

Fortlake Sigma Opportunities Fund Application Form



SAVE FORM

PRINT FORM

This Information Memorandum is dated 16 December 2024 and is issued by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross [X]. Start at the left of each answer space and leave a gap between words.

If you are an individual investor (including sole trader) go to sections 1, 3, 4, 5, 6, 7, 8, 9 and 10.

If you are an Australian company go to sections 1, 2, 4, 5, 6, 7, 8, 9 and 10.

If you are a Trust go to sections 1, 2, 4, 5, 6, 7, 8, 9 and 10. You may also need to go to section 3 or 4 as outlined in the instructions below.

All other investors go to sections 1, 2, 4, 5, 6, 7, 8, 9 and 10 as well as the appropriate identification form which can be found in our forms library at cfs.com.au/forms

Fields marked with an asterisk (*) must be completed for the purposes of anti-money laundering laws.

1. ACCOUNT DETAILS

Type of investment

New Go to Section 2 (non-individual investors including all Trusts) or Section 3 (individual investors) and complete sections required

Additional Please provide account details below and go to Section 6

Existing account name

Existing account number

2. NON-INDIVIDUAL INVESTORS DETAILS – COMPANY/TRUSTS/PARTNERSHIP/SUPERANNUATION FUND OR OTHER ENTITY

Cross [X] the appropriate box to indicate the type of investor you are:

Self Managed Super Fund Trust Company Partnership Other, please specify _____

Full name of company/partnership/trustee/other entity*

Full name of superannuation fund/trust*

Primary business/trust activity*

Are you a charity?*

Yes No

Is your entity's primary business activity investing? Select 'Yes' if:

- the entity earns more than 50% of its total income from investment activities; for example, rent, interest or dividends, or
- more than 50% of the entity's assets produce or are held for producing investment income

Yes No

Country established, if not Australia*

ABN/ARBN/ARSN (if any)

Tax File Number (superannuation fund/trust/company – if applicable)

Postal address

Unit number Street number PO Box Street name

Suburb State Postcode

Country

Work phone number

Home phone number

Mobile phone number

Email address

2. NON-INDIVIDUAL INVESTORS DETAILS – COMPANY TRUSTS/PARTNERSHIP/SUPERANNUATION FUND OR OTHER ENTITY (CONTINUED)

We will use your contact details in the following way:
By providing your email address and mobile number you are consenting to receive important information about your account including statements, transaction confirmations, significant event notices, education and market updates via email, your account online, SMS, mobile phone app or other electronic means. You are also consenting to receive marketing communications about our products and services.
Please note, you are able to change your communications preferences at any time via your secure online login or by calling us on 13 13 36. However, you are unable to opt out of receiving communications which we are required to send you by law.
Your contact details will also be used for security validations and to provide secure access to your account. For more information refer to the CFS Privacy Policy, which is available on our website at cfs.com.au/privacy

If you are:
– a trust, complete the trusts section below or
– an Australian company, go to section 5.
For all other entity types, complete the appropriate identification form which can be found in our forms library at cfs.com.au/forms and go to section 6.

TRUSTS

Complete this additional section **only** if you are a Trust.

GENERAL INFORMATION

Full name of superannuation fund/trust*

Full business name (if any)

Country where trust established*

TYPE OF TRUST (select only one of the following trust types and provide the information requested)

Registered managed investment scheme
Provide Australian Registered Scheme Number (ARSN)

Regulated trust (e.g. an SMSF)
Provide name of the regulator (e.g. ASIC, APRA, ATO)
Provide the trust's ABN or registration/licensing details

Government superannuation fund
Provide name of the legislation establishing the fund

If the trust is a registered management investment scheme, regulated trust (e.g. an SMSF) or government superannuation fund, you need to provide additional information about only one of the trustees, that is:
– where the selected trustee is an individual trustee go to section 3 or
– where the selected trustee is an Australian company trustee go to section 5.

Other trust type
Trust description (e.g. Family, unit, charitable, estate)

If you have selected 'other trust type' or you are a foreign company trustee you need to complete the appropriate Trust Identification form which can be found in our forms library at cfs.com.au/forms and then go to section 6.

3. INDIVIDUAL INVESTOR DETAILS (CONTINUED)

Postal address (if different to residential address)

Unit number Street number PO Box Street name
 Suburb State Postcode
 Country

Work phone number Home phone number Mobile phone number

SOLE TRADER

Complete this additional section *only* if you are a sole trader

Full business name of sole trader*

Full address (PO Box is NOT acceptable) of principal place of business*

Unit number Street number Street name
 Suburb State Postcode
 Country

ABN (if any) of sole trader*

Please go to section 6.

4. TAX DETAILS

If you answered 'Yes' to 'Are you a tax resident of another country?', please complete this section.

If you are a tax resident of a country other than Australia, please provide your Tax Identification Number (TIN) or equivalent below.

If you are a tax resident of two or more countries, please list them below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia. If no TIN is provided, please list **one** of the codes specified, A, B or C. For US Citizens, we are not able to process an application without a TIN.

INVESTOR 1

Are you a tax resident of Australia? Yes No

Country

TIN or code

Country

TIN or code

Country

TIN or code

INVESTOR 2

Are you a tax resident of Australia? Yes No

Country

TIN or code

Country

TIN or code

Country

TIN or code

If there are more countries, provide details on a separate sheet and cross this box.

If no TIN is listed, write:

Code A The country of tax residency does not issue TINs to tax residents

Code B The individual has not been issued with a TIN

Code C The country of tax residency does not require the TIN to be disclosed.

5. AUSTRALIAN COMPANY DETAILS (CONTINUED)

5.5 BENEFICIAL OWNERS

Provide details of ALL individuals who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

BENEFICIAL OWNER 1

Full given name(s)*

Surname*

Date of birth*

(dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)*

Unit number Street number Street name

Suburb State Postcode

Country

BENEFICIAL OWNER 2

Full given name(s)*

Surname*

Date of birth*

(dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)*

Unit number Street number Street name

Suburb State Postcode

Country

BENEFICIAL OWNER 3

Full given name(s)*

Surname*

Date of birth*

(dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)*

Unit number Street number Street name

Suburb State Postcode

Country

6. PAYMENT DETAILS

How will this investment be made? Note: Cash is not accepted.

Direct debit



Make sure you also complete your bank account details in section 8. Please ensure cleared funds are available

7. INVESTMENT ALLOCATION

Please specify the amount you wish to invest in the fund.

Fund name	Fund code	Initial or additional investments
Fortlake Sigma Opportunities Fund	120/99	\$ <input type="text"/>

8. NOMINATED ACCOUNT DETAILS

You should nominate an account for deposit and withdrawal transactions.

Name of account holder

Australian bank/financial institution

Branch number (BSB)

Account number

Branch name

Note: The same nominated account must be used for all transaction facilities.

9. INCOME DISTRIBUTIONS

A nomination in this section overrides any previous nominations. Distributions will be reinvested unless otherwise stated. Cross (X) one box only.

How would you like your income distributions to be paid?

Reinvested in the fund

Credit to my/our bank account Make sure you also complete your bank account details in section 8.

10. DECLARATION AND SIGNATURE

I/We acknowledge that if my/our application to become a unitholder is accepted, my/our unitholding will be subject to the terms of the Constitution. The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, Medicare, social security) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at www.dvs.gov.au.

I/We declare and agree that:

- I/we have read the Information Memorandum (IM) to which this application applies and have accepted the offer in Australia and New Zealand
- I/we meet the definition of 'wholesale client' as defined in section 761G of the *Corporations Act* (if an Australian investor) or I/we meet the definition of a 'wholesale investor' as defined in clauses 3(2) and/or 3(3)(a) of Schedule 1 of the *Financial Markets Conduct Act 2013* (if a New Zealand investor)
- this application form is included in or accompanied by the IM
- if I/we received the IM electronically, that I/we have received it personally or a printout of it and it is accompanied by or attached to this application form
- I/we declare that answers to all questions, declarations and all information supplied by me or on my behalf in relation to this application is true and correct
- I/we have legal power to invest
- if this is a joint application, each of us agrees, unless otherwise indicated on this application or relevant fund's terms and conditions, our investment is as joint tenants. Each of us is able to operate the account and bind the other(s) to any transaction including investments or withdrawals by any available method
- if investing as trustee, on behalf of a superannuation fund or trust I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the *Superannuation Industry (Supervision) Act 1993*
- future investments will be made in line with the most recent transaction (excluding regular investment plan) unless I/we instruct you otherwise
- confirm that by investing (and remaining invested) with CFSIL, you give your consent to the collection, use and disclosure of personal information as set out in the IM and the CFS Privacy Policy available at cfs.com.au/privacy
- I am/we are not in the United States or a 'US Person' (as defined in Regulation S under the *US Securities Act 1933*, as amended) ('US Person') in the United States, nor am I/are we acting for the account or benefit of a US Person
- I am /we are not a European Union citizen residing in the European Union
- I am/we are not a Sovereign entity, or part of a Sovereign entity group, or a superannuation fund for foreign residents, as defined in the *Income Tax Assessment Act 1997*
- I/we will provide CFSIL with additional information where such information is required for CFSIL to comply with its obligations to foreign or domestic regulators

10. DECLARATION AND SIGNATURE (CONTINUED)

New Zealand investors

By applying to invest in the fund, each New Zealand investor is deemed to agree that:

- they meet the definition of a 'wholesale investor' in clauses 3(2) and/or 3(3)(a) of Schedule 1 of the *Financial Markets Conduct Act 2013*
- in relation to an investment of less than A\$500,000, they are an 'investment business' or a person who meets the 'investment activity criteria' as defined in clause 37 and clause 38 (respectively) of Schedule 1 of the *Financial Markets Conduct Act 2013*.

I/We acknowledge that:

- investments in the funds are subject to investment and other risks, including possible delays in the repayment and loss of earnings.
- the investment performance and the
- repayment of capital of CFSIL products is not guaranteed
- I/we will promptly advise CFSIL if any information supplied changes
- as an individual, certify that you are the named person or you are authorised to provide information on their behalf
- as an entity, are authorised by, and have consent of, the entity and any beneficial owners to provide the information
- as an entity, and any beneficial owners are aware that information about them and the account may be provided to the tax authorities.

Direct Debit Request Authorisation

- I/We authorise and request Colonial First State Investments Limited (User ID 011802 & 619909) to arrange for funds to be debited from my/our account at the financial institution identified in section 8 above and as prescribed through the Bulk Electronic Clearing System (BECS)
- I/we have read the 'Direct Debit Request Service Agreement' provided with this form and agree with its terms and conditions
- I/we request this arrangement to remain in force in accordance with details set out in section 8 and in compliance with the 'Direct Debit Request Service Agreement'.

The Fortlake Sigma Opportunities Fund is offered by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL).

Joint applicants must both sign.

Original signature of investor 1 or company officer

Print name

Date

 (dd/mm/yyyy)

Original signature of investor 2 or company officer

Print name

Date

 (dd/mm/yyyy)

- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it). The Attorney will also need to complete a power of attorney identification form (to enable us to establish the identity of the Attorney), which can be obtained from our forms library at cfs.com.au/forms or by phoning Investor Services on 13 13 36.

- Sole signatories signing on behalf of a company confirm that they are signing as sole director and sole secretary of the company.

Send the completed form to:
Colonial First State, Reply Paid 27, Sydney NSW 2001

ADVISER USE ONLY

Adviser name

Contact phone number

Dealer ID

Adviser ID

By providing your (adviser) details, you certify that you are appropriately authorised to provide financial services in relation to these funds and that you have read and understood the Licensee Terms applicable to your Dealer group.

Dealer/Adviser stamp (if applicable)

Identification and Verification Form – individuals and sole traders

ADVISER USE ONLY

Please complete a separate form for each investor.

Full name of investor

SECTION A: VERIFICATION PROCEDURE

All clients applying for a new FirstChoice Wholesale Investments account (including FirstRate Wholesale products) **must** complete the identification procedures (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws). This form is to assist with those procedures for individuals and sole traders. If you are making an application for a non-individual account (for example, a company or trust), you or your adviser will be required to complete different forms to establish your identity, which can be obtained from our forms library at cfs.com.au/forms or by phoning Investor Services on **13 13 36**.

Financial advisers undertake identification and verification procedures by completing sections 1 to 3 of this form or by using other industry standard forms.

If you do not have a financial adviser, you are required to complete sections 1 and 2 of this form and provide certified copies of the ID documents (do not send original documents). **Please note:** For joint accounts, a separate form is required for each investor.

The list of the parties who can certify copies of the documents is set out below. To be correctly certified, we need the ID documents to be clearly noted 'True copy of the original document'. The party certifying the ID documents will also need to state what position they hold and sign and date the certified documents. If this certification does not appear, you may be asked to send in new certified documents.

List of persons who can certify documents¹ (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws):

- Justice of the Peace
- Solicitor
- Police Officer
- Magistrate
- Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- Employee of Australia Post (with two or more years of continuous service)
- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.

SECTION 1: VERIFICATION PROCEDURE

Complete Part 1 (or if the individual does not own a document from Part 1, then complete either Part 2 or Part 3).

Part 1 Acceptable primary photographic ID documents

Cross Select ONE valid option from this section only

<input type="checkbox"/>	Australian State/Territory driver's licence containing a photograph of the person
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding two years is acceptable)
<input type="checkbox"/>	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person ²

Continued over the page...

1 There are additional persons who can certify documents. A full list of the persons who can certify documents is available from our forms library at cfs.com.au/forms

2 Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.

Part 2 Acceptable secondary ID documents – should only be completed if the individual does not own a document from Part 1

Cross Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Services Australia

Cross AND ONE valid 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 Notice of Assessment issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. *Block out the TFN before scanning, copying or storing this document.*
- A document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that 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 three months; and contains the name and residential address; and records the period of time that the individual attended that school

Part 3 Acceptable foreign photographic ID documents – should only be completed if the individual does not own a document from Part 1

Cross Select ONE valid option from this section only

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth¹
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued¹

FINANCIAL ADVISER USE ONLY

IMPORTANT NOTE:

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID documents

SECTION 2: RECORD OF VERIFICATION PROCEDURE

ID document details	Document 1	Document 2 (if required)
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)
Expiry date	<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

IDENTIFICATION AND VERIFICATION CONDUCTED BY:

By completing and signing this Record of Verification Procedure, I declare that I have verified the identity of the Customer as required by AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative.

AFS Licensee name

AFSL number

Representative/Employee name

Phone number

Signature

Date verification completed
 (dd/mm/yyyy)

1 Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.