Client Services contact details

9am to 5pm (AEST)
Victorian business days

Phone: 1800 442 129 (free call within Australia), or
+61 3 9602 3199
Email: clientservices@copiapartners.com.au

Chester Opportunities Fund
Application | SMSF

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) available on our website copiapartners.com.au, or if you are unable to access the document, contact us on 1800 442 129 (free call within Australia).

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 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**, **B** and **C**.

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 the original forms by post, or a scanned copy of the signed document to the details below:

Email: copia_transactions@unitregistry.com.au

Post: GPO Box 804
Melbourne
Vic 3001

Step 4

Make your payment

Please refer to **section 4** 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.

Section A: DDO Obligations

The following questions may assist Copia Investment Partners in meeting its regulatory obligations by determining whether this financial product is being offered to the stated target market.

The below only needs to be answered where you are a direct investor (i.e. does not apply to indirect or intermediated investments such as those made by platforms, custodians, etc).

A. Was this investment made based on personal advice received from you financial adviser?

- ☐ **Yes**
- ☐ **No**

B. What is your primary investment objective in relation to this investment? (select only one option)

- ☐ **Capital growth** (you seek to invest in a product designed or expected to generate capital return over the investment timeframe. You prefer exposure to growth asse ts (such as shares or property) or otherwise seeks an investment return above the current inflation rate).
- ☐ **Capital preservation** (you seek to invest in a product designed or expected to have low volatility and minimise capital loss. You prefer exposure to defensive assets that are generally lower in risk and less volatile than growth investments (this may include cash or fixed income securities).
- ☐ **Income distribution** (you seek to invest in a product designed or expected to distribute regular and/or tax-effective income. You prefer exposure to income-generated assets (this may include high dividend-yielding equities, fixed income securities and money market instruments)).

C. Are you seeking a source of supplemental income (which may not be regular or recurrent) in addition to the above investment objective? (select only one option)

- ☐ **Yes**
- ☐ **No**

D. What is your investment timeframe in relation to this investment? (select only one option)

- ☐ **Up to and including 2 years** (i.e. Short term)
- ☐ **More than 2 years but less than 5 years** (i.e. Medium term)
- ☐ **Equal to 5 years but less than 7 years** (i.e. Medium to long term)
- ☐ **Equal to 7 years or more** (i.e. Long term)

E. Under normal circumstances, within what period do you expect to be able to access your funds for this investment? (select only one option)

- ☐ **Within one week**
- ☐ **Within one month**
- ☐ **Within three months**
- ☐ **Within one year**
- ☐ **Within five years**
- ☐ **Within ten years**
- ☐ **More than 10 years**
- ☐ **At the issuer's discretion**

F. In relation to this investment, which investment risk and return profile best describes you? (select only one option)

- ☐ **Low risk and return:** You are looking for an investment that is low risk in nature (e.g. you have the ability to tolerate up to 1 negative return over a 20-year period and you are comfortable with a low target return from this investment).
- ☐ **Medium risk and return:** You are looking for an investment that is moderate or medium risk in nature (e.g. you have the ability to tolerate up to 4 negative returns over a 20-year period and you are comfortable with a moderate target return from this investment).
- ☐ **High risk and return:** You are looking for an investment that is higher risk in nature (e.g. you have the ability to tolerate up to 6 negative returns ober a 20-year period in order to achieve a higher target return from this investment).
- ☐ **Very high risk and return:** You are looking for an investment that is very high risk in nature (e.g. you have the ability to tolerate 6 or more negative returns over a 20-year period as you are seeking to maximise returns and you can accept higher potential losses).
- ☐ **Extremely high risk and return:** You are for an investment that is extremely high risk in nature (e.g. you have the ability to accept significant volatility and losses as you are seeking to obtain accelerated returns (potentially in a short timeframe)).

G. What percentage of your total investable assets are you directing to this fund - that is the total assets you have available for investment, excluding you residential home? (select only one option)

- ☐ **Solution/Standalone** (up to 100%)
- ☐ **Major allocation** (up to 75%)
- ☐ **Core component** (up tp 50%)
- ☐ **Minor allocation** (up to 25%)
- ☐ **Satellite allocation** (up to 10%)

Note: Acceptance of your application should not be taken as a representation or confirmation that an investment in the fund is, or is likely to be, consistent with your intentions, objectives and needs as indicated in your responses to these questions.

Section B: Investor Details

What is the full legal name of the entity that will hold title of 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 documents previously provided and that these remain current and valid.
- ☐ I/We confirm there are no changes to the information in our previous application provided and that it remains current and valid.

Section C: Are you investing using funds borrowed under a margin loan?

- ☐ No - go to **section 1**
- ☐ Yes - please complete the 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 granting Power of Attorney to the margin lender or its nominee, please complete this form as an SMSF.

1. TRUST/FUND DETAILS

Full name of trust/superannuation fund

Full business name (if any) of the trustee in respect of the trust/superannuation fund

Country of establishment

Tax file number or exemption code

Australian Business Number

Nature of business

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** and **2.3**)

2.1 Individual trustee(s) details

Individual trustee 1

Title

Given name(s)

Surname

Date of birth

D D / M M / Y Y Y Y

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 investor correspondence)

Individual trustee 2

Title | Given name(s) | Surname

Date of birth (D D / M M / Y Y Y Y) | 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

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 (D D / M M / Y Y Y Y) | 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

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 (D D / M M / Y Y Y Y) | 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

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 business

Registered Office Address - (PO Box is not acceptable)

Unit | Street number | Street name

Suburb | State | Postcode | Country

Principal place of business (if any) (PO Box is not acceptable)

Unit | Street number | Street name

Suburb | State | Postcode | Country

Contact details (for company or contact person)

Name | Email

Business number (include country and area code) | Mobile number (include country code)

2.3 What type of company is the corporate trustee?

☐ **Public** (companies whose name does NOT include the word Pty or proprietary; generally listed companies)

☐ **Proprietary** (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies)

Please complete the director details below if you are an Australian proprietary company. Do not complete for public companies.

Directors details

How many directors are there? ☐

Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate sheet and attach to this application form.

Director 1

Title	Given name(s)	Surname

Director 2

Title	Given name(s)	Surname

Director 3

Title	Given name(s)	Surname

Director 4

Title	Given name(s)	Surname

3. INVESTMENT AND DISTRIBUTION INSTRUCTIONS

Specify your initial application amount.

Fund name	APIR	Fund minimum AUD$	Investment amount AUD$	Distribution option (indicate (X) one option per fund)	
				Pay to my bank a/c	Reinvest
Chester Opportunities Fund	OPS2344AU	$500,000		☐	☐

Note: Please nominate one distribution option for each fund you are investing in. If no selection is made, distributions will be automatically re-invested.

Please indicate the source and 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)
- ☐ Other

4. PAYMENT OF APPLICATION AMOUNT

Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

☐ **EFT** ☐ **BPAY®**

EFT	**Electronic Funds Transfer**
Account name:	Copia Applications Account
BSB	082 036
Account number:	879 704 278
Your reference:	Please use the name of the investor or investor number

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.

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

Fund name	BPAY® details
Chester Opportunities Fund	Biller code: 483719 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.

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 – SS&C 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.

Details

AFSL holder name

AFSL number

Adviser name

Advisor code or Authorised representative number

ABN

Property/building name

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone number

Mobile number

Performance of investor identification and 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 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

Please print full name

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 to obtain the relevant KYC form.

8.1 Authorised representative details

Authorised representative 1

Title | Given name(s) | Surname

Authorised representative's phone number | Email

Authorised representative's signature

Authorised representative 2

Title | Given name(s) | Surname

Authorised representative's phone number | Email

Authorised representative's signature

If you wish to appoint more than two authorised representatives, please complete the details on a separate sheet and attach to this application form.

8.2 How authorised representatives may act in relation to the account?

Tick applicable

- ☐ Each authorised representative listed above may provide instructions in relation to the investment individually without the consent of the other
- ☐ All authorised representatives must act jointly to provide instructions in relation to the investment
- ☐ Other arrangement – 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. GLOBAL TAX REPORTING REQUIREMENTS (CRS/FATCA)

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)

HELP

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 have received, read and understood the current PDS. You agree to be bound by the constitution of the fund, the PDS as supplemented, replaced or re-issued from time to time
- 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
- 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:
  - required by any third party document verification service provider, and/or
  - provided to any third party document verification service provider.

By applying to invest you also acknowledge that:

- 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 [insert fund manager name] privacy policy available online at [insert website link] or by contacting us.

Important information

- nothing in this form is advice and 'help' is general guidance only. Seek professional advise 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, faxing 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 [fund name] 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

Date signed

D D / M M / Y Y Y Y

Full name

Capacity	
Individual trustee 1	☐
Director	☐
Company Secretary	☐
Authorised Representative	☐

Signature 2

Signature

Date signed

D D / M M / Y Y Y Y

Full name

Capacity	
Individual trustee 2	☐
Director	☐
Company Secretary	☐
Authorised Representative	☐

Signature 3

Signature

Date signed

D D / M M / Y Y Y Y

Full name

Capacity	
Individual trustee 3	☐
Director	☐
Company Secretary	☐
Authorised Representative	☐

Signature 4

Signature

Date signed

D D / M M / Y Y Y Y

Full name

Capacity	
Individual trustee 4	☐
Director	☐
Company Secretary	☐
Authorised Representative	☐

FAQS

Translating documents by an accredited translator	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 • Nurse • Occupational therapist • Optometrist • Patent attorney • Pharmacist • Physiotherapist • Psychologist • Trade marks attorney • Veterinary surgeon.
List of persons that 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.