify)

Are you an Investment Entity (financial institution) located in a non-CRS participating jurisdiction and professionally managed by another financial institution?

Yes No

If you answered YES, please complete the remainder of this section AND 9.2.2 NFE/NFFE entities.

Is the registered holder of this account also a financial institution?

Yes No

If you answered YES, please provide the GIIN.

If the registered holder does not have a GIIN, what is the financial institution status (Tick one):

Deemed Compliant

FFI Excepted FFI

Non-participating FFI

Other (please specifiy)

This completes the required information for Financial Institutions

9.2.2 NFE/NFFE entities

An entity is active if it derives more than 50% of its income from the sale of goods or services AND it uses more than 50% of its assets to generate income from the sale of goods or services. An NFE is passive if it does not fit the description of an Active entity OR is a professionally-managed investment entity located in a non-participating CRS jurisdiction.

Is the NFE/NFFE Active or Passive?

Active - If Active, please complete 9.2.3 Entity foreign tax residency information

Passive – If Passive, please complete 9.2.3 Entity foreign tax residency information and 9.2.4 Entity foreign beneficial owner(s) or Controlling Persons¹ details

9.2.3 Entity foreign tax residency information

ls	this	entity	a resident for	tax purposes	in a	country	other than	Australia?

Yes No

If you answered No, your certification is complete and no further information is required.

If you answered **Yes**, please provide **ALL** information, including your foreign or exclusions, as relevant. Where a TIN is issued by your jurisdiction failure to provide this information may result in your application not being processed.

Country of tax residency 1 Address

TIN 1	OR	Country does not issue TINs	
TIN I	OK	TIN is available, but has not been obtained or has been issued a TIN	
TIN 2	OB	Country does not issue TINs	
TIIN Z	OR	TIN is available, but has not been obtained or has been issued a TIN	
T: 0	0.0	Country does not issue TINs	
Tin 3	OR	TIN is available, but has not been obtained or has been issued a TIN	

9.2.4 Entity foreign beneficial owner(s) or Controlling Persons details

Is/Are any of the beneficial owner(s) or controlling person(s)(including the settlor or protector of a trust) a resident for tax purposes in a country other than Australia?

Yes No

If you answered ${\bf No}$, your certification is complete and no further information is required.

If you answered **Yes**, please provide **ALL** information, including your foreign or exclusions, as relevant. Where a TIN is issued by your jurisdiction failure to provide this information may result in your application not being processed.

Full name of individual 1 Date of birth

Country 2 of tax residency

Street address (PO box is NOT acceptable)

Country 1 of Tax residency

Country does not issue TINs

TIN 1

OR

TIN is available, but has not been obtained or has been issued a TIN

Country does not issue TINs

TIN 2

OR

TIN is available, but has not been obtained or has been issued a TIN

Country does not issue TINs

Tin 3

OR

Country 3 of tax residency

TIN is available, but has not been obtained or has been issued a TIN

Full name of individual 2 Date of birth

Street address (PO box is NOT acceptable)

Country 1 of Tax residency	Country 2 of tax residency	Country 3 of tax residency
TIN 1	OR	y does not issue TINs available, but has not been obtained or has been issued a TIN
TIN 2	OR	y does not issue TINs available, but has not been obtained or has been issued a TIN
Tin 3	OR	y does not issue TINs available, but has not been obtained or has been issued a TIN
Full name of individual 3		Date of birth

Street address (PO box is NOT acceptable)

Country 1 of Tax residency

Country does not issue TINs TIN 1 OR TIN is available, but has not been obtained or has been issued a TIN Country does not issue TINs TIN 2 OR				
TIN is available, but has not been obtained or has been issued a TIN Country does not issue TINs		TINI 4	OB	Country does not issue TINs
, , , , , , , , , , , , , , , , , , ,		TIIN T	OR	TIN is available, but has not been obtained or has been issued a TIN
IIN Z		TIN 2	OD	Country does not issue TINs
	TIN 2	TIIN Z	OR	TIN is available, but has not been obtained or has been issued a TIN
Country does not issue TINs Tin 3 OR		Tin 3	OR	Country does not issue TINs

Country 3 of tax residency

TIN is available, but has not been obtained or has been issued a TIN

Country 2 of tax residency

¹ A Controlling Person means any individual who ultimately beneficially owns 25% or more of an entity or controls the entity, including control through a chain of ownership or by means of control other than direct control.

Note: Capitalised terms used in this section have the meanings defined in the intergovernmental agreement between the Australian and governments to improve international tax compliance and to implement FATCA dated 28 April 2014.

Section 10: Declarations – ALL INVESTORS MUST COMPLETE THIS SECTION

All parties must sign for joint applications. If signed under Power of Attorney, the attorney must enclose a certified copy of the Power of Attorney and declare that he/she has not received notice of revocation of that power. The Power of Attorney must also enclose a certified copy of their driver's license or passport, proof of identity or age card. If the application is for a company, two directors or a director and secretary must sign, unless the company is a sole director company, in which case the sole director only must sign.

I/we acknowledge that by signing below:

I/we declare that the details given in this application form are true and correct. I/we acknowledge that by signing this Application Form, I/we:

- a. agree to become bound by the provisions of the Constitution of the Fund(s), as may be amended from time to time;
- b. understand that you may need to contact me and that I may need to provide additional information to meet the requirements of the Anti- Money Laundering and Counter-Terrorism Financing legislation; and

I/We acknowledge that I/we understand that:

Dated:

- a. units in the Fund(s) do not represent deposits or other liabilities of Ironbark or any other member of the Ironbark Group;
- investing in the Fund(s) is subject to investment risk, including possible delays in repayment and loss of income and principal invested;
- c. neither Ironbark nor any other entity guarantees the performance of the Fund(s) or the repayment of capital invested in the Fund(s).

I/we acknowledge that by signing this application form:

a. I/we agree to provide any additional information and/or documentation required by Ironbark for FATCA and CRS purposes (in addition to that provided in Section 9 of this form) upon request, and to inform Ironbark if a change in circumstances means that any of the information or documentation provided is no longer correct.

0:-----

name or investor 1			Signature of investor 1
Tick capacity (mandatory fo	r companies)		
Sole Director	Director	Secretary	
Name of investor 2			Signature of investor 2
Tick capacity (mandatory fo	r companies)		
Sole Director	Director	Secretary	
Power of Attorney			•
Executed by and on behalf of			
By their attorney:			
Attorney Name			Attorney signature
In the presence of			
Witness Name			Witness signature
Attorney's residential addre			
PO Box/RMB/Locked Bag/Car	re of (C/-) property name/buil	ding name (if applicable)	
Suite no./unit no./level no. and	d street address		
Suburb	State	Post code	Country

Application checklist

Have you completed all sections relevant to you? (as set out in the introduction)

Have you nominated your financial adviser in Section 7 (If Applicable)?

Have you provided certified copies of your identification documents or has your financial adviser completed this for you?

Have you completed all other relevant details and SIGNED the Application Form?

Have you completed Section 9 Foreign Tax Compliance: US Foreign Account Tax Compliance Act (FATCA) and other jurisdictions Common Reporting Standards (CRS)?

If all applicable sections have been completed, send the following:

- Completed Application Form;
- Certified copies of identification documents (unless your adviser has agreed to retain these; and
- A cheque made payable to Ironbark Asset Mgmt Apps Account <name of investor> (unless you are paying by EFT)

By Post to:

Ironbark Asset Management (Fund Services) Limited

C/O - State Street Australia Limited - Unit Registry

Level 14, 420 George St

Sydney NSW 2000