

Application form

Prime Value Enhanced Income Fund

Prime Value Opportunities Fund

Prime Value Emerging Opportunities Fund Class A

Prime Value Growth Fund

Prime Value Equity Income Fund

Contact details

Level 9

Prime Value House 34 Queen Street Melbourne VIC 3000

Phone: 03 9098 8088 Fax: 03 9098 8099

Email: info@primevalue.com.au Website: www.primevalue.com.au

AFS Licence Number 222 055 ABN 2308037611



Guide for completing the application form

Please use this form if you are a new investor or an existing investor and wish to invest in a new fund. If you are an existing investor and wish to invest in the same fund, please download the 'Additional Application Form' from our website (www.primevalue.com.au/forms) or you can request a copy by calling us on 03 9098 8088.

You should read and retain the relevant Fund's current Product Disclosure Statement (PDS) and Additional Information to the PDS before completing this application form. Terms used in this application form have the same meaning as defined in the PDS.

Prime Value has absolute discretion to accept or refuse an application.

Completed application forms and application monies should be sent to Prime Value Asset Management Limited, Level 9, 34 Queen St, Melbourne, Victoria 3000. If you have any questions, please contact Prime Value Asset Management Client Services on 03 9098 8088 or email (info@primevalue.com.au).

Please notify Prime Value of a change in any of the details in this form within 30 days of such change by completing a change of details form found in https://primevalue.com.au/resources/forms/.

Verifying your identity – Anti-Money Laundering and Customer Identification Requirements

Australia's Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation requires us to collect identification information

and documentation from our investors. If you are investing with us for the first time you must complete this application form and provide suitable identification documents to enable us to verify your identity.

We may also request additional information from you. For non-Australian resident companies and trusts, please contact us as the information requested in the application form and documentation we require differs.

If you have a financial adviser and they have collected additional information from you, verified your identity and completed Section 11 of the application form, no identification documentation is required.

The documentation we require to verify your identity is listed in Section 1A of the application form.

Foreign Residents investor reporting requirements

The Common Reporting Standard (CRS) and the Foreign Account Tax Compliance Act (FATCA) are regimes legislated in a number of countries (including Australia) which require financial institutions, including Prime Value, to identify and report information relating to investors who are a resident of any foreign jurisdiction for tax purposes. This information is required to be reported to the relevant tax authority within Australia and internationally.

US Persons

This offer may also be open to any US Person at Prime Value's discretion.

Methods of payment				
Direct Credit - Electronic \$A transfer				
Account Name	Bank	Swift	BSB	Account No
Prime Value Asset Management Ltd (Enhanced Income Fund)	JPMorgan Chase Bank NA (Sydney Branch)	CHASAU2X	212 200	010380609
Prime Value Asset Management Ltd (Opportunities Fund)	JPMorgan Chase Bank NA (Sydney Branch)	CHASAU2X	212 200	010155532
Prime Value Asset Management Ltd (Emerging Opportunities Fund (Class A))	JPMorgan Chase Bank NA (Sydney Branch)	CHASAU2X	212 200	016050053
Prime Value Asset Management Ltd (Growth Fund)	JPMorgan Chase Bank NA (Sydney Branch)	CHASAU2X	212 200	010380553
Prime Value Asset Management Ltd (Equity Income Fund)	JPMorgan Chase Bank NA (Sydney Branch)	CHASAU2X	212 200	010380561

Please use the Investor name/surname as a narrative/reference on the EFT so that we can identify your money. Failure to do this may delay the processing of your application. Please notify us on 03 9098 8088 or info@primevalue.com.au of the details of your EFT or direct deposit as soon as possible.

BPay



Please contact your financial institution to make a payment from your cheque or savings account. You will need to quote both the BPAY® Biller Code of the Fund (refer below) and your Customer Reference Number. Please contact us for your Customer Reference Number.

	BPay Biller Code
Prime Value Enhanced Income Fund	220947
Prime Value Opportunities Fund	4899381
Prime Value Emerging Opportunities Fund (Class A)	220954
Prime Value Growth Fund	4899365
Prime Value Equity Income Fund	4899373

[®]Registered to BPAY Pty Ltd ABN 69 079 137 518



Please use capital letters and black or blue ink to complete this application form

1. Investor Details				
Do you have an existing investment with Prime	Value?			
No, go to Section 1A				
Yes, is this investment to be in the same na	ame?			
No, go to Section 1A				
Yes, my Account Number is				
My Account Name is				
Please proceed to Section 5				
1A. Type of Investor	Sections to complete	Identificatio	n documents requir	ed
Individual(s) or joint investments	1B, then 2 onwards	See Section	1B - 'Identification o	locuments required'
Australian Proprietary Company	1C, then 2 onwards	See Section	1C - 'Identification o	locuments required'
Superannuation Fund (corporate trustee)	1C and 1D, then 2 onwards	See Section	1C - 'Identification do	ocuments required'
Superannuation Fund (individual trustee)	1B and 1D, then 2 onwards	See Section	1B – 'Identification do	ocuments required'
Trust (corporate trustee)	1C and 1D, then 2 onwards	See Section	1D - 'Identification do	ocuments required'
Trust (individual trustee)	1B and 1D, then 2 onwards		1B – 'Identification do - 'Identification docum	ocuments required' and
For other types such as associations, please con	tact us on (03) 9098 8088 or info@			
Note: Your application cannot be processed un	less all relevant sections are co	npleted.		
1B. Applicant details – Individual/Joint Inves	stors/Individual Trustees			
Please complete if you are investing as an indiv		rustee(s).		
Investor 1	Invest	or 2		
Title (Dr. Mr. Mrs. Ms. Miss)	Title (C	ır, Mr, Mrs, Ms, Mis	s)	
Male Female Date of Birth	Male	Female	Date of Birth	
Full Given Name(s)		Full Given Name(s)		
Surname		Surname		
TFN*		TFN*		
or TFN exemption	or TFN	I exemption		
Please indicate the country of residence for tax			ry of residence for ta	x purposes
Non-residents	No	n-residents		
* It is not compulsory to provide your Tax File Numbe distributions at the highest marginal rate (plus the I required here.				
Residential		Residential		
Address (not P.O. Box)	(r	Address ot P.O. Box)		
Suburb		Suburb		
Postcode State		Postcode	Sta	re
Country		Country		
Tick this box if you are person (see definition o			ck this box if you are erson (see definition	a politically exposed on last page)



Signing authority	(for joint applicants)		
Please tick to indicat	e signing requirements for withdrawal requests or	to change account de	details:
Any one investo	r to sign; or		
Both investors t	o sign		
If no selection is mad	de, 'both investors to sign' will be assumed.		
Identification docu	ments required		
Please provide a CE	ERTIFIED* copy of one of the following documents for	or each individual.	
Current Austra	alian Drivers Licence (copy the front and back)		
Passport (Aust	ralian passports that have expired within the preced	ding 2 years are acce	reptable)
Any identificati date of birth ar	on card issued under a state or territory law in Aust nd signature	ralia or by an overse	eas government which contains your photo,
* Please refer to the b	pack of this application form for details on how documents	are to be certified.	
Please proceed to Se	ection 2		
1C. Applicant detail	ls – Australian Company/Corporate Trustee		
Please complete if y	ou are investing for, or on behalf of an Australian P	roprietary Company	y (or Corporate Trustee)
Full Company Name			
	(as registered with ASIC)		
ACN		ABN	
TFN*		or TFN exemption	
	Please indicate the country of residence for tax purp	ooses	
Non-residents			
withholding tax will b	to provide your Tax File Number (TFN). However, without yoe deducted from your distributions at the highest marginarusts, that TFN or ABN should be provided in Section 1D a	al rate (plus Medicare l	levy).
Registered Addres	s (not P.O. Box)		
Address			
Suburb		0	
Country		State	Postcode
	Business in Australia		
Address	Same as registered address; or		
Addiess			
Suburb		State	Postcode
Country			



Given Name(s) Surname Surname Surname Given Name(s) Surname Surname Given Name(s) Surname Given Name(s) Surname Given Name(s) Surname Surname Given Name(s) Surname Surname Given Name(s) Surname Surname Given Name(s) Surname Given Name(s						
Given Name(s) Surrame (it there are more than two directors, please provide full names on a separate page and attach to this form) Beneficial Owners of the Company (Controlling Persons) Beneficial Owner of the person(s) who directly on indirectly control? the company. Includes owniging control through the capacity to determine decisions about financial on operating policies, or by means of triusts, agreements, arrangements, understanding is practices within highs 20% or merc) or power of veto. If no such person can be identified then the most senior managing official/s of the campany, is the site managing director or directirs with site authorised support in Empirically States. Full Cover Fu	Directors Details					
Sumanne Sumanne f there are more than two directors, please provide full names on a separate page and attach to this form) Beneficial Owners of the Company (Controlling Persons) lease provide details for each shareholder who ultimately own 25% or more of issued capital in the company (through direct or indirect hareholdings), or, if there are none, the person(s) who directly or indirectly control the company (through direct or indirect hareholdings), or, if there are none, the person(s) who directly or indirectly control the company (through direct or indirect hareholdings), or, if there are none, the person(s) who directly or indirectly control the company (through direct or indirect hareholdings), or, if there are no not the person of the capital to control the company (through direct or indirect hareholdings), or indirectly control the company (through direct or indirect hareholdings), or indirectly control the company (through direct or indirect hareholdings), or indirectly control the company (through direct or indirect hareholdings), or indirectly control the company (through direct or indirect hareholdings), or indirectly control the company (through direct or indirect hareholdings), or indirectly control the company (through direct or indirect hareholdings), or indirectly control the company (through direct or indirect hareholdings), or indirectly control the company (through direct or indirectly control the company (through direct or indirectly control the company) (through directly or indirectly control the company (through directly or indirectly control the company (through directly or indirectly control the company) (through directly or indirectly control the company) (through directly control the major directly control the company) (through directly control the control the company) (through directly control the control the control the control the control the control the control t	Director 1			Director 2		
If there are more than two directors, please provide full names on a separate page and attach to this form) Beneficial Owners of the Company (Controlling Persons) Itesse provide details for each shareholder who ultimately own 25% or more of issued capitat in the company (through direct on indirect pareholdings), or, if there are none, the person(s) who directly or indirectly control if the company (through direct on indirect pareholdings), or, if there are none, the person(s) who directly or indirectly control if the company (through the capacity to externine decisions about financial or eporating policies; or by means of trusts, agreements, arrangements, understanding 8 grantices or directors who are authorised to agree on the company; benefit than the most swiner managing phically's of the company (such as the malaging director or directors who are authorised to agree on the company; benefit and then the most swiner managing phically's of the company (such as the malaging director or directors who are authorised to agree on the company; benefit and the most swiner managing phically's of the company (such as the malaging director or directors who are authorised to agree on the company; benefit and the most swiner managing phically's of the company (such as the malaging director or directors who are authorised to agree on the company). Beneficial Owner 2 Full Even Name(s) Summer Bare of Birth Residential Address (not PO Bod Suburb Postrode Suburb Postrode Suburb Postrode Suburb Country Tick this box if you are a politically exposed person (see definition on last page) Identification documents required Please provide a CERTIFIED* copy of one of the following documents for each individual listed above. Current Australian Drivers Licence (copy the front and back) Passport (Australian Drivers Licence (copy the front and back) Arry identification card issued under a state or territory taw in Australia or by an overseas government which contains your photo, date of birth and signature *Please	Given Name(s)			Given Name(s)		
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Super Fund/Trust Name ABN Country of Establishment TFN* Or TFN exemption	1D. Applicant deta	ails – Superannuation Fund	ds or Trusts			
ABN Country of Establishment TFN* Or TFN exemption	Please complete if	you are investing for, or or	behalf of, a Superannu	ation Fund/Trust		
TFN* Establishment Or TFN exemption	Super F	und/Trust Name				
TFN* Or TFN exemption	ABN					
BELISTE ET ALLIESS TIL THE TILIST		ross of the Trust		or it is exemption		
Please indicate the country of residence for tax purposes	_		y ni irnoses			
Non-residents Non-residents		Country of restuetice for ld.	v hai hases			

* It is not compulsory to provide your Tax File Number (TFN). However, without your TFN, Australian Business Number (ABN) or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus the Medicare levy).



Individual Trustee - Please ensure Section 1B of this form is completed Corporate Trustee - Please ensure Section 1C of this form is completed For Superannuation Funds, this section is complete. Please go to Section 2. Trust beneficiary details (Trusts only) Please provide the full name of each beneficiary of the trust. If the terms of the trust identify the beneficiaries by reference to a membership of a class (eg family members of a named person), instead issting all the beneficiaries, you may provide details of the membership class. Beneficiary 1 Beneficiary 2 Title (Dr, Mr, Mrs, Ms, Miss) Title (Dr, Mr, Mrs, Ms, Miss) Title (Dr, Mr, Mrs, Ms, Miss) Female Date of Birth Pull Given Name(s) Surname Date of Birth Residential Address (not Pro, Box) Suburb Postcode State Postcode State Country (If there is more than two beneficiaries, please provide full names on a separate page and attach to this form) Name of Settlor of the Trust Beneficiary Ownership (Controlling Persons) (Trusts only) Provide the names of individuals that have substantial control directly or indirectly control* the Trust. This may be individual/s identified as the Trustsees, or by newsor these individual/s mappenents, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.	Trustee details			
Corporate Trustee – Please ensure Section 1C of this form is completed For Superannuation Funds, this section is complete. Please go to Section 2. Trust beneficiary details (Trusts only) Please oroxide the full meme of each beneficiary of the trust. If the terms of the trust identify the beneficiaries by reference to a membership of a class (eg family members of a named person), instead disting all the beneficiaries, you may provide details of the membership class. Beneficiary 2 Title (Dr, Mr, Mrs. Ms, Miss) Title (Dr, Mr, Mrs. Ms, Miss) Full Diven Name(s) Surname Date of Birth Date of Birth Date of Birth Postcode Country (If there is more than two boneficiaries, please provide full names on a secarate page and attach to this form) Name of Settlor of the Trust Beneficiary Ownership (Controlling Persons) (Trusts only) Provide the names of individuals that have substantial control directly or indirectly control* the Trust. This may be individual/s identified as the Trustees above, however those individual/s must be listed again below to confirm that they are the Trusts Beneficial Coviners Full Given Name(s) Surname Date of Birth Postcode Seneficial Owner 1 Full Given Name(s) Surname Date of Birth Postcode State Country (If there is more than two boneficiaries, please provide full names on a secarate page and attach to this form) Name of Settlor of the Trust Beneficially controlling Persons) (Trusts only) Provide the names of individuals that have substantial control directly or indirectly control* the Trust. This may be individual/s identified as the Trustees above, however those individual/s must be listed again below to confirm that they are the Trusts Beneficial Coviners Full Given Name(s) Summane Date of Birth Postcode Summane Date of	Business name of Trustee (if a	ny)		
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(not P.O. Box) Suburb Postcode State Country (not P.O. Box) Suburb Country Country	Residential		Residential	
Suburb Suburb Postcode State Postcode Country Country				
Postcode State Postcode State Country				
Country				
	1 USICUUE	State	rusicude	State L
Tick this box if you are a politically expected	0			

6



Family trust election – Trusts only (if relevant)
Are you aware that the trustee has made a valid Family Trust Election* (FTE) for Australian income tax purposes.
Yes No
A trustee can only make a valid FTE where they have satisfied the relevant tests and made an election in writing in the approved form in accordance with Australian income tax law. The Trustee requests this information to assist with the ongoing administration of the Trust from an income tax perspective.
Identification documents required – Trusts only
Please provide an original or CERTIFIED* copy or CERTIFIED* extract of the trust deed (including all amending deeds). Only the front page of the trust deed needs to be certified.
Please provide a CERTIFIED* copy of one of the following documents for each beneficiary owner listed above.
Current Australian Drivers Licence (copy the front and back)
Passport (Australian passports that have expired within the preceding 2 years are acceptable)
Any identification card issued under a state or territory law in Australia or by an overseas government which contains your photo, date of birth and signature
* Please refer to the back of this application form for details on how documents are to be certified.
2. Security questions (for identification)
Please indicate two confidential questions and answers that can be used to identify you over the phone. An example may be, Q. What is your
mother's maiden name? A. Smith
Question 1
Answer
Question 2
Answer
3. Annual financial reports
We will provide a copy of the relevant Fund's Annual Financial Reports on our website www.primevalue.com.au Tick this box if you would also like to receive a hard copy in the mail.
4. Contact details
Contact Person
Residential
Address (not P.O. Box)
Suburb State Postcode
Country
Phone (Home) Phone (Work)
Mobile Fax
Email
Please tick if you wish to receive email alerts from Prime Value.



5. Income distribution details				
I/We wish to receive distributions Fund	Reinvested as addit	tional units or	Credited to my nomin	nated account below
Prime Value Enhanced Income Fund				
Prime Value Emerging Opportunities Fur	nd Class A			
Prime Value Opportunities Fund				
Prime Value Growth Fund				
Prime Value Equity Income Fund				
Please note: If you do not nominate how	your distributions are to be receive	ed, it will automaticall	y be reinvested into the r	relevant fund.
6. Bank account details				
Financial Institution				
Branch				
BSB	Д	Account Number		
Account Name				
7. Investment details				
Please specify the amount you wish to inv	rest.			
Enhanced Income Fund \$			EFT	BPay
*	Minimum Initial investment is \$50,	000		2. 3,
Opportunities Fund \$			EFT	BPay
	Minimum Initial investment is \$20,	000		
Emerging Opportunities Fund Class A \$			EFT	BPay
	Minimum Initial investment is \$20,	000		
Growth Fund \$	Minimum Initial investment is \$20,	000	EFT	BPay
Equity Income Fund \$			EFT	BPay
	Minimum Initial investment is \$20,	000		
8. Regular savings plan				
To establish a Regular Savings Plan, you i the direct debit authority in Section 9 belo it will be processed on the next business (w. Regular savings plans will be pr			
Regular Savings Plan Amount				
Growth Fund \$		Opportunities Fund \$		
	Minimum \$200 (per month)		Minir	num \$200 (per month)
Equity Income Fund \$		Emerging Opportunities		
ταια φ	Minimum \$200 (per month)	Fund Class A \$	Minir	num \$500 (per month)



9. Direct debit re	quest		
I/We, until further	notice in writing, request and authorise Prime Value	e Asset Management Li	mited ABN 23 080 376 110, User IDs
	437298 (Prime Value Growth Fund)		
	437299 (Prime Value Equity Income Fund)		
	437300 (Prime Value Opportunities Fund)		
	387756 (Prime Value Emerging Opportunities Fund)	
	Australian bank account on the 20th of each month:		
Financial Institution			
Branch			
BSB		Account Number	
Account Name			
I/We, understand t	his will be arranged through Prime Value's own fina	ancial institution (JPMc	rgan Chase Bank NA (Sydney Branch) Level 18, 85
Castlereagh Street	t, Sydney 2000, BSB 212 200) through the Bulk Elect	ronic Clearing System	(BECS).
	nderstood and agree to the terms and conditions go	•	~
Management Limit	ed as set out in the Direct Debit Request Service Ag	reement in Section 9 o	f the Additional Information to the PDS.
	Signature of primary bank account holder		Signature of joint bank account holder (if applicable)
Full Name		Full Name	
Date		Date	
10. Financial adv	iser details (if applicable).		
Adviser Name			
Company Name			
Address			
Suburb		State	Postcode
Country			
Phone (BH)		Fax	
Mobile			
Advisor Email			
Admin Email		(for commission paymer	nts – if different from the adviser's email)
Dealer Group		AFSL No	



Adviser Payment					
I/We direct Prime Value to deduct the	fees set out helow from my/our i	nvestment and n	av them to my	Financial Advis	er or dealer group in
accordance with terms and conditions		rivestifierit and p	ay them to my	Tillariciat Advis	er or deater group in
Prime Value Growth Fund			% + GST or :	\$	+ GST
Prime Value Opportunities Fund			% + GST or :	\$	+ GST
Prime Value Enhanced Income Fund			% + GST or :	\$	+ GST
Prime Value Emerging Opportunities I	Fund Class A		% + GST or :	\$	+ GST
Prime Value Equity Income Fund			% + GST or :	\$	+ GST
11. Identification and verification by f	inancial adviser (if applicable)				
Financial adviser to complete where t	hey have completed the AML/CTF	identification and	d verification.		
I confirm that I have completed an app Anti-Money Laundering and Counter-T procedure that I conducted, and (<i>pleat</i>	errorism Financing Act 2006 (AML				
I have attached the relevant Final the investor identification procedu	ncial Services Council (FSC) stand ure; or	dard identification	form or alterr	native form that	was used to perform
I have attached a copy of the sou	rce document(s) from which I ider	ntified the investo	r, or		
I will retain the verification docun them as required.	nents in accordance with the AML	/CTF Legislation	and agree to p	rovide Prime Va	alue with access to
Adviser Name					
Adviser Name Adviser's signature*			1	Date	
				Date	
				Date	
Adviser's signature*	* Only Authorized Paprocentatives on	omplayons of an Al	S Licancae can	L	
Adviser's signature*	* Only Authorised Representatives or	employees of an Af	S Licensee can	L	
Adviser's signature*				L	
Adviser's signature*				L	
Adviser's signature* 12. Authorised nominee appointment				L	
Adviser's signature* 12. Authorised nominee appointment Name of Authorised nominee				sign.	
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Adviser's signature* 12. Authorised nominee appointment Name of Authorised nominee Signature of Authorised nominee				sign. Date	
Adviser's signature* 12. Authorised nominee appointment Name of Authorised nominee Signature of Authorised nominee				sign. Date [



13. Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Self-Certification (mandatory)

Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For some countries, tax residency can also be as a result of citizenship or residency.

This section is required for the beneficial owner of the investment, therefore if the owner is a trust, the information required is for the trust and not the trustee.

A. Individual investors	
Investor 1	Investor 2
(i) Are you a tax resident of Australia?	(i) Are you a tax resident of Australia?
Yes (provide your TFN at Section 1B and proceed to question (ii) below)	Yes (provide your TFN at Section 1B and proceed to question (ii) below)
No (proceed to question (ii) below)	No (proceed to question (ii) below)
(ii) Are you a tax resident of another country?	(ii) Are you a tax resident of another country?
Please note you can be a tax resident of more than one country	Please note you can be a tax resident of more than one country
Yes (complete the following details)	Yes (complete the following details)
No (Section 13 is complete)	No (Section 13 is complete)
If 'yes', please list all relevant countries and provide your tax identifica	ation number (TIN) for each country.
A TIN refers to the number assigned by a country for the purposes of ad	Iministering its tax laws and is the equivalent of a TFN in Australia.
If a TIN is not provided, please list one of the three reasons specified bel	ow (A, B or C) for not providing a TIN.
Investor 1	Investor 2
Country of Tax residency	Country of Tax residency
TIN	TIN
If no TIN, please list reason A, B or C	If no TIN, please list reason A, B or C
If there is more than one country, provide details on a separate sheet and tick this box	If there is more than one country, provide details on a separate sheet and tick this box
Reason A: The country of tax residency does not issue TINs to tax residents	Reason A: The country of tax residency does not issue TINs to tax residents
Reason B: I have not been issued with a TIN. If you have selected Reason B, please provide an explanation as to why you have not been issued with a TIN.	Reason B: I have not been issued with a TIN. If you have selected Reason B, please provide an explanation as to why you have not been issued with a TIN.

Reason C: The country of tax residency does not mandate provision of the TIN



B. Entities
(i) Is the entity an Australian Pension / Retirement / Superannuation Fund?
Yes (Section 13 is complete)
No (proceed to question (ii) below)
(ii) Is the entity a tax resident of Australia?
Yes (provide your TFN at Section 1C or 1D and proceed to question (iii) below)
No (proceed to question (iii) below)
(iii) Is the entity a tax resident of another country?
Please note you can be a tax resident of more than one country
Yes (complete the following details)
No (proceed to question (iv) below)
If 'yes', please list all relevant countries and provide your tax identification number (TIN) for each country.
A TIN refers to the number assigned by a country for the purposes of administering its tax laws and is the equivalent of a TFN in Australia. If a TIN is not provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN. Country of tax residency
TIN
If no TIN, please list reason A, B or C
If there is more than one country, provide details on a separate sheet and tick this box
Reason A: The country of tax residency does not issue TINs to tax residents
Reason B: I have not been issued with a TIN If you have selected Reason B, please provide an explanation as to why you have not been issued with a TIN.
Reason C: The country of tax residency does not mandate provision of the TIN
If you are a tax resident of the US, are you exempted from FATCA Reporting because you are not a Specified US Person?
Yes If your answer is 'Yes', please explain why you are not a Specified US Person
No No
(iv) Is the entity (please select one of the following):
A Financial Institution (please complete)
A Financial Institution with a GIIN
An Investment Entity that is resident in a Non-Participating Jurisdiction for CRS purposes (and managed by another Financial Institution)
A Financial Institution without a GIIN (please specify your FATCA status)
Trustee Documented Trust or Sponsored Entity
Name
GIIN
US Institution
Other



B. Entities (Continued)						
	traded on an approved steel, evaluating an applicated antity of a					
An active Non-Financial Entity – Corporation whose stock is regularly regularly traded corporation	traded on an approved stock exchange or a retated entity of a					
Name of the regular traded entity						
Name of the approved stock exchange						
Active NFE – Government Entity, International Organisation or Central	Bank					
Active NFE - Other						
A Passive Non-Financial Entity						
See the last page of this application form for further details.						
(v) Controlling Persons						
Controlling person section is only applicable for either 'Investment entity tha (and managed by another financial institution)' or a 'Passive Non-Financial En						
Please complete for each Controlling Person.						
Are each of the controlling persons a tax resident of Australia?	Yes No					
Are any controlling persons a tax resident of a country other than Australia?	any controlling persons a tax resident of a country other than Australia? Yes No					
If 'Yes', please complete the following for each controlling person who is a tax	If 'Yes', please complete the following for each controlling person who is a tax resident of a country other than Australia.					
A TIN refers to the number assigned by a country for the purposes of admini	stering its tax laws and is the equivalent of a LFN in Australia					
If a TIN is not provided, please list one of the three reasons specified below (A Controlling Person 1						
Controlling Person 1 Co	A, B or C) for not providing a TIN. ntrolling Person 2					
Controlling Person 1 Co	A, B or C) for not providing a TIN. ntrolling Person 2 Name					
Controlling Person 1 Co	A, B or C) for not providing a TIN. ntrolling Person 2					
Controlling Person 1 Co	A, B or C) for not providing a TIN. ntrolling Person 2 Name					
Controlling Person 1 Name Address	A, B or C) for not providing a TIN. ntrolling Person 2 Name Address					
Controlling Person 1 Name Address Date of birth	A, B or C) for not providing a TIN. Introlling Person 2 Name Address Date of birth					
Controlling Person 1 Name Address Date of birth	A, B or C) for not providing a TIN. Introlling Person 2 Name Address Date of birth					
Controlling Person 1 Name Address Date of birth Country of tax residency	A, B or C) for not providing a TIN. Introlling Person 2 Name Address Date of birth Country of tax residency					
Controlling Person 1 Name Address Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C If there is more than one country,	A, B or C) for not providing a TIN. Introlling Person 2 Name Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C If there is more than one country,					
Controlling Person 1 Name Address Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C If there is more than one country, provide details on a separate sheet and tick this box	A, B or C) for not providing a TIN. Introlling Person 2 Name Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C					
Controlling Person 1 Name Address Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C If there is more than one country, provide details on a separate sheet and tick this box Reason A: The country of tax residency does not issue TINs to tax residents	A, B or C) for not providing a TIN. Introlling Person 2 Name Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C If there is more than one country,					
Controlling Person 1 Name Address Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C If there is more than one country, provide details on a separate sheet and tick this box	A, B or C) for not providing a TIN. Introlling Person 2 Name Address Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C If there is more than one country, provide details on a separate sheet and tick this box					
Controlling Person 1 Name Address Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C If there is more than one country, provide details on a separate sheet and tick this box Reason A: The country of tax residency does not issue TINs to tax residents	A, B or C) for not providing a TIN. Introlling Person 2 Name Address Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C If there is more than one country, provide details on a separate sheet and tick this box					
Controlling Person 1 Name Address Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C If there is more than one country, provide details on a separate sheet and tick this box Reason A: The country of tax residency does not issue TINs to tax residents	A, B or C) for not providing a TIN. Introlling Person 2 Name Address Date of birth Country of tax residency TIN If no TIN, please list reason A, B or C If there is more than one country, provide details on a separate sheet and tick this box					

 $\mbox{\bf Reason}\mbox{\bf C:}\;\;\mbox{The country of tax residency does not mandate provision of the TIN}$



14. Declarations and signatures Joint applicants must both sign. Applications under a Power of Attorney must be accompanied by a certified copy of the power.

In signing this application form, I/We acknowledge/agree to the following:

- I/We have received the PDS for the relevant Nominated Funds to which this application form is attached;
- I/We are bound by the terms of the Product Disclosure Statement and the relevant constituent document applying in respect of each Nominated Fund Vehicle, as amended from time to time;
- neither Prime Value nor any other person or entity guarantees the value or performance of this investment or any income or capital return from the Nominated Fund Vehicle;
- · Prime Value may accept my/our application in whole or in part;
- My/our execution, delivery and performance of this application form does not and will not conflict with, or result in any default under or breach of, any
 provision of any agreement instrument to which I/We are bound, or applicable law;
- the Product Disclosure Statement, the constituent documents applying in respect of each Nominated Fund Vehicle and this application form are legal, valid and binding obligations, enforceable against me/us in accordance with their respective terms;
- I/We have all regulatory approvals required in Australia and any other relevant jurisdiction to hold interests in a Nominated Fund Vehicle and become an investor in each relevant Nominated Fund Vehicle;
- · I/We will furnish Prime Value with any representations, documents and other information as shall reasonably be requested by Prime Value;
- · a signed application form, once delivered to Prime Value, may not be withdrawn without the consent of Prime Value;
- Prime Value reserve the right in its absolute discretion to allocate interests in a Nominated Fund Vehicle or to not accept or to scale back an application in its absolute discretion and to cancel the offer of interests in a Nominated Fund Vehicle;
- as part of Prime Value's compliance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), the related regulations and applicable
 rules (AML/CTF Law), Prime Value and its appointed service providers require detailed verification of my/our identity and the source of the payment of
 the application monies and capital commitments. I/we therefore undertake to provide Prime Value or its appointed service providers with such additional
 information or documentation as Prime Value or its appointed service providers request, from time to time;
- I/We represent that the interests in the Nominated Fund Vehicles are or will be purchased with funds that are from legitimate sources, I/We are not aware and have no reason to suspect that:
 - (a) the monies used to fund the investment have been or will be derived from or related to proceeds of crime, money laundering, terrorism financing or similar activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement; and
 - (b) the proceeds of the my/our investment will not be used to finance any illegal activities;
- by completing this application form, I/We are providing my/our personal information and, where applicable, about my/our shareholders, officers and other
 associated person. I/We acknowledge that Prime Value and its officers, directors, advisers, associates, affiliates or representatives and service providers,
 including without limitation, advisers, referrers, placement agents, licensed intermediary agents and legal counsel may collect, store, disclose and use
 my/our personal information for any purposes set out in this application form, the Product Disclosure Statements or the constituent documents for a
 Nominated Fund Vehicle and as contemplated in Prime Value's privacy policy available at https://primevalue.com.au/privacy-policy/ and
- I/We consent to such collection, storage, disclosure and use. I/We understand that I/We can also contact Prime Value to find out what personal information is held about the applicant or if I/we have a complaint about the way in which my/our personal information has been handled
- I/We confirm that the details I/We have provided in this application form are true and correct and if I/We do not provide all or part of the information required by the Prime Value, Prime Value may not be able to accept my/our application acquire interests in the Nominated Fund Vehicle;
- I/We acknowledge, accept and declare that all the details given in this application are true and correct, and I/we will undertake to inform you of any changes to the information supplied as and when they occur and that neither the Responsible Entity nor its agents are responsible where a loss may be suffered as a result of the investor providing incorrect or incomplete information.
- I/We acknowledge that an investment in a Nominated Fund Vehicle does not represent an investment in or a deposit or other liability of Prime Value or their related entities;
- I/We acknowledge that an investment in a Nominated Fund Vehicle Fund is subject to the risks including but not limited to those outlined in the relevant Product Disclosure Statement:
- I/We acknowledge and agree that Prime Value may be required to pass on my/our personal information or information about my/our investments to the relevant regulatory authorities, including for compliance with income Australian tax laws (including the Foreign Account Compliance Act (FATCA) and OECD Common reporting standard (CRS)), AML/CTF Laws, and Anti-Money Laundering and Counter Terrorism Act 2006 or associated regulations and any tax-related requirements for tax residents of other countries;
- If requested in writing by me/us, I/We give authority for Prime Value to set up a new account using the same entity in the same fund with the identical details of this application form. I/We understand that in all other circumstances a new application form must be completed;
- I/We agree to indemnify, keep indemnified and hold harmless Prime Value from and against any and all claims, liabilities and losses relating to or arising out
 of any breach of any representation, warranty or declaration made by me/us in this application form or in any other document provided by me/us to Prime
 Value and/or its service providers in connection with my/our investment in a Nominated Fund Vehicle, or any failure to fulfil any covenants or agreements
 contained in the Product Disclosure Statement and the relevant constituent document applying in respect of each Nominated Fund Vehicle, as amended from
 time to time:
- if the person executing this application form is the sole signatory signing on behalf of a company, the I/We declare that the signature is signing as a sole director and secretary of the company;
- if this application form is signed under power of attorney, I/We have no knowledge of the revocation of that power of attorney (a certified copy of the power of attorney should be submitted with this application form);
- if this is a joint subscription, each applicant party is able to operate its investment in the Nominated Fund Vehicle and is able to and will bind the other(s) to any transaction including investments, switches or withdrawals by any available method; and
- if investing as trustee on behalf of a superannuation fund or trust I/We confirm that the applicant is acting in accordance with its designated powers and authority under the relevant trust deed. Where applicable, the applicant also confirms that it is a complying superannuation fund under the SIS Act.
- Please notify Prime Value of a change in any of the details in this form within 30 days of such change by completing a change of details form found in https://primevalue.com.au/resources/forms/.

Application Form



15. Executed as a Deed Poll				
Print Name (in full)				
Tick capacity (mandatory for companies)	Sole Director	Director	Company Secretary	
	^Individual	^Power of Attorney	Date	
Print Name (in full)				
Tick capacity (mandatory for companies)	Sole Director	Director	Company Secretary	
	^Individual	^Power of Attorney	Date	
Company Seal (if applicable)				
^ In the presence of:				
Witness Signature				
Witness Name				
			Date	

For an investor which is a company, this Application Form is executed in accordance with Section 127(1) of the Corporation Act 2001 (Cth).

Important Note:

Persons external to Shakespeare Property Group and Prime Value or other entities who market Shakespeare Property Group products are not agents of Shakespeare Property Group or Prime Value but are independent advisers. Shakespeare Property Group and Prime Value will not be bound by representations or statements which are not contained in information disseminated by us.

All personal information provided on this application form will be dealt with in accordance with Prime Value's privacy statement.

[^] A witness is only required if the investor is signing this Application Form as an individual or as an attorney under a power of attorney. The witness is not a party to this Application Form.



Certifying identification documents

In completing the form, you may be required to provide certified copies of certain identification documents. Copies of identification documents must be certified using the following (or similar) wording:

'I certify that this document comprising < insert number of pages > pages is a true copy of the original document'

The person certifying the document must sign and date the document and print their name and occupation or qualification that makes them eligible to sign. The people that can certify documents include the following:

- Bank officer with 2 or more continuous years of service;
- Pharmacist:
- Permanent employee of the Australian Postal Corporation (Post Office employee) with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- · Police officer;
- Teacher employed on a full-time basis at a school or tertiary education institution;
- Medical practitioner;
- Nurse:
- Dentist:
- Optometrist:
- Chiropractor;
- Physiotherapist;
- · Veterinary surgeon;

- Justice of the Peace;
- Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership;
- Finance company officer with 2 or more continuous years of service with one or more finance companies;
- Legal practitioner;
- · Judge of a court;
- Magistrate;
- Chief executive officer of a Commonwealth court;
- · Registrar or deputy registrar of a court;
- Notary public;
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public; and
- Australian consular officer or an Australian diplomatic officer.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. The accredited translator must sign and date the document and print their name and professional institution.

Common reporting standard (CRS) Definitions

The following terms are broadly defined as follows. For further clarifications, please refer to the relevant source document and related guidance and/or seek professional advice:

http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/

https://home.treasury.gov/system/files/131/FATCA-Agreement-Australia-4-28-2014.pdf

https://www.ato.gov.au/about-ato/international-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-information-crs-and-fatca

- 1. A **Regulated Trust** includes a SMSF, registered retail managed investment scheme and a wholesale managed investment scheme that doesn't accept retail investors. Other trusts are Unregulated Trusts.
- 2. A **Politically Exposed Person** includes a head of state or government, government minister or senior politician, senior government official, judge, governor of a central bank or any other person who holds a position of influence with a reserve bank, senior foreign representative, high ranking member of the armed forces or board chair or senior executive of a state-owned enterprise or the immediate family member or associate of any such persons.
- 3. You do not need to provide the name of the settler if you are an SMSF or if settler of the trust is now deceased or if the settler contributed to the trust at the time of its establishment a material asset contribution of less than \$10,000.
- 4. A Financial Institution means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company.
- 5. An **Active Non-Financial Entity** includes: a) An entity that is not a Financial institution where in the preceding calendar year less than 50% of the entity's gross income was Passive income; and less than 50% of the entity's assets were held for the production of Passive Income; b) A corporation the stock of which is listed and regularly traded on an established securities market or a related entity of a listed corporation; c) Holding entity that is a member of a non-financial group; or d) Any other entity that satisfies the definition under CRS (as relevant).
- 6. An Entity is a "**Related Entity**" of another Entity if either Entity controls the other Entity, or the two Entities are under common control. For this purpose control includes direct or indirect ownership of more than 50% of the vote and value in an Entity.
- 7. A Passive Non-Financial Entity includes an entity that is not an Active Non-Financial Entity.
- 8. The term "Controlling Persons" means the natural persons who exercise control over an Entity. In relation to a trust, this includes settlor, trustee, and all beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust.
- 9. The 'Taxpayer Identification Number' (TIN) is an entity's or individual's personal identification number for tax administration purposes. You can check this with the local government. You can also visit the website www.oecd.org and search for payer 'Taxpayer Identification Number'.

