

APPLICATION FORM

Information Memorandum dated 1 August 2023

| Application Checklist | |
|---|--|
| Existing Investors | New Investors |
| <input type="checkbox"/> Insert your Investor Number (Section 1). Complete investment amount (Section 2). <input type="checkbox"/> Complete Investment Sub-Fund details (Section 3). <input type="checkbox"/> Provide us with any changes that you may want made to your current investor details (if applicable). <input type="checkbox"/> Complete signing (Section 9) and forward to us along with your completed Sub-Fund Consent Form. | <input type="checkbox"/> Complete and sign all relevant sections of the Investment Application Form. <input type="checkbox"/> Enclose certified copies of Identification documents for each applicant (see Investor Identification Requirements for relevant information). <input type="checkbox"/> Enclose copy of Trust Deed in relation to the Trust or Superannuation Fund. <input type="checkbox"/> Enclose completed Agent Authority (if applicable). <input type="checkbox"/> Enclose original, signed Accountants Certificate. |

Please complete this form and write clearly in **CAPITAL LETTERS**. Mark appropriate boxes with a (P). You should read the IM dated 1 August 2023, before completing this form.

1. Investor Details

Has the individual / entity invested with this Fund previously?

Yes Current Investor Number:

Fill in Sections 2 & 3, and if there are no changes to your current investor details, go to the Acknowledgement Form (Section 9).

No **Complete all** relevant information and provide all required ID documentation.

2. Investment Amount

The minimum investment amount is \$50,000 (for an initial investment), and \$1,000 for each subsequent investment in that sub-fund, unless otherwise specified in the SIM for the relevant sub-fund. Payment Details are provided in Section 7.

Investment Amount \$

3. Investment Details

I/We declare that we have read and understood the Supplementary Information Memorandum (SIM) for the Sub-Fund noted below and have signed and attached the relevant Consent Form.

Name of Sub-Fund

4. Application Details

Applicant Investor 1 (please select category)

Individual Company Partnership Super Fund Trust Other

Applicant Investor 2 (if applicable) (please select category)

Individual Company Partnership Super Fund Trust Other

5. Individual Applicants

Applicant 1

| | | | |
|----------------------|--|----------------------|--|
| Surname | | | |
| Given Name(s) | | | |
| Title | | Date of Birth | |

| | | | |
|---|-----|-----------------|--|
| Postal Address (number/street etc) | | | |
| Suburb/Town | | | |
| State | VIC | Postcode | |

Complete this part if the individual is a sole trader.

| | | | |
|----------------------|--|--|--|
| Business Name | | | |
| ABN (if any) | | | |

| | | | |
|------------------------------------|-----|-----------------|--|
| Principal Place of Business | | | |
| Suburb/Town | | | |
| State | VIC | Postcode | |

| | | | |
|---|--|--|--|
| Tax File Number | | | |
| Reason for Exemption (eg. Sole Parent Benefits, Service Pension etc) | | | |

**If you do not supply a Tax File No. or Exemption, tax will be withheld from your distribution of income at the top marginal rate plus Medicare levy.*

Are you a tax resident of Australia? Yes No
 Are you a tax resident of another Country? Yes No

If you have selected "Another Country", please provide Tax Identification Number or equivalent.

| | | | |
|----------------------------------|--|--|--|
| Country of Residence | | | |
| Tax Identification Number | | | |
| Reason TIN not supplied | | | |

| Contact Details | | Select preferred contact methods |
|---|--|----------------------------------|
| Phone (Business) | | <input type="checkbox"/> |
| Phone (Home) | | <input type="checkbox"/> |
| Fax | | <input type="checkbox"/> |
| Email | | <input type="checkbox"/> |
| Please tick box below, if you would like us to contact your Adviser. Full details must be provided on the Agent Consent Form included in this Application Form. | | |
| Adviser Name | | <input type="checkbox"/> |

Note: by providing the above email address, you have agreed to receive statements and other investment material via email.

4. Individual Applicants (cont.)

Joint Applicant 2

| | | | |
|----------------------|--|----------------------|--|
| Surname | | | |
| Given Name(s) | | | |
| Title | | Date of Birth | |

| | | | |
|---|-----|-----------------|--|
| Postal Address (number/street etc) | | | |
| Suburb/Town | | | |
| State | VIC | Postcode | |

Complete this part if the individual is a sole trader.

| | | | |
|----------------------|--|--|--|
| Business Name | | | |
| ABN (if any) | | | |

| | | | |
|------------------------------------|-----|-----------------|--|
| Principal Place of Business | | | |
| Suburb/Town | | | |
| State | VIC | Postcode | |

| | | | |
|---|--|--|--|
| Tax File Number | | | |
| Reason for Exemption (eg. Sole Parent Benefits, Service Pension etc) | | | |

**If you do not supply a Tax File No. or Exemption, tax will be withheld from your distribution of income at the top marginal rate plus Medicare levy.*

| | | | | | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| Are you a tax resident of Australia? | <input type="checkbox"/> | <input type="checkbox"/> | Are you a tax resident of another Country | <input type="checkbox"/> | <input type="checkbox"/> |

If you have selected "Another Country", please provide Tax Identification Number or equivalent.

| | | | |
|----------------------------------|--|--|--|
| Country of Residence | | | |
| Tax Identification Number | | | |
| Reason TIN not supplied | | | |

| | | |
|---|--|---|
| Contact Details | | Select preferred contact methods |
| Phone (Business) | | <input type="checkbox"/> |
| Phone (Home) | | <input type="checkbox"/> |
| Fax | | <input type="checkbox"/> |
| Email | | <input type="checkbox"/> |
| Please tick box below, if you would like us to contact your Adviser. Full details must be provided on the Agent Consent Form included in this Application Form. | | |
| Adviser Name | | <input type="checkbox"/> |

Note: by providing the above email address, you have agreed to receive statements and other investment material via email.

NB: If there are more than 2 Applicants, please provide their full details on duplicates of this page as well as the remainder of this Application Form (i.e. Acknowledgment and certification).

Signing Authorities (for joint applications) *Please select chosen signing requirements for investments, withdrawal requests, and/or to change account details. If no selection is made, "both investors to sign" will be assumed.*

Any **one** Investor to sign **Both** Investors to sign

5. Company/Trust/Partnership/Superannuation Fund Applicants

| | |
|-----------------------|--|
| Name of Entity | |
|-----------------------|--|

| | | | |
|--------------------------------------|-----|------------------|--|
| Address of Registered Office: | | | |
| Suburb | | | |
| State | VIC | Postcode: | |

| | |
|--------------------------------------|--|
| ABN | |
| ACN/ABRN | |
| TFN (or reason for exemption) | |

| | |
|--|--|
| Associations/Other Governing Legislation/Jurisdiction | |
| Registration Number | |

| | |
|-----------------------------------|--|
| Corporate Trustee Name | |
| Corporate Trustee ACN/ABRN | |

| | |
|--------------------------------|--|
| Individual Trustee Name | |
|--------------------------------|--|

Full name of Settlor (if contributed \$10,000 or more (not required if the Settlor is deceased))

| |
|--|
| |
|--|

Names of individuals who hold 25% or more of beneficial interests in the Company, Trust or Partnership. If there are no individuals who meet this requirement, provide the names of the individuals who directly, or indirectly, control the entity.

| | |
|-----------|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Names of all directors (proprietary companies only) – if more than 4 add details on separate sheet.

Director 1:

| | |
|----------------------|--|
| Surname | |
| Given Name(s) | |

Director 2:

| | |
|----------------------|--|
| Surname | |
| Given Name(s) | |

Director 3:

| | |
|----------------------|--|
| Surname | |
| Given Name(s) | |

Director 4:

| | |
|----------------------|--|
| Surname | |
| Given Name(s) | |

5. Company/Trust/Partnership/Superannuation Fund Applicants (cont.)

Preferred Contact

| | | | |
|---|-----|-----------------|--|
| Given Name | | | |
| Surname | | | |
| Postal Address (number/street etc) | | | |
| Suburb/Town | | | |
| State | VIC | Postcode | |
| Email | | | |

| | | |
|---|--|--------------------------|
| Please tick box below, if you would like us to contact your Adviser. Full details must be provided on the Agent Consent Form included in this Application Form. | | |
| Adviser Name | | <input type="checkbox"/> |

Authorised Signatories

Please specify the signatories authorised to make changes and withdrawal requests on this account:

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Please tick signatories required on all documentation:

Any one Signatory **All Signatories Required** **Other** (please specify)

NB: If there are more than 4 trustees or company directors, please provide their full details on duplicates of this page as well as the remainder of this Application Form (i.e. Acknowledgment and certification).

6. Bank Account Details

You are required to provide your bank account details for payment of distributions. Distributions will not be paid by cheque. The Bank Account provided must be in the investor's name, as payment to a third party is not permitted.

Unless maturity instructions have been provided by you, all distribution payments will be processed when due, with all payments being made to your nominated bank account.

| | | | |
|---|--|-------------|--|
| BSB | | Account No: | |
| Bank/Financial Institution/ Credit Union | | | |
| Account Name | | | |

You may wish to attach a bank deposit slip of the designated bank account to confirm these details.

7. Payment of Investor Application Monies

You can make payment via the following options:

Cheque Cheques should be either Australian Bank Cheques or drawn on an Account held in the name of the applicant, and should be made payable to:

Excelsius Funds Pty Ltd Investor Application Account

Cheques should be posted to our office, or hand delivered, and marked attention to:

Investor Relations
Excelsius Finance Corporation Pty Ltd
Level 2, 428 Lt Bourke Street
MELBOURNE VIC 3000

Electronic Transfer If you would like to make payment via electronic funds transfer, please see our bank details below:

Account Name: Excelsius Funds Pty Ltd Investor Application Account

BSB: 083-004

Account Number: 40-392-6078

Reference: Investor Name or Investor Number

(Your investor number will be provided by us, following acceptance of your Investor Application)

When depositing funds by either of the abovementioned payment options, please inform us via email, at investors@excelsiusfinance.com.au.

8. Investor Identification Requirements

The information below is required under the Anti-Money Laundering and Counter-Terrorism Financing Act (2006). For each individual investor, beneficial owner of a Company, Trust or Superannuation Fund, please attach an originally certified, legible copy, of the ID documentation required to enable us to reasonably satisfy our AML/CTF obligations. Please contact us on (03) 9070 1122, if you are unable to provide the required documents.

Acceptable primary photographic ID documents are:

- Australian State / Territory driver's licence containing a photograph of the person.
- Australia Passport (a Passport that has expired within the preceding 2 years is deemed acceptable).
- Card issued under a State / Territory, for the purpose of proving a person's age (containing a photograph of the person).
- Foreign Passport or similar travel document (containing a photograph and signature of the person. (If these documents are not in English, a translation of the information must be provided).

Acceptable secondary ID documents, which must be provided if you can only satisfy **ONE** of the criteria noted above, are:

- Australian Birth Certificate.
- Australian Citizenship Certificate.
- Pension Card or Healthcare Card (as issued by Centrelink).

AND ONE option from this section

- A document issued by the Commonwealth, or a State or Territory, within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
- A document issued by the Australian Taxation Office within the last 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), and also contains the individual's name and residential address.
- A document issued by a local government body or utilities provider within the last 3 months which records the provision of services to the noted address or to the relevant person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that was issued to the individual by a school principal within the preceding 3 months, and contains the name and residential address, and records the period of the period of time that the individual attended that school

Investors are required to complete this Application Form, along with providing all certified copies of relevant identification documentation. We will not be able to process your Application until all the above information has been received and verified by us.

| ID Checklist – please tick relevant documents (ensure that you provide certified copies) | | |
|--|---|--|
| Primary Documents | Secondary Documents | Secondary Documents |
| <ul style="list-style-type: none"> <input type="checkbox"/> Australian Driver's Licence (all sides). <input type="checkbox"/> Australian Passport. <input type="checkbox"/> Government Issued Identity Card <input type="checkbox"/> Foreign Passport. | <ul style="list-style-type: none"> <input type="checkbox"/> Australian Birth Certificate. <input type="checkbox"/> Australian Citizenship Certificate. <input type="checkbox"/> Pension Card. <input type="checkbox"/> Healthcare Card. | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Utilities Tax Invoice. <input type="checkbox"/> Government issued document. <input type="checkbox"/> Other. |

9. Acknowledgement by Applicant Investor

I/we acknowledge, agree and declare that:

- I/we have read and understood the IM to which this Application Form is attached.
- I/we have been provided the SIM in respect to the Sub-Fund that I/we wish to invest.
- The information provided in this Application Form is true, correct and complete in all respects.
- I/We acknowledge that none of Excelsius Funds Pty Ltd, Excelsius Finance Corporation Pty Ltd, Excelsius Asset Management Pty Ltd, their related bodies corporate, officers, employees, consultants, advisers or agents guarantees the performance of the Fund or of the Sub-Fund in which I/we wish to invest or the payment of distributions other than as set out in the IM or SIM.
- I/We have read and understood the risks set out in the IM and acknowledge that an investment in the Fund and Sub-Fund may result in reduction in, or total loss of, the capital value of the investment, returns that are less than expected or delays in repayment of capital.
- I/We warrant and represent to the Trustee and Investment Manager that I/We have undertaken my/our own due diligence in relation to an investment in the Fund, including (without limitation) in relation to the structure of the Fund and the likelihood of returns from the Fund.
- I/We have obtained my/our own independent financial, taxation and legal advice prior to investing in the Fund and Sub-Fund.
- If this Application is signed under power of attorney, each attorney declares he/she has not received notice of revocation of that power.
- I am/we are over age 18 and I/we are eligible to hold Units in the Sub-Fund.
- I/We have all requisite power and authority to execute this Application Form and make the investment in the Fund and Sub-Fund as set out in this Application Form.
- I/we acknowledge that Application Monies will be held by the Trustee in an interest-bearing trust account until invested in the Sub-Fund chosen by me or returned to me/us. Any interest earned on Application Monies will form part of the Fund's assets and will not be returned to me/us, even if my/our Application is rejected in whole or in part.
- I/we have read the information on privacy and personal information contained in the IM and consent to my/our personal information being used and disclosed as set out in the IM and Trustee's privacy policy, and that until I/we inform the Trustee otherwise, I/we will be taken to have consented to all uses of our personal information contained under that heading.
- I/we acknowledge that the Trustee may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website.
- I/we indemnify the Trustee, the Investment Manager, Excelsius Asset Management and each of their related bodies corporate, officers, employees, consultants, agents and permitted delegates (collectively, the **Indemnified Parties**) and hold each of them harmless from and against any loss, damages, liability, cost or expense, including all legal costs on a solicitor and own client basis due to or arising out of a breach of representation, warranty, covenant or agreement by me/us contained in any document provided by me/us to either the Trustee or the Investment Manager, their representatives, agents or other parties in connection with our investment in the Fund and Sub-Fund.
- The indemnification obligations provided herein survive the execution and delivery of this Application Form, any investigation at any time made by the Trustee and the issue and/or sale of the Units in the Sub-Fund invested in by me/us.
- To the extent permitted by law, I/we release each of the Indemnified Parties from all claims, actions, suits or demands whatsoever and howsoever arising that I/we may have against any Indemnified Party in connection with the IM or my/our investment.
- I/we will promptly notify the Trustee of any change to the information that I/we have previously provided to the Trustee.
- I/we acknowledge that the collection of my/our personal information may be required by the Financial Transaction Reports Act 1988, the Corporations Act, the AML/CTF, ASIC or by APRA.
- I/we acknowledge that there is no requirement if I/we do not provide the Trustee with a Tax File Number (TFN) or to quote a TFN exemption or Australian Business Number, however, if I/we choose not to, the Trustee may be required to deduct tax at the highest marginal rate plus the Medicare Levy from my/our income distributions (if applicable).

Excelsius Finance Mortgage Investment Fund

- I/we are not aware and have no reason to suspect that the monies used to fund my/our investment in the Sub-Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities prohibited under any international convention or agreement or AML/CTF law and I/we will provide the Trustee with all additional information, documentation and assistance that the Trustee may request for the Trustee to comply with any AML/CTF law.
- Excelsius Funds Pty Ltd may accept or reject this Application in whole or in part and is not required to give reasons for its decision.
- If my/our application is accepted then I/we agree to be bound by the Trust Deed, this IM, the SIM for the Sub-Fund in which I/we wish to invest and any lawful direction from Excelsius Funds Pty Ltd and Excelsius Finance Corporation Pty Ltd.
- I/we acknowledge that I/we must be an investor in a Sub-Fund to be considered an Investor in the Fund.
- I/we acknowledge that I/we need to read, complete and sign the consent form attached with the SIM document.
- I/we acknowledge that I/we will be bound by the Trust Deed, this IM and the SIM issued for the Sub-Fund that I/we wish to invest in.
- The named Applicant investor is a Wholesale Investor for the purposes of the Corporations Act 2001 (Cth).
- I/we acknowledge that I/we will not seek to manage, frustrate or otherwise interfere with the day-to-day management of the Sub-Fund that I/we will invest.

By this instrument, I/we jointly and severally appoint each of Excelsius Funds Pty Ltd, Excelsius Finance Corporation Pty Ltd and any director, officer, attorney or substitute nominated by Excelsius Funds Pty Ltd or Excelsius Finance Corporation (severally, **Attorney**) as my/our Attorney such appointment to be limited to those rights and powers conferred under the Trust Deed, this IM, the SIM for the Sub-Fund I/we wish to invest and any other document or instrument issued by Excelsius Funds Pty Ltd.

EXECUTED as a deed this **day of**

Individual Investor(s)

Applicant 1

Applicant 2

Company Investor(s)

Executed by:

in accordance with section 127 of the Corporations Act 2001 (Cth) by being signed by those persons who are authorised to sign for the company:

Director

Director/Secretary

Super Funds / Trusts

Executed by:

Trustee

Trustee/Director

Attached Forms:

- Consent for Third Party to act on your behalf (if required).*
- Certificate by Qualified Accountant (this form must be completed and provided along with this Application Form)*

Consent to appoint an Investor Agent

Please complete this section if you are an:

- **Investor appointing an agent** to act on your behalf in relation to your investments in the abovenamed Fund; or
- **Agent making an initial investment on behalf of an investor** and acting on behalf in relation to their investment in the abovenamed Fund. You will also be required to complete relevant sections applicable to the investor on whose behalf you are investing.

| | | | |
|---|-----|-----------------|--|
| Agent's Full Name | | | |
| Agent's Company Name (If applicable) | | | |
| Licence Number or Authorised Rep. Number | | | |
| Agent's Postal Address (not a PO Box) | | | |
| | | | |
| Suburb/Town | | | |
| State | VIC | Postcode | |

| | | | |
|---------------------------------|--|--|--|
| Agent's Phone Number | | | |
| Agent's Facsimile Number | | | |
| Agent's Email | | | |

If there are two or more agents, please provide the details on a separate page and attach to this Application Form. Please specify whether these Agents can individually or jointly – if you do not inform us, then we will assume that two agents will be required to act on your behalf.

Identification Documentation Required

An Agent appointed by an individual or non-individual investor, must provide the following (please tick and attach to this Application Form):

- Evidence of the agent's authority to act on behalf of the investor (e.g. signed letter, certified copy of Power of Attorney);

AND

- Identification documentation for the Agent (ID requirements are listed in Section 8 of this Application Form).

If there are queries about my Application Form and investments, please contact:

- Me/Us;
- My/Our Adviser (you must also select this preferred contact method in Sections 3, 4 or 5).

Certificate by a Qualified Accountant

Chapter 7 of the Corporations Act 2001 (Cth)

| | | | |
|--|-----|-----------------|--|
| Investor Name 1 | | | |
| Investor Name 2 | | | |
| Entity Name | | | |
| Postal Address (number/ street etc) | | | |
| | | | |
| Suburb/Town | | | |
| State | VIC | Postcode | |

I certify that:

1. the person or entity whose details are set out above:
 - .. has net assets of at least \$2.5 Million; or
 - .. has a gross income for each of the last 2 financial years of at least \$250,000.

(This includes the net assets or gross income of any companies controlled by the investor. Under section 50AA of the *Corporations Act 2001* (Cth), an investor controls a company where the investor has the capacity to determine the outcome of decisions about the company's financial and operating policies.)

2. I belong to the following professional body:
 - .. A member of the Australian Society of Certified Practising Accountants
 - .. A member of the Institute of Chartered Accountants of Australia
 - .. A member of the Institute of Public Accountants
 - .. A member of an eligible foreign professional body – please specify:

I comply with this body's continuing professional education requirements.

| | | | |
|--------------------------------------|--|--|--|
| Date of Issue | | | |
| Accountant's Full Name | | | |
| Designation (eg: CA/CPA/MNIA) | | | |
| Company Name | | | |
| Address | | | |
| Accountant's Signature | | | |