

Phone: 1300 011 088 (Australia)
Phone: +61 2 8022 7487 (International)

Email: daintree.transactions@unitregistry.com.au

Application | Self Managed Super Fund (SMSF)

Daintree Core Income Trust
Daintree High Income Trust
Daintree Hybrid Opportunities Fund (Managed Fund)

WHO SHOULD COMPLETE THIS FORM?

This application form is for investments made by trustees of Self Managed Superannuation Funds (SMSF).

HOW TO COMPLETE THIS FORM

Step 1 Before submitting this form, please read the Product Disclosure Statement (PDS), Target Market Determination (TMD) and the Additional Information Booklet (AIB), available here or if you are unable to access the link or print the document, contact us on 1300 011 088.

Units in a fund will only be issued following acceptance of an application form issued with the relevant PDS, with all required documents attached.

Please complete using the editable PDF, sign and print or, please print, use black pen and write in BLOCK letters. If you make an error do not use correction fluid, instead, cross out your error and initial your changes.

Note: Please ensure all fields are completed including those in sections A and B.

Step 2 Tell us your foreign tax status

Please complete the Global Tax Reporting (FATCA/CRS) information in section 9.

Step 3 Sign and send your documents to the below address.

Please ensure you sign section 11 of the form in accordance with the instructions provided.

You can return your forms by email or by post to:

Daintree Trusts Registry Services

GPO Box 804

Melbourne VIC 3001

daintree.transactions@unitregistry.com.au

Step 4 Make your payment

Please refer to **section 4** and **5** of the application form and follow the instructions on how to pay the application amount. Your application cannot be processed until all relevant identification documents and cleared funds are received.

IMPORTANT INFORMATION

- Please ensure all fields are completed. If you do not complete all relevant sections your application may be rejected and returned to you for completion, resulting in a delay in processing your application.
- If you have any questions as you complete this form, please refer to the FAQs of this form, or contact us on 1300 011 088

Perennial Investment Management Limited (PIML) ABN 13 108 747 637, AFSL 275101 is the Responsible Entity and issuer of this Application Form.

Section A: Your investment objectives

In relation to our Design and Distribution Obligations (DDO) under the Corporations Act, we seek the following information about your attributes as an investor. Questions A to E are optional. Question F is mandatory. Your attributes should be consistent with the PDS & TMD for the trust(s) you are investing in.

Consumer Attributes						
A. What is your primary investment objective? (select only one option)						
Capital growth (increased	d value of your investme	ent over time)				
Capital preservation (pre	serving the value of you	ır investment and preventing l	loss)			
Capital guaranteed (shie	lding your investment fr	om any losses)				
Income distribution (rece	iving regular income fro	m your investment)				
B. What is the intended	use of this fund in your	investment portfolio? (select	only one option)			
Solution / standalone (yo	our primary investment -	75% - 100% of portfolio)				
Core component (a large	proportion of your inves	stment - 25% - 75% of portfolio	0)			
Satellite / small allocatio	n (a small part of your ir	nvestment - less than 25% of p	portfolio)			
C. What is the intended	investment timeframe?	(select only one option)				
Short term (less than	n 2 years)	Medium term (more than	n 2 years)	Long term (more than 8 y	ears)	
D. What is your tolerand (How much of a loss y		ect only one option) e within your portfolio when as	ssessed against the possibili	ty of greater returns).		
Low	Medium	High	Very high			
E. What is your anticipa	ted frequency of withdr	awals? (select only one option	n)			
Daily Weekly Monthly Quarterly Annually or longer						
F. Have you received ad	vice prior to applying to	invest in this trust(s)? (select	t only one option)			
		ion to my investment in this tr of your investment objectives)		provided to you by		
No - I/We have not receiv	ed personal advice in re	lation to my investment in thi	s trust.			
Nata Assartance	m amadia aktoro de colo	hha bahan an a manana d		atom and in the Const.		
		t be taken as a representation , objectives and needs as indi				

Section B: Investor details	
What is the full legal name of the entity that will hold title to the units	?
Full name of account designation	
If you are an existing investor, please provide your account number	
I/We confirm there are no changes to our identification docume	ents previously provided and that these remain current and valid.
I/We confirm there are no changes to the information in our pre	vious application provided and that it remains current and valid.
Section C: Are you investing using funds borrowed under a margin l	loan?
No - go to section 1 Yes - please complete the c	details below
Name of margin lender	Name of borrower
Borrower's TFN	Loan number
If the person who will hold legal title to the units will be the borrower g complete this form as an SMSF.	ranting Power of Attorney to the margin lender or its nominee, please
1. SUPERANNUATION FUND DETAILS	
Full name of superannuation fund	
Full business name (if any) of the trustee in respect of the superannuc	ation fund
Country of establishment	
Tax file number or exemption code	Australian Business Number (if any)

2. TRUSTEE DETAILS Note: A Self-managed Super Fund (SMSF) must have a minimum of two (2) trustees and a maximum of six (6). The trustee/s can be either individual or corporate. Where the trustee is corporate, all members of the SMSF are directors of the corporate trustee. If there are more than four (4) trustees, please complete section 2 of another application form and attach it to the main application form. How many trustees does the SMSF have? Type of trustee Individual trustee (complete section 2.1) Corporate trustee (complete section 2.2 & 2.3) 2.1 Individual trustee(s) details Individual trustee 1 Title Given name(s) Surname Date of birth (DD/MM/YYYY) Occupation Residential address - (A PO Box/RMB/Locked Bag is not acceptable) Unit Street number Street name Suburb State Postcode Country **Contact details** Home number (including country and area code) Mobile number (including country code) Email (default address for all correspondence) Individual trustee 2 Title Given name(s) Surname Date of birth (DD/MM/YYYY) Occupation Residential address - (A PO Box/RMB/Locked Bag is not acceptable) Unit Street number Street name Suburb State Postcode Country Contact details Mobile number (including country code) Home number (including country and area code)

Email	
All correspondence will be sent to the email address provided by Individual trustee 1 .	
Individual trustee 3	
Title Given name(s) Surname	
Date of birth (DD/MM/YYYY) / / Occupation	
Residential address - (A PO Box/RMB/Locked Bag is not acceptable)	
Unit Street number Street name	
Suburb State Postcode	Country
State Postcode	Country
Contact details	
Home number (including country and area code) Mobile number (including	g country code)
Email	
All correspondence will be sent to the email address provided by Individual trustee 1 .	
Individual trustee 4	
Title Given name(s) Surname	
Date of birth (DD/MM/YYYY) / / Occupation	
Residential address - (A PO Box/RMB/Locked Bag is not acceptable)	
Unit Street number Street name	
Suburb State Postcode	Country
State Foscoue	Country
Contact details	
Home number (including country and area code) Mobile number (including	g country code)
Email	
All correspondence will be sent to the email address provided by Individual trustee 1 .	
2.2 Corporate trustee details	
Full business name as registered by ASIC ACN	

Nature of busin	ness				
Registered Off	ice Address - (PO Box is no	ot acceptable)			
Unit	Street number	Street name			
Suburb			State	Postcode	Country
Dringing place	a of husiness (if anu) (DO D	av is not secontable	1		
Unit	e of business (if any) (PO B Street number	Street name	J		
Offic	Street Hullibei	Street Hullie			
Cularurla			Chata	Destands	Country
Suburb			State	Postcode	Country
	s (for company or contact	person)	_		
Name			Emo	il	
Business num	ber (include country and a	rea code)	Mob	oile number (include o	country code)
2.3 What typ	pe of company is the corpo	orate trustee?			
Public (compo	anies whose name does N(OT include the word I	Pty or proprieta	ry; generally listed co	ompanies)
Proprietary (d	companies whose name er	ds with Proprietary	Ltd or Pty Ltd; o	ılso known as private	companies)
Please comple	ete the director details belo	ow if you are an Aust	ralian proprieta	ry company. Do not c	complete for public companies.
Directors deta		ŭ			
How many dire	ectors are there?				
	below the full name of all this application form.	the directors. If there	e are more than	four directors, pleas	e complete the details on a separate sheet
Director 1					
Title	Given name(s)			Surname	
Director 2					
Title	Given name(s)			Surname	
Director 3	Civan nama(a)			Cura ama a	
Title	Given name(s)			Surname	
Director 4	Civon name (a)			Curnama	
Title	Given name(s)			Surname	

Trust Name APIR minimum AUDS Trust minimum AUDS Daintree Care Income Trust WPC1983AU 25,000 Daintree High Income Trust WPC1983AU 25,000 Daintree Hybrid Opportunities Fund (Managed Fund) WPC2054AU 25,000 Daintree Care Income Trust Class NZD WPC0696AU 25,000 Daintree High Income Trust Class NZD WPC0699AU 25,000 Daintree High Income Trust Class NZD WPC0529AU 25,000 Daintree High Income Trust Class NZD WPC0699AU 25,000 Note: The minimum investment is \$25,000 per trust. However, we may waive or vary the investment minimums. Please nominate one distribution option for each trust you are investing in. If no selection is made, distributions will be automatically re-invested. Please indicate the source 6 origin of funds being invested Savings Upcompany to the investment minimum. Please nominate one distribution option for each trust you are investing in. If no selection is made, distributions will be automatically re-invested. Please indicate the source 6 origin of funds being invested Savings Upcompany to the investment minimum. Please nominate one distribution option for each trust you are investing in. If no selection is made, distributions will be automatically re-invested.	3. INVESTMENT AND DISTRIBUTION INSTRUCTIONS					
Daintree Core Income Trust Daintree High Income Trust Class NZD Daintree Core Income Trust Class NZD Daintree High Income Trust Class NZD Daintree High Income Trust Class NZD Note: The minimum investment is \$25,000 per trust. However, we may waive or vary the investment minimums. Please nominate one distribution option for each trust you are investing in. If no selection is made, distributions will be automatically re-invested. Please indicate the source 6 origin of funds being invested Sovings Dinatore High Income Trust Class NZD Note: The minimum investment is \$25,000 per trust. However, we may waive or vary the investment minimums. Please nominate one distribution option for each trust you are investing in. If no selection is made, distributions will be automatically re-invested. Please indicate the source 6 origin of funds being invested Sovings Dincome from employment - regular and/or bonus Normal course of business Investment Donation/gift Inheritance Sale of assets (e.g. shares, property)	Trust Name	APIR	minimum		Distribution option (indicate (X) one option per trust)	
Dointree High Income Trust Dointree High Income Trust Dointree Hybrid Opportunities Fund (Managed Fund) Trust Name APIR Trust minimum MZDS Investment MZDS Dointree Core Income Trust Class NZD WPC0696AU 25,000 Dointree High Income Trust Class NZD WPC0699AU 25,000 Dointree High Income Trust Class NZD WPC0529AU 25,000	nusc Hunte					Reinvest
Daintree Hybrid Opportunities Fund (Managed Fund) WPC2054AU 25,000 Investment amount NZD S Daintree Core Income Trust Class NZD WPC0696AU 25,000 Daintree High Income Trust Class NZD WPC0529AU 25,000 Note: The minimum investment is \$25,000 per trust. However, we may waive or vary the investment minimums. Please nominate one distribution option for each trust you are investing in. If no selection is made, distributions will be automatically re-invested. Please indicate the source Θ origin of funds being invested Savings Superannuation contributions Income from employment - regular and/or bonus Normal course of business Investment Donation/gift Inheritance Sale of assets (e.g. shares, property)	Daintree Core Income Trust	WPC1963AU	25,000			
Trust Name APIR APIR Trust minimum NZD\$ Distribution option (indicate IQ) one option per trust) Pay to my bank a/c Pay to my bank a/c Reinvest Pay t	Daintree High Income Trust	WPC1583AU	25,000			
Trust Name APIR	Daintree Hybrid Opportunities Fund (Managed Fund)	WPC2054AU	25,000			
Daintree Core Income Trust Class NZD WPC0696AU 25,000	Trust Name	ΔPIR			Distributi (indicate (X) one	on option option per trust)
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Please indicate the source & origin of funds being invested Savings Superannuation contributions Income from employment - regular and/or bonus Investment Donation/gift Inheritance Sale of assets (e.g. shares, property)	Daintree High Income Trust Class NZD	WPC0529AU	25,000			
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Normal course of business Investment Donation/gift Inheritance Sale of assets (e.g. shares, property)	Superannuation contributions					
Investment Donation/gift Inheritance Sale of assets (e.g. shares, property)	Income from employment - regular and/or bonus					
Donation/gift Inheritance Sale of assets (e.g. shares, property)	Normal course of business					
Inheritance Sale of assets (e.g. shares, property)	Investment					
Sale of assets (e.g. shares, property)	Donation/gift					
	Inheritance					
	Sale of assets (e.g. shares, property)					
Utner	Other					

4. PAYMEN	NT OF A	PPLICATION AMO	UNT			
Select your	paymen	nt method and co	mple	ete the relevant section if ap	plicable	
EFT				Direct debit		BPAY®
EFT		Electronic Funds	Trar	nsfer (AUD)		
Account na	ıme:	Perennial Investi	ment	Management Limited - App	ication .	Account
BSB:		342-011				
Account nu	ımber:	691649-002				
Your referen	nce:	[please use the r	name	of the investor and investor	numbei	rl
EFT		Electronic Funds	s Trar	nsfer (NZD)		
Account na	ıme:	PERENNIAL INVE	STM	ENT MGMT LTD (Application)		
BSB:		30-2940				
Account nu	ımber:	0050 357-				
Your refere	nce:	[please use the r	name	of the investor and investor	numbei	r]
Direct debit	authorit	ty – Australian bo	ank a	ccounts only		
debit author institution y	rity belov ou have	w. This debit will I nominated belov	be m w.	ade through the Bulk Electro	nic Cled	ated financial institution account by completing the direct aring System (BECS) from your account held at the financial
						d conditions governing the debit arrangements between you Direct Debit Request Service Agreement, available <u>here</u> .
Financial ins	stitution	name			Bran	ch name
Account nar	me					
BSB number	r				Acco	unt number
financial ins	stitution,	a debit to the no	mino	estment Management Limite Ited account as deemed pay		.3 108 747 637 (User ID 653095) to arrange, through its own our administrator.
Signature of	r primarţ	y account holder				
Full name					Date	(DD/MM/YYYY)
Signature of	f joint ac	count holder (if a	appli	cable)		
Full name					Date	(DD/MM/YYYY)

BPAY® - Telephone & internet banking

You can make your payment using telephone or internet banking.

You will need to quote the biller code and your account number (for reference) when making this payment.

If this is a new investment, we will notify you of your account number once this is available. Please make your payment within 14 days of this notification.

Trust	BPAY details
[Trust name]	Biller code [insert] Reference number [account number]

Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account. More info www.bpay.com.au

®Registered to BPAY Pty Ltd ABN 69 079 137 518

Trust name	BPAY® details
Daintree Core Income Trust	Biller code: 216812 Reference number: Investor number
Daintree High Income Trust	Biller code: 216820 Reference number: Investor number
Daintree Hybrid Opportunities Fund (Managed Fund)	Biller code: 216838 Reference number: Investor number

5. FINANCIAL INSTITUTION ACCOUNT DETAILS Australian bank account details Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts. Financial institution name Branch name Account name BSB number Account number Foreign bank account details Financial institution name Financial institution address Account number Account name SWIFT/BIC ABA/FED (US) IBAN (Europe)

6. COMMUNICATION

Automatic online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

Note: You may receive marketing material (e.g. market commentary, event invitations) from us, from time to time. Please indicate if you do not wish to receive these communications.

if you do not wish to receive these communications.
Annual & semi-annual report options
The annual and any semi-annual financial statements of the fund are available free on our website. If you would like to receive a copy by post or email, please indicate below. (This refers to annual and semi-annual reports only. This will not affect communication instructions regarding general correspondence for your fund).
By email By post
Marketing material
You may receive information from us via mail, telephone, email or other electronic messaging service relating to market commentary, services or information that may be of interest to you. By providing us with your contact details you consent to being contacted by these methods for these purposes. Please indicate if you do not wish to receive marketing information from us or any companies within our group.
7. FINANCIAL ADVISER DETAILS
Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.
Adviser email address
Operating your account
Do you want your financial adviser to be able to operate your account?
No
Yes - Please complete section 9 (Authorised representative of investor).
In general, an appointed financial adviser can do everything you can do with your investment, except appoint another person to operate your account. It is important to tell us promptly if you no longer wish your financial adviser to operate your account, or if your financial adviser changes - OneVue will keep accepting their instructions until you or your adviser inform us in writing that the appointment has terminated.
We may suspend or terminate their appointment for any reason considered reasonable, and may change the terms on which they operate your account.
You indemnify us from any loss you or we suffer as a result of the actions of your appointed financial adviser, and agree to ratify their actions if we ask.
Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

AFSL number Adviser name Adviser name Advisor code or Authorised representative number ABN Post address (PO Box/RMB /Locked Bog is not acceptable) Unit Street number Street name Suburb Performance of investor identification 5 verification procedures Phone Mobile Performance of investor identification 6 verification procedures Please indicate below whether client identification and verification procedures have been performed. No - I have not performed the applicable customer identification procedure on this investor. Yes - I have completed the applicable customer identification procedure on this investor. Financial adviser declaration Notice to financial adviser; please note that reliance on the KYC performed by the financial advisor is only acceptable if all the criteria below is met. I had an AFSL in my own name or have been appointed as an authorised representative by the licensee. I am a reporting entity for AML/CTF purposes. The issuer has reasonable grounds to believe that it is appropriate to rely on the KYC procedure I have undertaken. I have attached the KYC documents to this form. AFSL full legal entity name AFSL number Please print full name	Details	
Advisor code or Authorised representative number ABN Post address (PO Box/RMB /Locked Bag is not acceptable) Unit Street number Street name Suburb State Postcode Country Phone Mobile Performance of investor identification by verification procedures Please indicate below whether client identification and verification procedure and the applicable customer identification procedure on this investor. Yes - I have completed the applicable customer identification procedure on this investor. Financial adviser declaration Notice to financial adviser: please note that reliance on the KYC performed by the financial advisor is only acceptable if all the criteria below is met. I hold an AFSL in my own name or have been appointed as an authorised representative by the licensee. I am a reporting entity for AML/CTF purposes. The issuer has reasonable grounds to believe that it is appropriate to rely on the KYC procedure I have undertaken. I have attached the KYC documents to this form. AFSL full legal entity name AFSL number	AFSL holder name	AFSL number
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I am a reporting entity for AML/CTF purposes. The issuer has reasonable grounds to believe that it is appropriate to rely on the KYC procedure I have undertaken. I have attached the KYC documents to this form. AFSL full legal entity name Please print full name		formed by the financial advisor is only acceptable if all the criteria
The issuer has reasonable grounds to believe that it is appropriate to rely on the KYC procedure I have undertaken. I have attached the KYC documents to this form. AFSL full legal entity name Please print full name	I hold an AFSL in my own name or have been appointed as an a	uthorised representative by the licensee.
I have attached the KYC documents to this form. AFSL full legal entity name Please print full name	I am a reporting entity for AML/CTF purposes.	
AFSL full legal entity name Please print full name	The issuer has reasonable grounds to believe that it is appropria	ate to rely on the KYC procedure I have undertaken.
Please print full name	I have attached the KYC documents to this form.	
	AFSL full legal entity name	AFSL number
Signature	Please print full name	
Signature		
	Signature	

8. AUTHORISED REPRESENTATIVE OF INVESTOR

Please complete this section if you wish to appoint an individual or individuals to act on your behalf in relation to your investment in the fund. If you have appointed an entity as your authorised representative, please contact us on 1300 011 088 to obtain the relevant KYC form.

8.1 Agent's det	ails	
Agent 1		
Title	Given name(s)	Surname
Agent's phone nui	mber	
Email		
Agent's signature		
Agent 2		
Title	Given name(s)	Surname
Agent's phone nu	mber	
Email		
EIIIUII		
Agent's signature		
If you wish to app tion form.	oint more than two authorised representatives, please comple	te the details on a separate sheet and attach to this applica-
8.2 How author	ised representatives may act in relation to the account?	
Tick applicable		
Each authorised consent of the ot	representative listed above may provide instructions in relatio ther	n to the investment individually without the
All authorised rep	presentatives must act jointly to provide instructions in relation	n to the investment
Other arrangeme	ent – please provide details	

8.3 Verification procedure for authorised representatives who are individuals	
For each authorised representative, please provide verification documents. In addition, please provide evidence of each authorised representative's authority to act on behalf of the investor. Please tick the document(s) you have provided.	
Verification documents - mandatory	
A certified copy of an Australian Driver's Licence or Australian Passport	
Authorised representative's authority - one of the following (not required for a Financial Adviser listed in Section 8)	
Certified copy of the authorising document (e.g. POA); or	
A certified copy of a guardianship order; or	
Other arrangement - please provide details	
I confirm that the document authorising each authorised representative is still valid and has not been revoked.	
Note: If any verification documents provided are written in a language other than English, they must be accompanied by an English translation prepared by an accredited translator.	

9. TAX INFORMATION - GLOBAL TAX REPORTING REQUIREMENTS (FATCA/CRS)

Why you need to complete this section?

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and a number of other foreign Governments have an agreement which requires us to obtain certain information from investors, including taxation information. You may be liable to a penalty if you provide information that is false or misleading that is material. We may decide not to open an account without first receiving the required information. For more information, visit www.ato.gov.au.

If you are unsure of any of the answers, please contact a legal or accounting professional.

9.1 Regulated Superannuation Funds

Are you a regulated superannuation fund?
I am the trustee of a regulated superannuation fund (this includes a self-managed superannuation fund)
LIEI D

Regulated superannuation fund means self-managed superannuation funds, APRA regulated superannuation funds, Australian Government or semi-government superannuation funds and pooled super trusts.

10. DECLARATIONS & ACKNOWLEDGMENTS

Please read the declarations below before signing this form. The required signature(s) are detailed at the bottom of this form. When you apply to invest, you (the applicant) are telling us:

- to the best of your knowledge, all details in this application (including all related documents provided) are true, correct and complete
- you understand that this application form does not form part of the PDS;
- you have received, read and understood the current PDS, TMD and AIB. You agree to be bound by the constitution of the trust, and the PDS as supplemented, replaced or re-issued from time to time.
- you have completed Section A of this application form relating to Consumer Attributes, and confirm that your investment objectives are consistent with those of the trust(s) for which you are investing in.
- you are not bankrupt or a minor, and are authorised to sign this form
- you have received and accepted this offer in Australia
- you have read and understood the information relating to privacy in the PDS and AIB and consent to my/our personal information being collected, used and disclosed in accordance with the PDS, AIB and the Responsible Entity's privacy policy;
- if investing as trustee, on behalf of a superannuation fund or trust, that you are acting in accordance with your designated powers and authority as under the applicable trust deed.
- you are not a 'politically exposed person or organisation' for the purposes of any AML/CTF laws
- I consent to the issuer disclosing my personal information to any issuer's service providers, in relation to any identification and
 verification that the issuer is required to undertake on me, as required under the AML/CTF Act. This shall include any information:
 - o required by any third party document verification service provider, and/or
 - o provided to any third party document verification service provider.

By applying to invest you also acknowledge that:

- the Responsible Entity reserves the right to not accept any application form in its absolute discretion
- monies deposited are not associated with crime, money laundering and/or financing terrorism. We may decide to delay or refuse any
 request or transaction, including by suspending the issue or redemption of units. If we are concerned that the request or transaction
 may breach any obligation of, or cause us to commit or participate in an offence under any AML/CTF and Sanctions Law and FATCA/
 CRS obligations, we will incur no liability to you if we do so
- we may take other action we reasonably believe is necessary to comply with AML/CTF and Sanctions Law and FATCA/CRS
 obligations, including disclosing any information held about you to any of our related bodies corporate or service providers whether
 in Australia or outside Australia, or to any relevant Australian or foreign regulator, and
- we collect additional information about you from time to time, from you or from third parties, for the purposes of satisfying AML/CTF and Sanctions Law and FATCA/CRS obligations, and that any such information may be used and disclosed as described in the Daintree Capital Management Pty Ltd privacy policy available online at www.daintreecapital.com.au or by contacting us.
- investments in the trust(s) are subject to investment risk, including possible delays in repayment and loss of income and capital
 invested.

Important information

- nothing in this form is advice and 'help' is general guidance only. Seek professional advice to be sure of your answers
- it is a condition of investing that you keep your details (including tax detail) with us, up to date. We recommend that you review this tax information form at the end of the financial year and update your details if required. You must contact us when you learn new things about the matters in this form. Failing to update us can have tax and other consequences. You can update us by requesting and completing this form and emailing or posting it to our Administrator.

By completing and signing this form:

- you represent having read and understood this form
- you represent this form is complete and accurate
- if you have applied for but not received your TIN or GIIN, you undertake to inform us within 30 days of receiving it
- you undertake that if information in this form changes, you will tell us within 30 days
- you declare that to the best of your knowledge and belief the information provided in the Global Tax Reporting section is true and correct
- you agree to notify Daintree Capital Management Pty Ltd of any changes to your tax residency or that of any beneficial owners or controlling person

11. SIGNATURE(S)

For individual trustees, all trustees to sign. For Australian corporate trustee, the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signature 1	Signature 2	
Signature	Signature	
Date (DD/MM/YY)	Date (DD/MM/YY)	
Full name	Full name	
Capacity	Capacity	
Individual trustee 1	Individual trustee 2	
Director	Director	
Company Secretary	Company Secretary	
Agent	Agent	
Signature 3	Signature 4	
Signature	Signature	
Date (DD/MM/YY) / / / Full name	Date (DD/MM/YY) / / / / Full name	
Capacity	Capacity	
Individual trustee 3	Individual trustee 4	
Director	Director	
Company Secretary	Company Secretary	
Agent	Agent	

FAQs

by an accredited translator

Translating documents In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters at or above professional level.

NAATI (https://www.naati.com.au/)

In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent authority. For these, escalate to the AML Compliance Officer for assistance.

Getting your copies certified

Any document(s) requiring to be certified for verification purposes must be certified by an eligible person to be a true copy of the original document. Documents must be either certified on all pages or certified on the front page with a clear reference to the number of subsequent pages that are included.

Example of certification

I certify that this is a true and correct copy of the original document

Signature of Certifier Name of Certifier

Capacity of certifier - e.g. Justice of the Peace

Date of certification (DD/MM/YYYY)

List of occupations that can certify (from the Statutory Declaration Regulations 2018)

- Architect
- Chiropractor
- Dentist
- Financial adviser or financial planner
- Legal practitioner
- Medical practitioner
- Midwife
- Migration authorised representative registered under Division 3 of Part 3 of the Migration Act 1958
- Occupational therapist
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon.

List of persons who can certify

- a person who is enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia, as a legal practitioner (however described)
- a judge of a court
- a magistrate
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a notary public (for the purposes of the Statutory Declaration Regulations 2018)
- a police officer
- an authorised representative of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018)
- a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 2018)
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees
- a 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.